



## NOTICE OF MEETING

**Adult Social Care and Housing Overview & Scrutiny Panel**  
**Tuesday 16 June 2015, 7.30 pm**  
**Council Chamber, Fourth Floor, Easthampstead House, Bracknell**

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

Councillors Allen, Mrs Angell, Finch, Finnie, Harrison, Mrs McCracken, Ms Merry, Peacey and Mrs Temperton

**cc: Substitute Members of the Panel**

Councillors Brossard, Ms Hayes, Mrs McKenzie, Mrs Mattick and Thompson

ALISON SANDERS  
Director of Corporate Services

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Bracknell**

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**AGENDA**

Page No

1. **ELECTION OF CHAIRMAN**

2. **APPOINTMENT OF VICE CHAIRMAN**

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

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

4. **MINUTES AND MATTERS ARISING**

To approve as a correct record the minutes of the meeting of the Adult Social Care and Housing Overview and Scrutiny Panel meeting held on 24 March 2015.

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

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

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

6. **URGENT ITEMS OF BUSINESS**

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

7. **PUBLIC PARTICIPATION**

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

8. **DIRECTOR'S INTRODUCTORY BRIEFING AND SERVICE PLAN 2015/16**

The Director will provide an introductory briefing in respect of the Department's role and functions, including the implementation of the Care Act 2014, with reference to the attached departmental Service Plan.

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**PERFORMANCE MONITORING**

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

To consider the latest trends, priorities and pressures in terms of departmental performance as reported in the QSR for the fourth quarter of 2014/15 (January to March 2015) relating to Adult Social Care and Housing. An overview of the first quarter of 2015/16 will also be provided.

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

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

10. **ADULT SOCIAL CARE ANNUAL REPORT 2014/15**

To consider the attached Adult Social Care Annual Report (Local Account) 2014/15.

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11. **ANNUAL COMPLAINTS REPORTS 2014/15 FOR ADULT SOCIAL CARE AND FOR HOUSING**

To consider the attached Annual Complaints Reports 2014/15 for Adult Social Care and for Housing.

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**OVERVIEW AND POLICY DEVELOPMENT**

12. **NEXT REVIEW TOPIC / WORKING GROUP**

To select the next review topic and establish a working group to undertake the review with reference to the attached 2015/16 work programme.

147 - 150

**HOLDING THE EXECUTIVE TO ACCOUNT**

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

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

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**DATE OF NEXT MEETING**

The next meeting of the Adult Social Care and Housing Overview and Scrutiny Panel has been scheduled for Tuesday 15 September 2015.

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**ADULT SOCIAL CARE AND HOUSING  
OVERVIEW & SCRUTINY PANEL  
24 MARCH 2015  
7.30 - 8.20 PM**



**Present:**

Councillors Harrison (Chairman), Blatchford, Brossard, Finch, Mrs McCracken, Virgo and Ms Brown (Substitute)

**Executive Member:**

Councillor Birch

**Also Present:**

Andrea Carr, Policy Officer (Overview and Scrutiny)

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

Simon Hendey, Chief Officer: Housing

Councillor McCracken

John Nawrockyi, Interim Director of Adult Social Care, Health and Housing

Amanda Roden, Democratic Services Officer

**Apologies for absence were received from:**

Councillors Allen, Mrs Temperton and Ms Wilson

**39. Substitute Members**

Councillor Ms Brown was present as a substitute for Councillor Mrs Temperton.

**40. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Adult Social Care and Housing Overview and Scrutiny Panel held on 20 January 2015 be approved as a correct record, and signed by the Chairman.

**41. 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.

**42. Public Participation**

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

**43. 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 third quarter of 2014/15 (October to December 2014) relating to Adult Social Care and Housing. An overview of Quarter 4 was provided.

## Older People and Long Term Conditions

The Emergency Duty Service was due for re-tender and would be reviewed to capture some of the new developments. A meeting was due to be held with other local authorities to discuss this with the aim of strengthening delivery.

Clement House, an extra care scheme providing accommodation with care and support if needed for elderly people, was close to completion and people would begin to move in from April 2015 with an official opening due in June 2015. A conference had been held at Easthampstead Baptist Church recently and there had been feedback from the consultation and from people who attended the conference.

There were winter pressures on services and summer pressures on services due to the changing weather being experienced. Additional one-off funding of £325,000 had been received from the government for people delayed in leaving care.

## Adults & Joint Commissioning

Dementia services were being developed and Statshare provided development data. There were regulations concerning safeguarding included in the Care Act legislation in 2014. Partners had been approached with the request for additional funding as a training programme and administrative support was needed. The Independent Living Fund (ILF) involved reassessment against criteria and the Learning Disability Team were dealing with this.

## Housing

The landlord portal was due to be live and involved landlords being able to view benefits payments online rather than needing to telephone benefits staff for this information.

## Performance & Resources

Detailed plans for implementing Phase 2 of the Care Act would be drawn up, as well as tracking the early impact of Phase 1

The Human Resources team would be assisting Chief Officers with the implementation of the Workforce Strategy which included remodelling and would affect approximately 50 staff. This work would be undertaken during the summer with the aim of giving the elderly a single care co-ordinator.

The Finance teams would be closing down the accounts for the year, and reporting on outcomes. Work on production of the Local Account was also taking place.

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

- There were Tiers of support for young people and the aim was to bridge the gap between the Tiers. The situation with long waiting lists was not sustainable at present. There was a need to ensure that budgets were allocated to the right categories.
- There were a certain number of properties in Clement House which had been held pending a decision regarding housing stock and might be used for temporary placements.

- There was a new joint assessment between Bracknell Forest Council and ILF; good practice guidelines had been developed, standards would be unchanged and this involved a permanent transfer.
- There was a cost saving in relation to the landlord portal in terms of staff time. Bracknell Forest Homes were a major landlord in the Bracknell area and the first landlord to use this portal; other landlords had not been approached yet but could buy into the service.
- Mephedrone use was the latest issue for the Drug and Alcohol Action Team. It was a concern and a priority for the service. There was multi-level and multi-agency work involved. The Substance Misuse Strategy Group involved multi-agency representations and there was a Mephedrone Action Plan which looked at prevention. Work was being undertaken closely with schools regarding young people and substance misuse and a recent Overview and Scrutiny review of substance misuse involving children and young people had generated recommendations to tackle it. There was possibly a view among young people that legal highs might be safe but there was a need to be suspicious of anything which was unidentifiable. Officers were not aware of the sale of the drugs concerned in shops locally but the police may have this type of information.

#### 44. **Joint Commissioning Strategy for People in an Unpaid Caring Role**

The Panel were invited to consider the Joint Commissioning Strategy for Supporting People in an Unpaid Caring Role prior to its approval by the Executive.

There had been a consultation on the Carers Strategy as it was due for review in 2015 and this was specifically in relation to people in an unpaid caring role. There was an increased focus on public health in relation to prevention and early intervention, and the carers pack would be updated. The consultation was launched at a conference on 24 July 2014 and involved 12 key areas for development. Once agreed, work would be undertaken with the Clinical Commissioning Group (CCG) and voluntary sector to develop an action plan.

In response to a Member's question, the following points were made:

- Further information on the number of young carers would be provided for panel members.
- Work was undertaken to ensure that the transition for young carers to adulthood was smooth.

The Panel supported the Joint Commissioning Strategy for Supporting People in an Unpaid Caring Role and commended it to the Executive for approval.

#### 45. **Care Act 2014**

The Interim Director of Adult Social Care, Health and Housing gave a presentation on the Care Act 2014.

Legislative Reform in 2015 would involve: prevention and well-being, duties on information and advice, duty on market shaping, minimum threshold for eligibility, assessments and carers assessments, personal budgets and care or support plans, Safeguarding Boards, and Universal Deferred Payments (charges against the value of properties).

The legislation would come into effect from 1 April 2015. There were no new duties but some optional duties now had more emphasis. There were no immediate changes from 1 April 2015 but there would be funding reforms in 2016

Funding Reform in 2016 would involve extended means testing to allow an increase in the assets someone could own before they had to pay for care, a capped care charging system at £72,000, care accounts, and a new complaints system.

Expenditure would shift year on year due to people being kept healthy. Market shaping involved personal budgets being devolved to individuals. Social isolation would be tackled and there would be a minimum threshold for eligibility; many local authorities were not affected by this. Public health would need more funding if this involved a major change. There would be further information on the funding reform later in the year.

Implementation was scheduled for April 2015, for the legislative reform in 2015 and the funding reform in 2016. The Care Act Programme Board would be held with senior officers in Adult Social Care and Corporate Services (Finance & Legal). A detailed programme was being put together managed by the Head of Performance and Resources. There would be Work Stream leads from Commissioning, Finance, IT, and Practitioners.

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

- There was an assessment and then a financial assessment. A charge would be put against the value of a person's estate so that when they died Bracknell Forest Council would be able to recoup the value.
- There was a need to be aware of the risk involved. There was a possible limit of £160,000 and a capital limit of £118,000. A £72,000 care cap was contained in the system, and many people would not be affected. It was a universal system, not a means tested system.
- A family assessment may be undertaken if, for example, accommodation for a spouse would need to be considered after a person died. A small number of people would need to start paying interest on their loans from 1 April 2015.
- If money could not be recovered from a property after a person died, this was called deprivation of assets and was not covered in legislation. It was an unusual situation.

#### 46. **Reprise of Past Panel Work**

The Panel received and noted a reprise of the Panel's work and activities over the past four years.

The Chairman thanked Panel Members for their contributions and officers for their support.

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

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

##### I052949: Sensory Needs Contract Award

This was to enable specialist support alongside the Sensory Needs Clinic.

**CHAIRMAN**

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## CARE ACT IMPLICATIONS

### ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL

John Nawrockyi

Interim Director of Adult Social Care, Health and Housing

16 JUNE 2015



## Legislative Reform: 2015

- Prevention and wellbeing
- Duties on information and advice
- Duty on market shaping
- **Minimum threshold for eligibility**
- **Assessments / carers assessments**
- Personal budgets, Care/Support plans
- Safeguarding Boards
- **Universal Deferred Payments**



## Funding Reform: 2016

- Extended means test – increase in the assets someone owns before they have to pay for care
- Capped charging system - £72,000
- Care accounts
- New complaints system



## What happens next?

- Implementation scheduled for April 2015 – Legislative Reform & 2016 – funding reform
- Care Act Programme Board with senior officers in Adult Social Care and Corporate (Finance & Legal)
- Detailed Programme being put together, programme manager is Head of Performance & Resources
- Workstream leads from Commissioning, Finance, IT, and Practitioners



# ADULT SOCIAL CARE, HEALTH & HOUSING

## SERVICE PLAN

April - September 2015

Executive Member:  
Councillor Dale Birch

Interim Director:  
John Nawrockyi

May 2015

## Contents:

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## Section 1: Services included in this plan

### INTRODUCTION

The overall aims of the Department are to promote independence, wellbeing, social inclusion and maximum choice in service provision across Adult Social Care (ASC), Housing and Public Health. There is increasingly a shift away from simply responding to need by offering health or social care services to promoting health and wellbeing. This is reflected across the new provisions of the Care Act 2014, such as in the relationship between prevention and housing services.

The promotion of integration with other personal services, particularly with partners in the NHS, offers seamless care episodes and care pathways for people who have needs for both medical intervention and social care.

There is an increasing focus on the prevention of ill-health or social care dependency by much earlier intervention with information, advice and lower level services, often within community services such as leisure, transport, education, and through support for housing and employment.

Increasingly members of the Department are working in partnership across the Council, with the voluntary sector and with both public and commercial partners to deliver improved outcomes for people in Bracknell Forest.

Promoting the safeguarding of adults who are or may become vulnerable or at risk remains a key priority. This is achieved through working with partners under the overall oversight of the Safeguarding Adults Board, and also through raising public awareness of key issues.

Within ASC and Public Health, needs assessments and public health approaches are used to support the development of preventive services and to inform the Health and Wellbeing Board in its development of joint health and wellbeing strategies for the Borough.

### ADULT SOCIAL CARE

#### Service Wide

#### *Personalisation*

Everything the Department does is within the context of personalised approaches. This approach reflects the fact that every individual is unique, with highly individual experiences, preferences and opportunities. This uniqueness must be recognised and reflected in each person's support plan, which is developed with the individual and any chosen representatives.

In support of this approach, the Department continues to work to develop a wider range of options for people to select from, and this includes the use of a pre-paid card as a way of delivering a Direct Payment.

#### Older People & Long Term Conditions

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

CR&R Front Desk is the main point of contact into the Department for older people and people with long term conditions.

The service acts as the single point of contact for people living in Bracknell who need help and advice in order to support them in the community. The CR&R Team assess and work with people who are in poor health or are suffering from a long term condition with the primary aim of helping people to maximise their independence so that they can be supported to live in their own homes and make choices about how they live their lives.

Alongside OP&LTC, the service responds to the needs of the local community.

The service also works with three local hospitals: Heatherwood and Wexham Park, Royal Berkshire and Frimley Park. The aim is to facilitate timely discharge from hospital back into the community and to prevent hospital admissions. Directly provided services include community based and residential based reablement care. The service operates 7 days per week and 24 hours a day and will respond to urgent crises within 2 hours.

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

The DAAT is responsible for ensuring that people in Bracknell Forest can access drug and alcohol services and for commissioning services in line with the national Drug Strategy and related guidance. The DAAT also responsible for co-ordinating activity between local authority Departments and partner agencies to ensure that people who misuse drugs and alcohol receive the best possible care and support.

The DAAT is also responsible for ensuring that young people, their families and friends can access advice, information and support as required. The DAAT provides the Local Screening Assessment and Referral Service for anyone wishing to access the local services. The DAAT undertakes performance management in respect of the commissioned services to ensure that the requirements are met for both national and locally agreed targets.

### ***Emergency Duty Service (EDS)***

EDS provides a statutory emergency 'out of hours' service for adults and children across all the six unitary authorities of Berkshire, with responsibility for social care and homelessness crises. The EDS Team provides advice and information, signposting to other agencies, support via telephone and safety and welfare home visits.

The service deals with urgent referrals, which cannot wait until the next working day and includes safeguarding of children and vulnerable adults enquiries, Mental Health Act assessments and advice on mental capacity issues, Community Care assessments, homelessness and appropriate adults.

### ***Older People and People with Long Term Conditions (OP&LTC)***

Services provided by the OP&LTC Team include long-term case management, through social work/care management, and occupational therapy, together with a review and monitoring function. Heathlands Residential Care Home for people with dementia is a 40 bed unit registered with the Care Quality Commission and there is a Day Centre operating on the same site. Also the administration of the Blue Badge scheme and the lead for DFGs, Assistive Technology, Carers Services, Sensory Services and Continuing Health Care (CHC) fall within the remit of the OP&LTC Team's responsibilities.

For people with dementia, Heathlands offers a wide range of specialist dementia services, including specialist day-care from early to late, 7 days of the week 365 days of the year, together with a carer's drop-in service, overnight respite and residential care for people with complex dementia support needs.

For people with a long term condition, the OP&LTC Team supports people to assess their needs and to develop a personalised support plan providing professional support and guidance. Occupational therapists work with individuals to use assistive technology along with aids and adaptations, in order to maximise independence and enable people to remain in their own homes and communities. There is an over 75's prevention and well-being service.

Sensory Needs are now directly provided within the OP&LTC Team. There is a specialist occupational therapist and occupational therapy assistant available, both of whom are able to use basic British Sign Language. Visual impairment assessments, dual-sensory loss and visual rehabilitation are commissioned through a range of preferred specialist providers and the OP&LTC Team works closely with BADHOGS (hearing loss) and the Macular Society (visual loss) to ensure that services are meeting local needs.

At the same time, the Sensory Service Clinic in Bridgewell offers a local resource to fast track assessment and equipment.

The service offers a range of support for carers through a contract with Berkshire Carers Service. There is a dedicated carer's support worker based in the OP&LTC Team.

People recovering from a stroke are supported by a dedicated worker in the OP&LTC Team employed by the Stroke Association.

The Business Support Team manage Blue Badge applications as well as supporting the Falls and Sensory Needs Clinics, supporting the Over 75's Assessments, data-cleansing and managing the supply chain for OP&LTC and CR&R.

The OP&LTC Team are working in partnership with Bracknell Forest Homes to ensure that the extra care housing facility in Clement House is able to offer 24/7 support for people. The OP&LTC Team is providing support for the transition into Clement House for eligible people.

### ***Disabled Facilities Grants (DFG)***

Assessment for adaptations to properties to meet the needs of disabled people rests initially with the Department's Occupational Therapists (OTs). The OTs in the OP&LTC Team work with individuals to draw up a specification of works that will meet the needs identified during the assessment. The OTs also work closely with the grant's officer and technical officer from the DFG Support Team based within Environmental Health to progress the grant. The grant's officer must be satisfied that the relevant works are "necessary and appropriate" to meet the needs of the disabled person. The OT signs off the works at the end of the grant to confirm that the works have met the individual's needs.

### **Adults & Joint Commissioning**

#### ***People with Autism (Autistic Spectrum Disorders)***

Over the last year there has been a continued increase in demand for support from people with Autism. The Autism Team has grown and now supports over eighty people.

The Autism Team supports adults with a primary diagnosis of autism and their carers. The team is made up of three practitioners; one full time and two part time supported by a part time Team Leader. One of the workers focuses on young people approaching adulthood. Services include emotional support, information and support with benefits and voluntary groups, and personal, practical and social care support to maintain independence. The Autism Team also provides support with daily living skills, education and employment, help with arranging long-term support and accommodation and advice on travelling independently and using public transport.

The Autism Team also works closely with other organisations and agencies. They have a close working relationship with the Berkshire Healthcare Foundation Trust (BHFT) Assessment Team for diagnostic pathway and have taken part in joint training and conferences. They have worked with other local agencies to organise training courses for those they support and their carers.

#### ***People with Learning Disabilities***

Community Team for People with Learning Disabilities (CTPLD), which is comprised of staff from Bracknell Forest Council (BFC) and BHFT, supports people with a learning disability. In addition to supporting individuals through assessing their needs and supporting people to develop personalised support arrangements, the Autism Team provides professional support and guidance. Ongoing support is commissioned from a range of independent sector providers.

Healthcare provided includes Physiotherapy, Occupational Therapy, Nursing, Psychology, Psychiatry, Dietetics and Speech and Language Therapy

Learning disability provider services organise and provide a range of activities and services for people in the community. These include respite for families, through the provision of overnight and daytime breaks, support for individuals to gain employment and support for people to access a range of mainstream leisure services.

Working with people, their families, advocates and partner organisations, the learning disabilities service will continue to respond to needs and wishes reflected in the new Joint Learning Disability Commissioning Strategy so that a full range of support is available to individuals and carers.

### ***People with Mental Health problems***

The Community Mental Health Team (CMHT) and Community Mental Health Team for Older Adults (CMHT OA) are both integrated teams which are comprised of NHS and ASC staff, and provide support to people living in Bracknell Forest with severe and enduring mental illness including dementia. The teams provide the following range of services.

The Care Pathways Team at CMHT is the local multi-disciplinary and multi-agency team providing assessments and services for people who may need secondary mental health services.

Individuals who present with first onset of psychosis are supported within the Enhanced Care Pathway. They are provided with intensive support in order to facilitate recovery

The Front Desk Team review people coming through to Common Point of Entry for allocation, ensuring that an individual's social needs have been assessed and addressed.

Approved Mental Health Professionals (AMHP) are trained to implement coercive elements of the Mental Health Act 1983, as amended by the Mental Health Act 2007, in conjunction with medical practitioners. They perform a pivotal role in assessing and deciding whether there are grounds to detain mentally disordered people, who meet the statutory criteria, without their consent

The Urgent Care Team visits patients in their own homes 24 hours a day, every day of the year. This service is for people who are very unwell, including those who might otherwise need hospital admission

A Mother and Baby service is provided by practitioners with a specialist interest and knowledge in post-natal psychosis. They co-ordinate community and in-patient care

STaR (Support, Time and Recovery) workers provide support for people to promote recovery and social inclusion based on individual needs

The Dementia Advisor works with people who have had a recent diagnosis of dementia and their families; the aim is to provide advice and information to keep people independent for as long as possible

A small team of support workers is based at Glenfield House, providing practical support to individuals in their own homes, in accordance with agreed support plans to meet assessed needs

### ***Joint Commissioning***

The role of the Joint Commissioning Team is to assist in the modernisation of the Department to deliver the aims of ASC, NHS and Public Health Outcomes Frameworks (PHOF) in order to enable people to be as independent and healthy as possible and to have choice and control over their own lives.

There are three functions within the Joint Commissioning Team. Firstly, the Strategic Joint Commissioning Team works with Heads of Service and operational managers to support the development and implementation of Joint Commissioning Plans. Secondly, the Contracts Team deals with all procurement and contractual issues for ASC and Bracknell Forest Public Health, from agreements with providers for individual support arrangements to tendering for major contracts. Thirdly, the Brokerage Team arranges the domiciliary support packages for OP&LTC as agreed through the personalised planning process.

### ***Safeguarding Adults***

The Local Authority is the lead agency for Adult Safeguarding in Bracknell Forest, and Adult Social Care, Health & Housing (ASCH&H) takes responsibility for that lead.

The Department provides both a strategic lead in the prevention of abuse, and leads on operational responses when there are concerns that an adult with care and support needs may be subject to abuse.

Although the Council has the lead, Adult Safeguarding is the responsibility of all agencies involved in supporting adults with care and support needs, including statutory agencies such as the NHS and the Police and non-statutory agencies such as providers of support. Responses to individual safeguarding referrals are provided by the relevant community team e.g. OP&LTC Team, CTPLD, CMHT, CMHT OA and the Autism Team. The Bracknell Forest Safeguarding Adults Partnership Board is now a statutory Board with strategic oversight of adult safeguarding work and developments within Bracknell Forest.

The Adult Safeguarding Team supports providers to improve practice where necessary and also supports operational staff and relevant provider organisations in the implementation of the Mental Capacity Act, including the Deprivation of Liberty Safeguards (DoLS).

## **HOUSING**

The Housing service develops the Council's strategy to support the development of a vibrant and effective housing market in Bracknell Forest. The Housing Strategy identifies where it is necessary to intervene to address market failure in the delivery of housing to meet the needs of the population of Bracknell Forest. This involves working with a variety of stakeholders in the local housing market as well as managing the provision of programmes and schemes developed or funded by the Council. The housing service supports and enables affordable housing development by registered social landlords.

The Housing service provides the statutory housing advice and homelessness services. Advice is provided to households to help them keep their home if they are threatened with losing it in any way. Advice is also provided on housing options such as renting privately, renting affordable housing and also buying a home. If households are threatened with homelessness, the housing division will try and help them keep their home or find another suitable home. If that is not possible, they will be provided with emergency temporary accommodation whilst it is established whether they should be offered a permanent home.

The Housing service purchases housing related support for vulnerable households to help them keep their home. This will include help with running a home where someone is not capable of doing so as well as help to find a suitable home.

The service also manages BFC my choice, the choice based letting scheme which provides access to affordable housing in Bracknell Forest. The Council advertises affordable housing that becomes available for letting and manages the applications and bids from households who want to be considered for affordable housing.

It is the responsibility of the Housing service to administer the housing benefit and Council Tax reduction benefit schemes to provide financial support for low income households. As well as assessing applications for the benefit schemes, the benefit service manages discretionary housing payments for households facing financial hardship in relation to their housing costs. The service provides crisis grants for households where their health and safety is threatened due to lack of finances and home emergency grants where certain households are setting up home for the first time.

Forestcare provides a lifeline monitoring service to vulnerable households. The service operates 365 days a year 24 hours a day to provide peace of mind and safety to vulnerable households in Bracknell Forest and the surrounding areas. Forestcare also provides a commercial service to corporate clients such as call monitoring and lone worker monitoring.

## **PUBLIC HEALTH**

The Public Health Team is responsible for leading on collaborative efforts to monitor, protect and improve the health and well-being of the local population.

Public Health work begins with the effective assessment of health and well-being across the population. The findings of this work are collated within the Joint Strategic Needs Assessment (JSNA) together with recommendations in relation to service provision and development.

On the basis of needs assessment work, the Public Health Team commissions services aimed at health improvement. These services include the NHS Health Check programme, sexual health services, weight management programmes, mental wellbeing initiatives and stop smoking support.

Also on the basis of needs assessment work, the Public Health team provides advice to NHS colleagues on the areas in which they are responsible for commissioning. This 'core offer' of commissioning support includes reviewing evidence on treatment effectiveness and analysing data on outcomes or performance.

Finally, the Public Health Team is responsible for health protection. Health protection work aims to prevent or reduce the harm caused by communicable diseases and environmental hazards such as chemicals or radiation. Public Health Teams in local government work in collaboration with Public Health England and other agencies to prevent threats arising and ensure appropriate responses when health protection issues come to light.

The Public Health Team take a collaborative approach to its work, most notably in relation to its partnership with the Berkshire wide 'Shared' Public Health Team. Other close working relationships are with NHS commissioners and other Council Departments.

## **PUBLIC HEALTH BERKSHIRE**

Public Health Berkshire is hosted by Bracknell Forest Council, with each Unitary Authority having their own Public Health Team. The Director of Public Health leads this team and her responsibilities are to:

- Be the strategic and principal advisor on public health matters to the six Berkshire unitary authorities
- Lead and manage a core public health team within Bracknell Forest Council
- Assist with localised health improvement programmes
- Be central to the detailed planning and implementation of new public health services in each of the six unitary authorities

## **PERFORMANCE & RESOURCES**

The Performance & Resources division provides the framework to support the work of the rest of the Department, and also provides a key quality assurance role supporting operational staff. The section has direct links with colleagues in Corporate Services. The key functions carried out by the different teams are as follows:

### ***Business Intelligence***

The Business Intelligence Team have a key role in working with other teams across the Department to ensure that all of the ways in which people are supported are recorded accurately and reported in a timely and robust way to DMT, other internal stakeholders and central government agencies. Performance activity tells an important story about the strengths in Bracknell Forest and the Business Intelligence Team ensure that all of the work that is done by people across the Department is evidenced in the figures used internally for management information, externally to people within the community and to submit statutory returns. The team provide regular newsletters to ensure that all stakeholders are aware of key developments in performance that affect their work.

### ***Finance***

The Finance Team provide financial support to the ASCH&H divisions through involving DMT and budget managers in planning and understanding their budgets revenue & capital budgets and assisting them in monitoring them through the year and providing financial support for new & ongoing projects. The Finance Team also monitor and report activities such as debt, placements, grants and emerging issues and invoicing providers and calculating charges to individuals for services provided, as well as reconciling and monitoring direct payments made to individuals.

In addition to this, the service also links directly to people who receive support via the following activities.

Undertaking financial assessments of everyone receiving social care support to work out the level of contribution they are required to make to the costs of their support, and in addition providing welfare benefits advice to these people.

Through the appointeeship and deputyship role, support is provided to manage the financial affairs of vulnerable people who lack the capacity to manage their financial affairs themselves

### ***Human Resources***

Human Resources provide advice and guidance on employment policy and practice within the Department together with support to managers across ASCH&H in all Employee Relations matters which include absence management, capability, discipline and grievance. Support is also provided for recruitment, change management and exit.

### ***IT***

The IT Team lead and manage the strategic development and operation of the business systems that support the work of the Department. They support the Department by

managing day to day issues arising from calls logged through the Help Desk and where Departmental projects involve IT systems the IT Team play an active role in either participating or project managing the projects through to implementation and post system live.

The IT Team also supports the development of the Department's internal and external website pages, linked portal to the LAS system and supports the Departments BORIS publishers. This ensures information is both up to date and appropriate and meets corporate standards.

## **DEPARTMENT WIDE**

### ***Compliments and Complaints***

The Department always aims to resolve complaints at the earliest possible opportunity. The way in which complaints are responded to is different dependent upon whether the complaint is about Housing or about ASC.

For complaints about Housing and Public Health, the corporate complaints procedure is used. This has four stages, which range from putting things right straight away to a panel being set up to review the complaint and recommend a solution. Further details on the corporate complaints procedure can be found at the link below:

<http://www.bracknell-forest.gov.uk/comments-compliments-and-complaints-booklet.pdf>

In ASC, there is a single approach to dealing with complaints. Where it is not possible to resolve a complaint straight away, the complainant is contacted to inform them what steps are being taken to investigate their complaint. When the outcome of the complaint is known, the complainant is contacted with the results of the investigation, and informed of any learning that has resulted from the complaint. Further details can be found at the link below:

<http://www.bracknell-forest.uk/complaintsprocedure>

On the rare occasions where the Department is unable to resolve a complaint, it may be referred to the Local Government Ombudsman for a decision.

The distribution of complaints in 2014-15 appears on page 22. ASC also produce an Annual Complaints Report which is published on the Council website. The 2013-14 annual report can be found at the link below:

<http://www.bracknell-forest.gov.uk/adultsocialcareannualcomplaintsreport2013to2014.pdf>

## Section 2: Where we are now

### INTRODUCTION

This looks at where different services currently are and their particular focus for the year ahead.

For ASC, a particular local context continues to be one of demographic changes with rising numbers of older people, and increasing diversity. This, together with increasing numbers of disabled people reaching adulthood, places additional demands on adult services. By 2021, the number of people aged 65 and over in Bracknell Forest is projected to rise to 19,400 people from a current population of 15,557 (ONS Mid-Year 2013 estimates). In the ONS Mid-Year 2013 estimates, the number of people aged 65 and over has increased from the ONS Mid-Year 2011 estimates by 1,290 people, a period of just two years.

A priority for the Autism team is working to promote autism awareness through training for employers, health practitioners and the local community. Trying to ensure that reasonable measures have been taken to enable people with autism to access all local facilities is of the utmost importance.

In Housing, over the last year there has been a 68% increase in the number of households the Council has a homeless duty towards, compared to a 25% increase in the previous year. In addition there has been an increase in the number of households who have approached the Council for help to manage their income in the face of the welfare reforms and in particular the help provided by the Council's new social fund. There is every reason to believe this direction of travel will continue.

The above factors will increase the demand for support from the Department.

### ADULT SOCIAL CARE

#### **Service Wide Care Act**

The Care Act has remained, and will continue to be, a major focus. The first phase of reforms comes into effect on 1st April 2015, and there has been both a national and a local communications campaign. This has included sending leaflets to everyone currently receiving support, or known to the Council as a carer, articles in Town & Country, and meetings with voluntary organisations.

Consultation on the second phase of the reforms, alongside detailed draft guidance, in respect of Funding Reforms and a new Appeals System, commenced at the beginning of February, running until the end of March. The Council has responded to that consultation, and plans for implementation of this phase are well underway.

#### **Personalisation**

In response to the personalisation agenda, the Department has worked with other Departments in the Council, and the full range of providers of specialist services and community services to commission or develop a wider range of opportunities for people. People now have a wide choice of providers of registered care, domiciliary care, and opportunities for leisure and social activity many of which are 'mainstream'. The Department now only directly provides a limited range of specialist support.

#### **Workforce Strategy**

The adult workforce strategy continues to concentrate on the workforce changes required to support the personalisation agenda, and implement the Care Act, and programme of work associated with the Better Care Fund. The work is identifying the different skills and

knowledge required of staff at different stages in a person's contact with ASCH&H, and what actions need to be taken to ensure that the Department can respond in a timely and efficient way. The consultation is underway, having started on 27<sup>th</sup> March 2015.

### **Annual Report for ASC**

Each year, ASC produce an annual report for the residents of Bracknell Forest, sometimes referred to as the Local Account. The report includes what ASC said it would do across the year, what was important, how well things were done and what difference they made to people's lives.

A copy of the 2013-14 report can be seen here:

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

In writing this report, it was important to consult those who know about the issues affecting the local community. The views of a range of partnership groups were consulted in compiling this year's report.

The Department also undertook three short video podcasts which show three important areas of work within ASC which are personalisation, dementia friendly communities and prevention and early intervention; these can be viewed on the Council's website here:

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

A credit-card sized summary of the annual report was produced and distributed widely across the community.

### **Older People & Long Term Conditions**

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

The service continues to seek opportunities to work in an integrated way with partners. The district nursing team are now helping determine the priority of people's treatments based on their condition. This ensures that their nursing needs are integrated into their rehabilitation and support plan.

Also an integrated Falls Prevention programme is now provided. This is a nurse-led assessment clinic supported by a geriatrician, operated by BHFT and BFC, with in-house Occupational Therapy and Physiotherapy, and access thereafter to a 6 week exercise programme. There is a locally accessible Rapid Assessment Community Clinic if an urgent response is required.

In order to ensure the safe treatment of people using the registered services, a revised assessment and admissions process has been developed supported by a care dependency tool to ensure the service can respond to presenting needs of individuals referred. This helps to enable staff to meet the needs of people appropriately now and in the future as their needs become increasingly complex.

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

The DAAT is one of 8 nationally selected pilot areas to adopt a new approach to commissioning and delivery of substance misuse services. Payment by Results (PbR) focuses on recovery, improved health and wellbeing and reducing offending. A local evaluation has been undertaken and has shown improvements in performance.

The number of people misusing mephedrone seeking support continues to be monitored. There has been a slight reduction in the number of referrals compared to previous years but the level of referrals and subsequent support provided for this group of people remains higher than the national average.

The current contract for adult services ends on 30th September 2015 and work is underway to look at options in respect of future service provision.

The Children Young People and Learning Overview and Scrutiny Panel have established a working group with a focus on young people who misuse substances and the impact of parental substance misuse. A report from the working group will be presented to the panel in March 2015 and any recommendations will be implemented during 2015/16.

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

The EDS Joint Agreement is due to be renewed by June 2015. The EDS Team commenced consultation with the 6 unitary authorities and 12 Directorates on the 1st November 2014. Due to recent changes in legislation there will be the need for the business to comply with these statutory requirements. To enable a full review of the service to be carried out, the current joint agreement has been extended to December 2015.

After analysing the statistical data, EDS has seen an increase in both child safeguarding referrals and mental health act assessment requests. There have also been numerous changes to legislation in the last three years which have created statutory obligations to the service which does not reflect the current Joint Agreement or Service Specification, the result is that the current staffing levels at EDS cannot respond in a timely manner and as effective way as we would wish.

### ***Older People and People with Long Term Conditions (OP&LTC)***

The OP&LTC Team have been working in partnership with the Bracknell & Ascot Clinical Commissioning Group (CCG) in developing an integrated care team approach for people with long term conditions.

The intervention of the multi-disciplinary team identifies people with complex health and social care needs and creates individual plans aimed at improving their health and well-being, promoting independence and self-management of their condition. This approach enables people to remain and reduces the need for them to go into hospital.

The team are working in partnership with the voluntary sector, to support a Sensory Needs Clinic at Bridgewell. People with sight and/or hearing loss can now be assessed and then try out a wide variety of equipment and Telecare that can be used in their own home providing them with choice and control, and greater independence.

The application of a Blue Badge is supported by an assessment by a physiotherapist to clarify eligibility. If someone is ineligible, they are given advice on how to re-apply should their mobility decrease following their assessment.

### ***Disabled Facilities Grants (DFG)***

Working in partnership, OT Practice have been involved in supporting DFGs where appropriate and this has speeded up the process and streamlined throughput. Bracknell Forest's OT team within the OP&LTC team continue to manage complex intense cases.

OT managers are working with two of the three acute trusts to encourage them to involve community services earlier in the discharge process and to adopt a shared approach to risk assessments in order to identify those people who would benefit most from a DFG.

The DFG funding for 2015/16 is included in the Better Care Fund, although this will be received by the council directly from the Department of Communities and Local Government.

## **Adults & Joint Commissioning People with Autism**

A range of opportunities have been developed for people with Autism in the community. Being Me is a course run by Berkshire Autistic Society, the purpose of which is to help people with Autism to understand their condition, and manage it better. A further course, called 'Social Eyes', is designed to support people with social interaction and communication.

Some people with Autism and their carers also took part in a project called "Rucksack" which, through the use of computer generated art, supported them to understand the impact of autism on their relationships. There is also a "drop in" service available, through Berkshire Autistic Society, called Helping Hands.

The Autism Team continued to receive specialist training to help them better support people with Autism in Bracknell.

The Joint Commissioning Strategy for People with Autism was approved by the Executive at the end of January 2015 and is now awaiting design approval from the Autism Partnership Board, prior to publication. The strategy will be available on the Council's website [www.bracknell-forest.gov.uk](http://www.bracknell-forest.gov.uk) from June 2015.

As part of developing the strategy, people with Autism and their families were asked what information and support they need to live the lives that they wish. This local information and the national priorities identified in 'Think Autism' have determined the local priorities set out in the strategy.

The action plan is still in draft format and is to be considered at the next Autism Partnership Board in May 2015.

### ***People with Learning Disabilities***

People with learning disabilities and their families were asked what information and support they need to live life in the way they want. Their responses have been used to develop the new Learning Disability Joint Commissioning Strategy which will provide the support to respond to their needs.

The outcome of the project into the quality of care being provided to people in residential care or acute/hospital placements was very positive. As a result, a revised approach to assessing and reviewing people has been developed, and is now being used to inform practice across all teams.

### ***People with Mental Health problems***

Community Mental Health Services are delivered in partnership with Berkshire Healthcare Foundation Trust (BHFT).

There is a proposed development of 6 extra flats at Glenfield House in partnership with Bracknell Forest Homes for medium term accommodation, respite and emergency accommodation for homeless people.

The group for people with bipolar illness continues to run every week and is open to those people who have this diagnosis.

The badminton and football groups are well attended every week by people who use CMHT services. The football group has been entered into the BOBI (Berkshire, Oxfordshire and Buckinghamshire Inclusive) League which is run by the Berkshire and Buckinghamshire Football Association.

The team also provides Cognitive Stimulation Therapy for people with dementia. The courses are 14 weeks long and there are 6 to 8 courses a year. The courses provide people with strategies to help them to cope with their memory problems.

Once or twice a year (dependent on demand), the team's psychologist provides a Cognitive Behaviour Therapy course for carers to give them strategies to enable them to identify and cope with the stresses of caring for the person with dementia. This is also provided on a one to one basis.

### ***Joint Commissioning***

In 2014-15, the Joint Commissioning Team updated and contributed to a range of projects such as the Dementia Directory, the "Helping You to Stay Independent" Guide, the ASC Annual Report and associated podcasts, and information for the Council's website. All this ensures that people have timely access to information about the wide range of support available in the community.

Other areas of work were undertaken by the team bringing substantial benefits to the organisation and local people. The examples below capture some of the highlights.

- The roll-out of the Objective Consultation Portal across the Department led to a co-ordinated approach to consultation activity
- Activities that took place in "Self-Care Week" raised awareness of prevention, self-care and self-management of long-term conditions. Information was also given to people about accessing the appropriate services for their health needs e.g. when to go to the Urgent Care Centre or Accident and Emergency at the hospitals
- Training was delivered to local employees e.g. shop workers, to raise awareness of dementia and how to positively interact with people with dementia in the community
- Feedback from people who attended the course was positive with many people saying they would share their learning with colleagues
- The Information and Advice strategy, Carers Strategy, Prevention and Self-Care Strategy, Joint Health and Wellbeing Strategy and the Intermediate Care strategy were developed through a joint approach with partners

Procurement exercises were also undertaken including the completion of a tender for the borough's first Extra Care Housing scheme in partnership with Bracknell Forest Homes, for which Optalis were successful. This will bring additional choice to the housing market for older people with support needs. For Mental Health services commissioned by the Council, there was a significant change from a service model to a PbR, paid against the Recovery STaR model to ensure that people's outcomes are improved.

Looking forward to 2015-16, the Joint Commissioning Team will be undertaking projects in support of the implementation of the Care Act and the delivery of the Better Care Fund programme.

The team will also be supporting the development of the Advocacy Strategy and the Sensory Needs Strategy. This will include the implementation of the Action Plans.

Other focus areas for 2015-16 include the delivery of a joint prevention programme with Public Health and Bracknell and Ascot CCG designed to help people keep healthy and to better manage ill health. The team will also be working with the Dementia Alliance Action

co-ordinator to ensure that Bracknell Forest becomes more dementia friendly. Other work includes developing a web version of Stats.Share, and supporting the Older People's Partnership Board Digital Inclusion Project.

### **Safeguarding Adults**

The Adult Safeguarding Team supports the operational community teams in responding to concerns related to older people, people with long term conditions, people with a learning disability, autistic spectrum disorder or mental health problems including people with dementia. There are robust procedures in place to ensure that safeguarding concerns are assessed in line with national best practice and in line with the person's wishes (where they are able to make them known).

Since the Supreme Court judgement in March 2014, the Department has undertaken a review of its DoLS service. The review has resulted in additional Best Interest Assessor posts being created to manage the increased demand.

### **HOUSING**

The local housing market in Bracknell Forest in common with the rest of the country is experiencing high demand for rented accommodation. Households on low or modest incomes are finding it hard to compete in the market for private rented accommodation due to the increased demand. The consequence of this is that over the last year there has been a significant increase in the number of households that the Council has accepted a statutory homeless duty towards and provided temporary accommodation pending offer of a long term home as it was not possible to prevent them becoming homeless. The lack of suitable temporary accommodation has meant that an increasing number of households have been housed on an emergency basis in non-self-contained accommodation.

The Government's Universal credit will be rolled out for single people in Bracknell Forest in the next year. This new welfare payment will amalgamate either out of work or in work benefit payments and pay them direct to the customer correcting payments in real time.

The housing and benefit service has been redesigned to provide a service which maximises customers income and independence. System thinking methodology has been used to redesign the service. Officers use knowledge of housing and benefits to help customers resolve their problems in a holistic way. The redesigned service operates through seven key operating principles.

There is a need to better target housing related support for households. Funded by the supporting people programme, services for older people and homeless households are procured to enable households to stay in their homes if that is what they choose. In addition, work continues to support the development of the accommodation strategy for older people.

Forestcare continues to grow the business in a competitive market. The range of services offered by Forestcare is being extended and improved over the next year via the procurement of new technology.

As such there are three over-arching challenges that face the service in 2015-16. Firstly, the need to maximise household incomes, linking with employment and welfare advice. Secondly, the need to maximise housing choice and options including the procurement of additional temporary accommodation for the most vulnerable households and thirdly, the need to redesign services to meet customers changing demands and expectations

### **PUBLIC HEALTH**

In 2015-16, the Public Health Team will continue to develop its understanding of local health and well-being, and in doing so, further improve the Joint Strategic Needs Assessment

(JSNA) as a solid basis of its own commissioning and that of others. As in 2014/15, the JSNA will continue to be informed by the Public Health Survey in which a representative sample of residents are asked to provide information on their health, health related lifestyles and use of health care services. In addition, the Public Health Team will publish a comprehensive needs assessment in relation to drug and alcohol services in 2015/16.

Public Health will build on the significant success of local health improvement services. 2014/15 saw significant improvements in NHS Health Checks, smoking cessation and weight management services. New developments will include targeted programmes for those with specific health improvement needs (e.g.: people with mental health conditions) as well as entirely new initiatives such as community based falls prevention.

In relation to commissioning support, the Public Health Team has already met regularly with local NHS commissioners to help establish joint priorities for 2015/16. This has involved ensuring that preventative services match well and compliment treatment services in way that enables residents experience a seamless pathway when seeking support.

Finally, the Public Health Team will continue to play its part in the wider health protections system. Key priorities will be precautionary work in relation to Ebola as well as efforts to increase uptake of screening and immunisation programmes.

## **PERFORMANCE & RESOURCES**

### ***Business Intelligence***

New statutory returns for ASC which were introduced in 2014-15 will continue in 2015-16, so reporting needs to remain robust and accurate to meet this challenge. The bedding down of a new data warehouse, introduced in 2014-15 will be a major focus for the Business Intelligence Team.

The Business Intelligence Team will continue to work closely with all services to ensure that key performance data is captured at the appropriate points in people's pathways. Performance Newsletters published throughout the year will ensure that system users are reminded of key developments and their impact.

The Health and Wellbeing Board has approved a review of the board, including plans to develop a dashboard of indicators based on the revised Health and Wellbeing Strategy. The strategy is to be presented to the Board meeting in September.

### ***Finance***

The main focus during the year alongside the usual budget monitoring, financial assessments and system reconciliations has been on preparing for the Care Act and the Better Care Fund. The Finance Team have also implemented a risk based approach to the audit of Direct Payment accounts.

In 2015/16, the Finance Team will implement those elements for the Care Act that come into effect from 1 April 2015, including deferred payments, changes to charging for residential placements and additional support for self-funders. Work will also include preparing for further Care Act changes that come into effect from 1 April 2016, including the cap on contributions and the resultant requirement for care accounts. The Finance Team will also develop financial reporting as part of the Better Care Fund to ensure that the needs of the Council and the CCG are met, and to support the establishment of robust governance arrangements.

### ***Human Resources (HR)***

The HR Team provide subject matter expertise to managers on a wide range of issues from Organisational Change to Employee Relations issues such as discipline, grievance and

absence management. HR also plays a key role in supplying data to the Government's National Minimum Data Set (NMDS) with a view to gaining valuable funding for training and development in ASC.

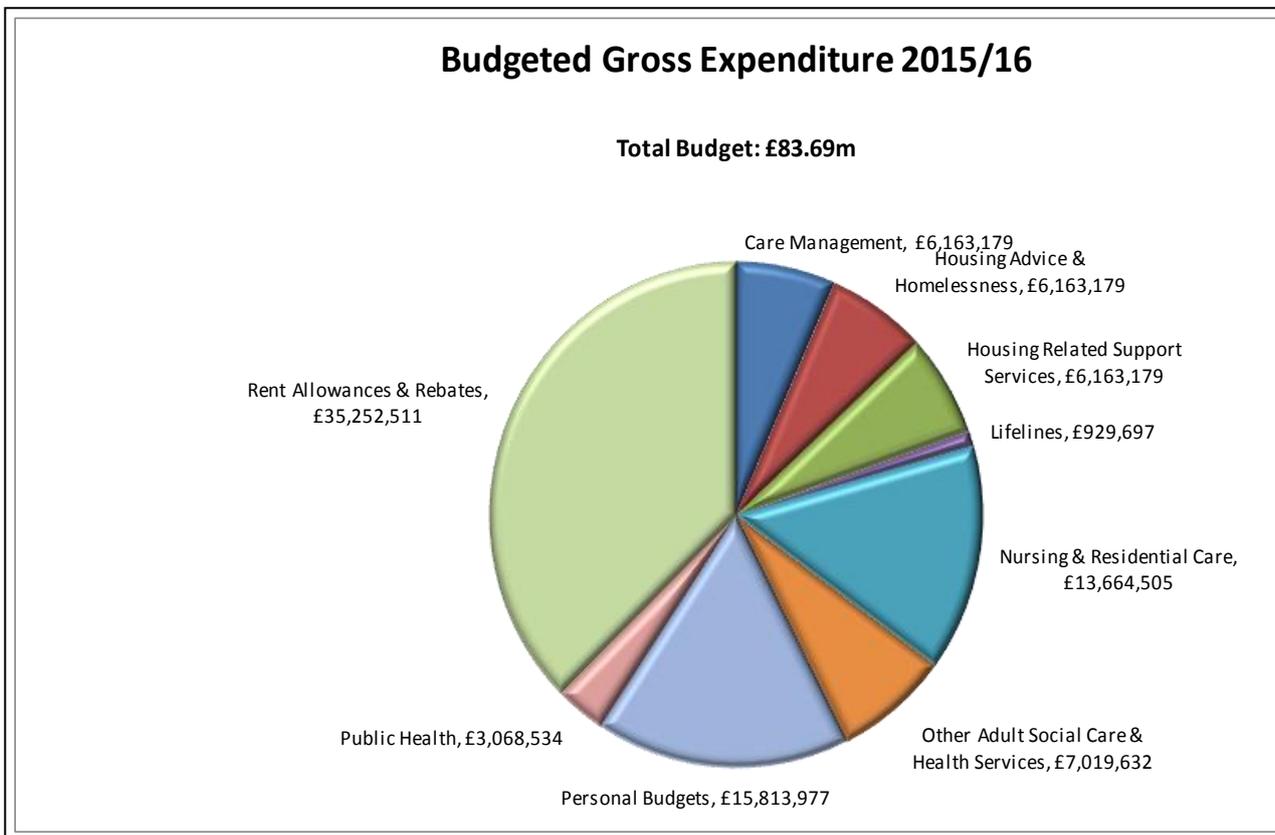
In addition, HR provides support to managers to recruit to vacant roles in all disciplines within ASCH&H.

**IT**

During 2015–16, the IT Team will be concentrating on ensuring the Department's case management system and reporting infrastructure are fit for purpose to meet the government's timescales for the Care Act. This will include matching NHS numbers against the core case management records and providing electronic access to the person receiving social care support through a new portal.

**DEPARTMENT BUDGET 2015-16**

The gross Departmental budget is £83.69 million in 2014/15. This is gross of Public Health Grant, Housing Benefit Subsidy, Client Contributions to Care Packages and other Fees and Charges. In 2014/15 it is proposed our budget will be spent on the following activities:



**PEOPLE'S EXPERIENCES**

***Compliments and Complaints***

ASCH&H produce two reports each year (one for ASC and one for housing) showing compliments and complaints received in the year. The information below summarises the complaints activity contained in these reports.

**Compliments and Complaints received about ASC services in 2014-15**

A total of 67 compliments were received in the year about ASC services, compared to 138 compliments in the previous year.

There were a total of 21 complaints received about ASC services, compared to 19 complaints in the previous year.

Of the complaints received in 2014-15, 5 were upheld, 7 were partially upheld and 9 were not upheld. This compares to the previous year where 2 complaints were upheld, 6 complaints were partially upheld and 11 were not upheld.

Of the 21 complaints, 6 were about services to older people and people with long term conditions, 4 were about services to people with a learning disability, 4 were about community response and reablement services, 3 were about mental services to older adults, 2 were about autism services, 1 was about brokerage services and 1 was about finance services.

In terms of nature of the ASC complaints, 14 were about standard of service, 4 were about access to services, 1 was about finance, 1 was about communications and 1 was about other issues.

#### Compliments and Complaints received about Housing services in 2014-15

A total of 63 compliments were received in the year about Housing services, compared to 42 compliments in the previous year.

There were a total of 43 complaints received about Housing services in 2014-15 compared to 49 complaints in the previous year. Of these, 4 were upheld, 16 were partially upheld and 23 were not upheld.

Of the 43 complaints, 27 were about Housing Options services, 9 were about Welfare Benefits services and 7 were about Forestcare services.

In terms of nature of the Housing complaints, 16 were about Standard of Service, 13 were about Disputed Decisions, 7 were about the Quality of Advice, 6 were about Behaviour of Staff and 1 was about Quality of Accommodation.

In terms of the stages of the 43 complaints, 19 complaints were at stage 1, 22 complaints were at stage 2, 4 complaints were at stage 3 and 1 complaint was referred to the Local Government Ombudsman. This number will not total 43 as some complaints will progress through more than one stage.

No complaints were received in 2014-15 about Public Health services.

#### ***People's Expectations***

Customer satisfaction surveys are not undertaken on an annual basis for all services. The following information reflects the latest available information.

#### Forestcare Annual Customer Survey 2014

The Forestcare survey in 2014 achieved a response rate of 37%. The results were analysed and the findings were as follows:

- 100% of respondents said they were happy with the Forestcare service.
- 98% thought it was good value for money.
- 100% found the Forestcare Team polite and helpful.
- 98% reported they were happy with the response when used in an emergency
- 100% said that they were happy with the response to faults where there was a fault
- 100% said that they found the sensors helpful

- Only 15% said that they thought that a postal service would work
- 81% said it would be helpful if there was an automated test.

#### ASC Survey 2013-14

The ASC survey is undertaken each year and the results of the survey for 2014-15 are not yet available. Therefore the results of the 2013-14 survey are still current. The 2013-14 survey was undertaken in January 2014 with the results shown below.

The views of local residents are sought each year in a survey on behalf of the Department of Health, where people are asked a range of questions about issues affecting their health, wellbeing and other factors. There are six national indicators which are derived from the survey. Survey forms were sent to 1,567 people and a response rate of 47% was achieved which was an increase on last year, where the response rate was 44%. Key findings were as follows including comparisons with previous surveys where available:

- The quality of life indicator (national indicator 1A) scored 18.8, an increase from the previous year when the score was 18.7.
- 75.9% of people said they had either as much control as they wanted or adequate control over their daily life (national indicator 1B) compared with 76.2% in the previous year.
- 64.8% of people were either extremely satisfied or very satisfied with the care and support services they receive (national indicator 3A) compared with 64.5% in the previous year. For people with a learning disability this was 73.2% versus 76.5% in the previous year.
- 76.5% of people found that it was either very easy or fairly easy to find information and advice about support, services or benefits (national indicator 3D) compared with 78.1% the year before.
- 63.4% of people felt as safe as they want (national indicator 4A) compared with 65.9% in the previous year.
- 83.8% of people said that care and support services made them feel safe (national indicator 4B) compared with 82% in the previous year.
- 90.7% of people said that care and support services helped them to have a better quality of life compared with 91.2% in the previous year.

#### ASC Carers Survey 2012-13

The Carers Survey is conducted every 2 years and so the 2012-13 Carers Survey results are still current. Although there was a pilot Carers Survey conducted for the 2009-10 performance year, the questions were worded differently, so a comparison has not been made. The next carers' survey will be undertaken in 2014-15 and the 2016-17 Service Plan will compare the 2014-15 survey results with those from 2012-13.

Surveys were sent to 719 carers and there was a response rate of 53.8%. There are four national indicators which are derived from the carers' survey. The results from 2012-13's carers' survey have been compared with the pilot carers' survey that Bracknell Forest carried out in 2009-10, which was the last time the carers survey was carried out.

- The overall quality of life indicator for carers (national indicator 1D) was reported as a score of 8.5 out of a possible score 12.
- 50.3% of carers were satisfied with the care and support they receive (national indicator 3B).
- 78.8% of carers felt included/consulted in cared for discussions (national indicator 3C).
- 76.4% of carers found it easy to find information about support services or benefits (national indicator 3D).

- 91.5% of carers said that they had as much control over their daily life as they wanted.
- 89.4% of carers had no worries about their personal safety.
- 91.4% of carers found that the information they received was helpful.

## Section 3: Service Delivery

All indicators which are reported through the Department's Quarterly Service Report are as follows.

Ind Ref	Short Description (Grey shading shows key indicators)	2014/15 Target	2014/15 Actual	2015/16 Target
<b>Adult Social Care &amp; Health Indicators</b>				
<b>All Sections Indicators</b>				
OF1a	Social Care Related Quality of Life (Annual)	18.8	Data not available as not in Public Domain	Sustain 2014-15 performance
OF1b	Proportion of People who use services who have control over their daily life (Annual)	75.9%	Data not available as not in Public Domain	Sustain 2014-15 performance
OF1c.1	Percentage of people receiving self-directed support (Annual)	98%	Data not available as not in Public Domain	This indicator will have 2 parts in 15/16 – a) cared for b) carers. Targets will be reviewed when a baseline is established
OF1c.2	Percentage of people receiving Direct payments (Annual)	N/A	Data not available as not in Public Domain	N/A
OF1d	Carer – reported quality of life (Biennial)	8.5	Data not available as not in Public Domain	Biennial – Not required 15/16
OF2a.1	Permanent admissions to residential or nursing care per 100,000 18-64 population (Quarterly)	Q1 1.7 Q2 3.4 Q3 5.1 Q4 6.8 (5 admissions)	Q1 2.7 Q2 2.7 Q3 2.7 Q4 4.1 (3 admissions)	Q1 – 1.7 Q2 – 3.4 Q3 – 5.1 Q4 – 6.8 (5 admissions)
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	Q1 160.8 Q2 321.7 Q3 482.5 Q4 643.4 (96 admissions)	Q1 113.9 Q2 234.6 Q3 288.2 Q4 465 (71 admissions)	Q1 – 149.2 Q2 – 298.4 Q3 – 596.8 Q4 – 447.6 (98 admissions)
OF2d	The outcomes of short term service: sequel to service	Awaiting Govt. definition	Data not available as part of new returns for 2014-15	Target will be developed once baseline known
OF3a	Overall satisfaction of people who use services with their care and support (Annual)	64.8%	Data not available as not in Public Domain	Sustain 2014-15 performance
OF3b	Overall satisfaction of carers with social services (Every two years)	50.4%	Data not available as not in Public Domain	Biennial – Not required 15/16
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)	78.7%	Data not available as not in Public Domain	Biennial – Not required 15/16

Ind Ref	Short Description (Grey shading shows key indicators)	2014/15 Target	2014/15 Actual	2015/16 Target
OF3d.1	Proportion of people who use services who find it easy to find information about services (Annual)	76.5%	Data not available as not in Public Domain	Sustain 2014-15 performance
OF3d.2	Proportion of carers who find it easy to find information about services (Every two years)	76.5%	Data not available as not in Public Domain	Biennial – Not required 15/16
OF3e	Improving people's experience of integrated care	New for 2014/15	Data not available as not in Public Domain	Target will be developed once baseline known
OF4a	The proportion of people who use services who feel safe (Annual)	63.4%	Data not available as not in Public Domain	Sustain 2014-15 performance
OF4b	The proportion of people who use services who say that those services have made them feel safe and secure (Annual)	83.8%	Data not available as not in Public Domain	Sustain 2014-15 performance
L172	Timeliness of Financial Assessments (Quarterly)	95% each quarter	Q1 97.0% Q2 97.4% Q3 97.4% Q4 97.84%	95% within 5 days
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information (Quarterly)	Q1 9.3% Q2 15.6% Q3 24.8% Q4 37.0%	Q1 11.8% Q2 20.3% Q3 31.1% Q4 43.8%	Q1 – 10% Q2 – 20% Q3 – 30% Q4 – 40%
L199	Average time taken to answer Emergency Duty Service calls less than 40 seconds (Quarterly)	<40 seconds each quarter	30 seconds	Review when data available
L213	Satisfaction rates for calls to Emergency Duty Service (Biennial)	90%	Data not available	Review when data available
L214	Total number of bed delays - Delayed transfers of care from hospital per 100,000 population (Quarterly)	Q1 1,005.3 Q2 666.5 Q3 644.3 Q4 615.4	Q1 1,005.3 Q2 658.7 Q3 1,038.6 Q4 1,156.2	Q1 – 593.5 Q2 – 571.5 Q3 – 549.5 Q4 – 521.3
<b>Community Mental Health Team Indicators</b>				
OF1f	Adults receiving secondary mental health services in employment (Quarterly)	13% each quarter	Q1 15.1% Q2 15.1% Q3 14.8% Q4 N/A	Review when Q4 data available
OF1h	Adults receiving secondary mental health services in settled accommodation (Quarterly)	84% each quarter	Q1 83% Q2 83% Q3 81.1% Q4 N/A	Review when Q4 data available
<b>Community Response and Reablement Indicators</b>				
OF2b	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (Annual)	81.3%	82.7%	81.3%
OF2c.1	Delayed transfers of care from hospital: all delays per 100,000 population (Quarterly)	8 each quarter	Q1 9.3 Q2 7.5 Q3 8.6 Q4 8.6	8 each quarter

Ind Ref	Short Description (Grey shading shows key indicators)	2014/15 Target	2014/15 Actual	2015/16 Target
OF2c.2	Delayed transfers of care from hospital: attributable to social care per 100,000 population (Quarterly)	5 each quarter	Q1 4.9 Q2 3.4 Q3 3.1 Q4 3.7	5 each quarter
L135.1	Average contact time for Enhanced Intermediate Care (Quarterly)	95% each quarter	Q1 92.3% Q2 94.8% Q3 95.8% Q4 97.3%	95% each quarter
L135.2	Waiting times for OT assessments (Quarterly)	90% each quarter	Q1 99.4% Q2 98.1% Q3 98.6% Q4 99.1%	Target is being reviewed
<b>Community Team for People with Learning Disabilities Indicators</b>				
OF1e	Adults with learning disabilities in employment (Quarterly)	15% each quarter	Q1 15.8% Q2 16.6% Q3 15.6% Q4 15.3%	15% each quarter
OF1g	Adults with learning disabilities in settled accommodation (Quarterly)	85% each quarter	Q1 87.8% Q2 87.9% Q3 88.1% Q4 88.1%	85% each quarter
<b>Public Health Indicators</b>				
L215	Delivery rate of NHS Health checks (Quarterly)	400 each quarter	Q1 702 Q2 1,041 Q3 937 Q4 1,261	400 each quarter
L216	Smoking cessation delivery rate of successful 4 week quitters (Quarterly)	Q1 159 Q2 159 Q3 159 Q4 246	Q1 150 Q2 133 Q3 323 Q4 N/A	Q1 159 Q2 159 Q3 159 Q4 246
L217	Smoking quit success rate (Quarterly)	60% each quarter	Q1 65.2% Q2 62.4% Q3 77.5% Q4 N/A	60% each quarter
L218	Completion rate of specialist weight management treatment programme (Quarterly)	50 each quarter	Q1 66 Q2 69 Q3 N/A Q4 N/A	50 each quarter
<b>Housing Indicators</b>				
<b>Housing Options Indicators</b>				
NI155	Number of affordable homes delivered (gross) (Quarterly & Annual)	Q1 9 Q2 4 Q3 51 Q4 86	Q1 9 Q2 5 Q3 34 Q4 76	Q1 – 0 Q2 – 0 Q3 – 6 Q4 – 10 Year total 16
L178	Number of household nights in B&B across the quarter (Quarterly)	1,650 each quarter	Q1 1,851 Q2 2,119 Q3 1,811 Q4 1,601	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% each quarter	Q1 83.33% Q2 90.24% Q3 89.29% Q4 78.26%	85% each quarter
<b>Forestcare Indicators</b>				

<b>Ind Ref</b>	<b>Short Description</b> (Grey shading shows key indicators)	<b>2014/15 Target</b>	<b>2014/15 Actual</b>	<b>2015/16 Target</b>
L030	Number of lifelines installed (Quarterly)	130 each quarter	Q1 149 Q2 159 Q3 214 Q4 255	200 each quarter
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	97.5%	Q1 97.06% Q2 97.63% Q3 97.59% Q4 98.90%	97.5%
L180	Time taken in working days for Forestcare customers to receive the service from enquiry to installation (Quarterly)	12 each quarter	Q1 8 Q2 6 Q3 5 Q4 4	10 each quarter
<b>Benefits Indicators</b>				
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	97% each quarter	Q1 98.9% Q2 98.6% Q3 98.5% Q4 95.5%	98% each quarter
NI 181	Days taken to process HB new claims and change events (Quarterly)	10 each quarter	Q1 6 Q2 7 Q3 9 Q4 4	9 each quarter

## Section 4: Medium Term Objectives and Key Actions

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
<b>MTO 4: Support our younger residents to maximise their potential</b>				
4.1	Provide accessible, safe and practical early intervention and support services for vulnerable children and young people in the Borough.			
<b>Supported by the following sub-actions</b>				
4.1.9	Extend the principles of the Symbol project to identify and develop links across services for vulnerable adults who are also parents	31/03/16	Head of Learning Disabilities	MTO 4

4.3	Increase opportunities for young people in our youth clubs and community based schemes.			
<b>Supported by the following sub-actions</b>				
4.3.4	Work with Thames Valley Housing to finalise plans for a residential development to underpin the modernisation of the Youth Service programme to develop a new Town Centre Youth hub	31/03/16	Chief Officer: Housing	MTO 1

4.7	Communicate with partners to ensure that health, safety and wellbeing priorities for children and young people are identified, and are included in partner plans and strategies where relevant and appropriate.			
<b>Supported by the following sub-actions</b>				
4.7.3	Enhance the emotional health and wellbeing of children and young people at tier 2 in partnership with schools and other providers	31/03/16	Consultant in Public Health	MTO 4

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
<b>MTO 6 Support Opportunities for Health and Wellbeing</b>				
6.2	Support the Health and Well Being Board to bring together all those involved in delivering health and social care in the Borough.			
<b>Supported by the following sub-actions</b>				
6.2.1	Implement the review of the Health & Wellbeing Board	30/09/15	Director: Adult Social Care & Housing	Health & Wellbeing Board
6.2.2	Increase liaison with NHS England to further develop GP and primary care services in the borough	31/03/16	Director: Adult Social Care & Housing	Joint Health and Wellbeing Strategy
6.2.4	Work with partners to improve Child and Adolescent Mental Health Services (CAMHS) provision	31/03/16	Locality Manager for Mental Health / Consultant in Public Health	MTO 6

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
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6.3	Continue to support the development of a local Healthwatch to provide local patients with a voice.			
<b>Supported by the following sub-actions</b>				
6.3.1	Conduct regular reviews against the agreed contractual outcomes for local Healthwatch	31/03/16	Chief Officer: Older People & Long Term Conditions	Joint Commissioning Strategies

6.8	Support health & wellbeing through Public Health.			
<b>Supported by the following sub-actions</b>				
6.8.1	Conduct a comprehensive programme aimed at improving self-care across the population, including development of a web-based self-care guide and a new programme for those with pre-diabetes	31/03/16	Consultant in Public Health	JSNA
6.8.2	Maximise the uptake of key health improvement programmes across the population, including health checks, smoking cessation and weight management	Quarterly reviews in Jul, Oct, Jan, Apr	Consultant in Public Health	JSNA
6.8.3	Deliver a range of programmes aimed at improving well-being among local older people, including a Community Falls Prevention Programme, a Strength & Balance Programme and Befriending Services	Quarterly reviews in Jul, Oct, Jan, Apr	Consultant in Public Health	JSNA
6.8.4	Carry out specific and collaborative assessments of the services including a full needs assessment in relation to drugs and alcohol	31/03/16	Consultant in Public Health	JSNA

6.9	Support people who misuse drugs and/or alcohol to recover by providing appropriate interventions.			
<b>Supported by the following sub-actions</b>				
6.9.1	Provide drug and alcohol misuse awareness raising to new employees and existing staff	31/03/16	Head of DAAT	Staff Induction Plans
6.9.3	Consider the findings from the DAAT Young People's Service Review to plan future service provision	31/03/16	Head of DAAT	Young People's Service Review
6.9.4	Consider the recommendations arising from the Children Young People & Learning Overview & Scrutiny Panel (O&S) working group	31/03/16	Head of DAAT	Children Young People & Learning Overview & Scrutiny Panel Working Group

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
6.9.5	Undertake a cost comparison analysis of the current DAAT service	31/03/16	Head of DAAT	
6.9.6	Monitor the number of older people being referred to treatment for alcohol misuse	31/09/15	Head of DAAT	

6.10	Support the Bracknell & Ascot Clinical Commissioning Group to focus on improving local health services for our residents.			
	<b>Supported by the following sub-actions</b>			
6.10.1	Work with the CCG to implement the Better Care Fund Plan	31/03/16	Director: Adult Social Care Health & Housing	Joint Health & Wellbeing Strategy / JSNA
6.10.2	Work in partnership with the CCG and Bracknell Healthcare Foundation Trust (BHFT) to build on an integrated service for adults with long term conditions	31/03/16	Chief Officer: Older People & Long Term Conditions	Joint Health & Wellbeing Strategy / JSNA
6.10.3	Work with the Acute Trust and review the out of hours intermediate care services so that delays for people in hospital awaiting social care are minimised	31/03/16	Chief Officer: Older People & Long Term Conditions	Better Care Fund Programme
6.10.4	Further develop the integrated care teams with the CCG and BHFT to support people with complex needs	31/03/16	Chief Officer: Older People & Long Term Conditions	MTO 6

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.			
	<b>Supported by the following sub-actions</b>			
6.11.1	Ensure electronic batch matching on the NHS number is completed for a person's social care record	30/06/16	IT Manager	Better Care Fund Programme

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
MTO 7	Support our older and vulnerable residents			
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.			
	<b>Supported by the following sub-actions</b>			
7.1.1	Review the range and nature of support services provided by Forestcare for vulnerable people	31/03/16	Chief Officer: Housing	Older Person's Accommodation and Support Services Strategy

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
7.1.2	Refresh the "Helping you to stay independent" Guide	31/03/16	Head of Joint Commissioning	Helping You to Stay Independent Guide
7.1.3	Review implemented winter pressures plans	31/08/15	Head of Community Response & Reablement	Winter Pressures
7.1.4	Deliver a self-care programme raising awareness of self-care and self-management of long-term conditions and managing the use of A& E services	31/03/16	Head of Joint Commissioning	Self-care Programme / Better Care Fund Programme

7.4	Continue to modernise support and include new ways of enabling the delivery of that support.			
<b>Supported by the following sub-actions</b>				
7.4.1	Introduce the Spectrum Star to people supported by the Autistic Spectrum Disorder (ASD) team and the agencies who support them	31/03/16	Head of Learning Disabilities	Joint Commissioning Strategy for Adults with Autism
7.4.2	Introduce a new review package for people with ASD and Learning Disabilities (LD) that incorporates an updated Direct Payments review and Service review	30/06/15	Head of Learning Disabilities	Joint Commissioning Strategy for Adults with Autism
7.4.3	Introduce the Life Star to the people supported by the LD team and the agencies that support them	31/03/16	Head of Learning Disabilities	Joint Commissioning Strategy for Adults with Learning Disabilities
7.4.4	Develop and publish the Sensory Needs Strategy	31/03/16	Head of Joint Commissioning	Sensory Needs Strategy
7.4.5	Refresh the Advocacy strategy and commissioned services subject to evaluation of the impact of the Care Act	31/03/16	Head of Joint Commissioning	Advocacy Strategy
7.4.6	Aim to promote Healthy Lifestyles for people including reducing incidents of smoking amongst people supported by the Community Mental Health Team (CMHT)	31/03/16	Locality Manager for Mental Health	Healthy Lifestyles
7.4.7	Establish a Dementia Action Alliance to promote dementia friendly communities	31/03/16	Head of Joint Commissioning	Dementia Action Alliance

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
7.5	Improve the range of specialist accommodation for older people which will enable more people to be supported outside residential and nursing care.			
<b>Supported by the following sub-actions</b>				
7.5.1	Undertake a review of the operational services supporting Clement House extra care scheme	30/10/15	Head of LTC & CHC	Clement House extra care scheme / Older Person's Accommodation and Support Services Strategy

7.6	With partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse.			
<b>Supported by the following sub-actions</b>				
7.6.1	Embed statutory safeguarding requirements within operational practice	31/03/16	Head of Adult Safeguarding	Safeguarding Development Board's plan
7.6.2	Lead the Bracknell Forest Safeguarding Adults Partnership Boards development plan taking into account the board's statutory footing	31/03/16	Head of Adult Safeguarding	Safeguarding Development Board's plan

7.7	Target financial support to vulnerable households.			
<b>Supported by the following sub-actions</b>				
7.7.1	Review the Council's support to households in light of the claimant commitment / universal credit implementation	31/03/16	Chief Officer: Housing	MTO 7
7.7.2	Retender supporting people contracts to provide housing related support to vulnerable people	31/03/16	Chief Officer: Housing	MTO 7
7.7.3	Review Social Fund and Discretionary Housing Payment policy to target support to the most vulnerable people	30/11/15	Chief Officer: Housing	MTO 7
7.7.4	Review local council tax benefit scheme to ensure it provides an affordable scheme for the Council and customers	31/12/15	Chief Officer: Housing	MTO 7
7.7.5	Continue redesign of the housing and benefit service to maximise household income and independence	31/03/16	Chief Officer: Housing	MTO 7

7.8	Support vulnerable people through continued provision of out of hours services.			
<b>Supported by the following sub-actions</b>				

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
7.8.1	Consult on the Emergency Duty Service (EDS) Joint Review	30/06/15	Head of EDS	EDS Joint Review

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
MTO 10	Encourage the provision of a range of appropriate housing			
10.1	Ensure a supply of affordable homes.			
	<b>Supported by the following sub-actions</b>			
10.1.8	Review DFG process in order to meet the requirements of the Better Care Fund	31/03/16	Chief Officer: Older People & Long Term Conditions	Better Care Fund Programme
10.1.9	Produce Housing Strategy	30/11/15	Chief Officer: Housing	Housing Strategy
10.1.10	Produce Homeless Strategy	30/11/15	Chief Officer: Housing	Homeless Strategy
10.1.11	Secure additional temporary accommodation for homeless households	31/03/16	Chief Officer: Housing	MTO 10
10.1.14	Support Housing and Planning for the off-site provision of affordable homes from the TRL site in Bracknell Town Centre	31/03/16	Chief Officer: Housing	MTO 10
10.1.15	Investigate establishing a Local Housing Company	30/09/15	Chief Officer: Housing	MTO 10

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
MTO 11	Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money			
11.1	Ensure services use resources efficiently and ICT and other technologies to drive down costs.			
	<b>Supported by the following sub-actions</b>			
11.1.4	Ensure IT systems are ready for any statutory and legislative changes	31/03/16	IT Manager	Statutory Returns / Adult Social Care Outcomes Framework
11.1.7	Introduce arrangements to record care accounts so that the Council can track self-funder progress towards the care 'cap' of £72,000	30/10/15	Senior Departmental Accountant	Care Act

11.2	Ensure staff and elected members have the opportunities to acquire the skills and knowledge they need.			
	<b>Supported by the following sub-actions</b>			

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
11.2.8	Deliver a workforce that is fit for purpose under the new legislation of the Care Act 2014	30/10/15	Head of HR	Care Act

11.7	Work with partners and engage with local communities in shaping services.			
<b>Supported by the following sub-actions</b>				
11.7.2	Continue to support the voluntary sector through the provision of core grants	31/03/16	Chief Officer: Older People & Long Term Conditions / Chief Officer: Adults & Joint Commissioning	Commissioning Strategy for Older People
11.7.7	Work in partnership with the Elevate Project through Breakthrough Employment Service in order to support young people with additional needs into employment	31/03/16	Head of Learning Disabilities	Joint Commissioning Strategy for Adults with Learning Disabilities
11.7.9	Contribute to the development of the outcomes set by the three Urgent Care Boards and support the delivery of services to achieve them	31/03/16	Chief Officer: Older People & Long Term Conditions	Urgent Care Boards
11.7.10	Work with partners to implement Carers Commissioning Strategy, ensuring impact of Care Act is incorporated into the delivery plan	31/03/16	Chief Officer: Older People & Long Term Conditions	Carers Joint Commissioning Strategy



# QUARTERLY SERVICE REPORT

## ADULT SOCIAL CARE, HEALTH & HOUSING

Q4 2014 -15  
January – March 2015

Portfolio holder:  
Councillor Dale Birch

Interim Director: John Nawrockyi

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## Section 1: Director's Commentary

There was significant activity in quarter 4 with both ongoing projects and decisions made by the Executive occupying the Department.

The Care Act has remained, and will continue to be, a major focus. The first phase of reforms comes into effect on 1st April 2015, and there has been both a national and a local communications campaign. This has included sending leaflets to everyone currently receiving support, or known to the Council as a carer, articles in Town & Country, and meetings with voluntary organisations.

Consultation on the second phase of the reforms, alongside detailed draft guidance, in respect of Funding Reforms and a new Appeals System, commenced at the beginning of February, running until the end of March. The Council has responded to that consultation.

The Better Care Fund (BCF) programme has been given final approval, and work is progressing on most of the projects. There is a slight hold-up on the integrated respiratory service, as one partner Clinical Commissioning Group (CCG) has withdrawn from the project, so the business case is being revised for approval by the CCG Governing Body.

The workforce team has revised business processes, taking into account the new requirements of the Care Act, and the principles determined through the Rapid Improvement Event work carried out last year. This has all been communicated with staff in regular updates, and the proposed new roles and team organisation is the subject of consultation starting on March 20th. The teams affected are the Older People & Long Term Conditions (OP&LTC) team and Community Response & Reablement (CR&R) team, with some implications for the Community Mental Health Team for Older Adults (CMHT OA).

A successful Sensory Needs Conference held on 6<sup>th</sup> March launched a 12 week consultation, to find out people's views on how services should be developed. The first sessions focused on the Care Act, and the remaining sessions included people with sensory loss sharing their own personal experiences and how they lived their lives. The outcome of the consultation will feed into a new Joint Commissioning Strategy for People with Sensory Needs 2015-2020.

The Emergency Duty Services (EDS) held a Stakeholders Review in March and the result of the review is that a new model of operation will be required to meet statutory changes along with an increase in referrals.

The Executive approved the Joint Commissioning Strategy for Carers which will ensure that the strategic direction for supporting people in an unpaid caring role continues to reflect the needs and wishes of people concerned.

In Housing, the last quarter of 2014/15 heralds the completion of a number of schemes to provide affordable housing for vulnerable people. The completion of Clement House which has been part funded by the Council will deliver 65 units of extra care housing for vulnerable older people and enable the next stage of the Older Person Accommodation and Support Services Strategy to be implemented. The development at Rainforest Walk by Sovereign Housing Association will provide 8 affordable rent flats, 2 of which are fully wheelchair

accessible. The Council will acquire a site in the town centre so as to set in train the next stage of delivering affordable housing.

The focus for Public Health in quarter 4 was on preparing for the launch of two key health improvement services. The first of these is new the Online Counselling Service aimed at addressing mental well-being among young people. This initiative will provide an additional level of evidence-based support for young people experiencing a range of issues, including bullying, self-harm or mental health difficulties. The service will be linked into the other local systems such as the Child and Adolescent Mental Health Services (CAHMS), expanding the range of referral options open to local health professionals and teachers. The second service developed during quarter 4 is aimed more at older residents, and specifically, at reducing the risk of a serious fall. The 'Falls Free 4 Life' programme will enable anyone who feels they (or someone they know) is at risk of a fall. In addition to a full risk assessment, the initiative will provide access to everything from Strength and Balance classes to handyman services aimed at eliminating any falls hazards in the home.

Delivery against actions in the Service Plan is looking strong. Of 64 actions, 60 have been completed as at the end of the quarter (Blue), 1 action is delayed (Red), and 3 actions are no longer applicable (NA) due to changes in circumstances.

The 1 delayed action (Red) is as follows:

10.1.11 Arrange the disposal of Downside for affordable housing

*The Housing and Communities Agency has commissioned an independent valuation of the land in question. The valuation advice differs from the Council's position and there will now be a negotiation to reach a settlement.*

The 3 actions no longer applicable (NA) 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 4 with a current status of Red as follows:

NI155 Number of affordable homes delivered (gross)

*15 completions have slipped into 2015/16 because of difficulties with getting works started on site.*

L179 The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one  
*The increase in unsuccessful homeless preventions is mainly due to the lack of private rented sector accommodation in the Borough (a national picture).*

As is typical in quarter 4, there are some indicators where data is not yet available. This is the case with 7 indicators.

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 4, Adult Social Care services received 4 complaints of which 1 was partially upheld, 1 was not upheld and 2 were ongoing within timescales. This compares to the previous quarter where 8 complaints were received of which 2 were partially upheld, 4 were not upheld and 2 were ongoing within timescales. In addition, there was 1 complaint referred to the Local Government Ombudsman which was dealt with using Corporate Procedures. Currently, this is ongoing. There were 18 compliments received, which compares to 15 compliments received in the previous quarter.

In Housing services, there were 9 new complaints received at stage 2, and 3 received at stage 3. Of the stage 2 complaints, 1 was upheld, 5 were partially upheld and 3 were not upheld. Of the stage 3 complaints, 1 was partially upheld and 2 were not upheld. This compares to the previous quarter where 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.

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

## Section 2: Department Indicator Performance

**Note:** The 'Current status' column compares the data for quarter 4 against the target set for quarter 4. The final column in the table compares the quarter 4 performance for 2014/15 against the quarter 4 performance for 2013/14. See key below the table for details.

Ind Ref	Short Description	Previous Figure Q3 2014/15	Current figure Q4 2014/15	Current Target	Current Status	Comparison with same period in previous year
<b>ASCHH All Sections – Quarterly</b>						
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information (Quarterly)	31.1%	40.4%	37.0%		
OF2a.1	Permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	2.7	2.7	6.8		
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	308.50	392.10	643.50		
L172	Timeliness of financial assessments (Quarterly)	97.69%	97.84%	95.00%		
L199	Average time to answer Emergency Duty Service calls (Quarterly)	Previous data not available	30	40		
L213	Satisfaction rates for calls to Emergency Duty Service (Biennial)	Previous data not available	Data not available as this is every other year	90%		
L214	Delayed transfers of care (delayed bed days) from hospital per 100,000 population (Quarterly)	1,038.6	488.0	615.4		
OF1a	Social Care Related Quality of Life (Annually)	18.8	Data not available as not in the public domain	Sustain 13/14 performance		
OF1b	Proportion of people who use services who have control over their daily life (Adult Social Care Survey)	75.9	Data not available as not in the public domain	Sustain 13/14 performance		
OF1c.1	Proportion of social care clients receiving Self Directed Support (Quarterly) <sup>1</sup>	99.9%	99.9%	98%		
OF1c.2	Proportion of social care clients receiving Direct Payments (Quarterly) <sup>1</sup>	23.0%	22.7%	No target set		
OF1d	Carer reported quality of life (Biennially)	N/A	Data not available as not in the public domain	No target set		
OF3a	Overall satisfaction of people who use the service with their care and support (Adult Social Care Survey)	N/A	Data not available as not in the	No target set		

Ind Ref	Short Description	Previous Figure Q3 2014/15	Current figure Q4 2014/15	Current Target	Current Status	Comparison with same period in previous year
	(Annually)		public domain			
OF3b	Overall satisfaction of carers with social services (Adult Social Care Survey) (Biennially)	N/A	Data not available as not in public domain	No target set		
OF3c	Proportion of carers who have been included or consulted in discussion about the person they care for (Biennially)	N/A	Data not available as not in public domain	Sustain 13/14 performance		
OF3d.1	Proportion of people who use services who find it easy to find information about services (Annually)	N/A	Data not available as not in public domain	No target set		
OF3d.2	Proportion of carers who find it easy to find information about services (Annually)	N/A	Data not available as not in public domain	No target set		
OF4a	Proportion of people who use services who feel safe (Adult Social Care Survey) (Annually)	N/A	Data not available as not in public domain	Sustain 13/14 performance		
OF4b	Proportion of people who use services who say that those services have made them feel safe and secure (Adult Social Care Survey) (Annually)	N/A	Data not available as not in public domain	Sustain 13/14 performance		
<b>Community Mental Health Team – Quarterly</b>						
OF1f	Proportion of adults in contact with secondary mental health services in paid employment (Quarterly)	14.8%	Not available as there are concerns about the validity of the current Information Centre data	13.0%		
OF1h	Proportion of adults in contact with secondary mental health services living independently, with or without support (Quarterly)	81.1%	Not available as there are concerns about the validity of the current Information Centre data	84.0%		
<b>Community Response and Reablement – Quarterly</b>						
OF2c.1	Delayed transfers of care - total delayed transfers per 100,000 population (Quarterly)	8.5	8.6	8.0		
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care per 100,000 population (Quarterly)	3.2	3.7	5.0		
L135.1	Percentage of Enhanced Intermediate Care Referrals seen within 2 hours (quarterly)	96.40	97.10	95.00		
L135.2	Occupational Therapy (OT) assessments that were completed within 28 days of the first contact	98.8%	98.9%	90.0%		

Ind Ref	Short Description	Previous Figure Q3 2014/15	Current figure Q4 2014/15	Current Target	Current Status	Comparison with same period in previous year
	(Quarterly)					
OF2b	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (Annually)	85.1%	75.8%	81.3%		
OF2d	Outcome of short-term services: sequel to service	Previous data not available	Data not available as part of new returns for 2014-15	Target will be set once 2015-16 benchmarking data is available		
<b>Community Team for People with Learning Difficulties - Quarterly</b>						
OF1e	Adults with learning disabilities in paid employment (Quarterly)	15.6%	15.3%	15.0%		
OF1g	Adults with learning disabilities who live in their own home or with their family (Quarterly)	88.1%	88.1%	85.0%		
<b>Housing - Benefits – Quarterly</b>						
NI181	Time taken to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	9.0	4.0	10.0		
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	98.5%	95.5%	97.0%		
L177	Average time from when customer first seen to receipt of benefit payment (Quarterly)	6	Q4 data not available due to a change in front desk systems and processes	10		
L032	Number of benefits prosecutions and sanctions per 1000 caseload (Annually)	66	45	25		
<b>Housing - Forestcare – Quarterly</b>						
L030	Number of lifelines installed (Quarterly)	214	255	130		
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	97.59%	98.90%	97.50%		
L180	Time taken for ForestCare customers to receive the service from enquiry to installation (Quarterly)	5	4	12		
<b>Housing - Options – Quarterly</b>						
NI155	Number of affordable homes delivered (gross) (Quarterly)	34	76	86		
L178	Number of household nights in B&B across the quarter (Quarterly)	1,811	1,601	1,650		

Ind Ref	Short Description	Previous Figure Q3 2014/15	Current figure Q4 2014/15	Current Target	Current Status	Comparison with same period in previous year
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	89.29%	78.26%	90.00%		
<b>Public Health – Quarterly</b>						
L215	Delivery of NHS Health Checks (Quarterly)	937	1,261	400		
L216	Smoking cessation delivery rate of successful 4 week quitters (Quarterly)	323	Q4 data not available due to the timelag in reporting data	246		
L217	Smoking quit success rate (Quarterly)	77.5%	Q4 data not available due to the timelag in reporting data	60.0%		
L218	Completion rate of specialist weight management treatment programme (Quarterly)	56	Q4 data not available due to the timelag in reporting data	50		
L219	Purchase and dissemination of flu vaccination vouchers to people in priority groups	168	Q4 data not available due to the timelag in reporting data	80		

<sup>1</sup> The definition of this indicator has changed in 2014-15

Traffic Lights		Comparison with same period in previous year	
Compares current performance to target		Identifies direction of travel compared to same point in previous quarter	
	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

## Section 3: Complaints and compliments

### Compliments Received

33 compliments were received by the Department during the quarter.

#### *Adult Social Care Compliments*

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

Team receiving compliment	Number of compliments
Community Response & Reablement services	8
Emergency Duty services	2
Drug and Alcohol Action services	5
Learning Disabilities services	3

All 18 compliments were regarding the standard of service provided.

#### *Housing Compliments*

15 compliments were received in Housing as follows:

Team receiving compliment	Number of compliments
Forestcare	11
Housing Strategy & Housing Options	1
Housing service	3

All 15 compliments were regarding the standard of service provided.

## Complaints Received

There were a total of 17 complaints received in the Department during the quarter.

### *Adult Social Care Complaints*

4 complaints were received this quarter about Adult Social Care services.

Stage	New complaints activity in quarter 4	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	4	22	8 were not upheld, 5 were upheld, 7 were partially upheld and 2 were ongoing.
Local Government Ombudsman	0	0	-

In addition, there was 1 complaint referred to the Local Government Ombudsman which was dealt with using Corporate Procedures. Currently, this is ongoing.

### **Adult Social Care - nature of complaints/ actions taken/ learning from complaints:**

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

Nature of complaint	Number of complaints
Standard of service received	3
Finance services	1

The Corporate Procedures complaint was about standard of service received.

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*

12 complaints were received in quarter 4 about the Housing service.

<b>Stage</b>	<b>New complaints activity in quarter 4</b>	<b>Complaints activity year to date</b>	<b>Outcome of total complaints activity year to date</b>
New Stage 2	9	17	10 partially upheld 6 not upheld 1 Upheld
New Stage 3	3	4	2 partially upheld 2 not upheld
Local Government Ombudsman	0	1	1 not upheld

### **Housing - nature of complaints/ actions taken/ lessons learnt:**

Over 40% of the complaints made against the Housing service in the quarter were not upheld. However, the fact that customers felt the need and motivation to make a complaint is a cause for concern. The reason for the higher number of complaints is due to customers' expectations of a service beyond that which the Council are able to provide in terms of accommodation and housing options. In addition some complaints pointed to a need for further customer care training around officers' understanding and awareness of the customer's position.

## Section 4: People

### Staffing Levels

	Establishment Posts	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
DMT / PAs	13	11	2	12	0	0
Older People & Long Term Conditions	177	83	94	115.14	19	9.69
Adults & Joint Commissioning	97	65	32	82	28	22.4
Performance & Resources	31	21	10	26.32	0	0
Housing	64	46	18	54.97	1	1.53
Public Health Shared	9	5	4	6.5	0	0
Public Health Local	4	4	0	4	0	0
<b>Department Totals</b>	<b>395</b>	<b>235</b>	<b>160</b>	<b>300.93</b>	<b>48</b>	<b>10.81</b>

### Staff Turnover

For the quarter ending	31 March 2015	2.51%
For the last four quarters	1 April 2014 – 31 March 2015	11.30%

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

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

#### Comments:

Staff Turnover has decreased this quarter from 2.96% to 2.51% due to fewer voluntary leavers.

## Staff Sickness

Section	Total staff	Number of days sickness	Quarter 4 average per employee	2014/15 annual average per employee
DMT / PAs	13	6	0.46	6.19
Older People & Long Term Conditions	177	544	3.07	11.22
Adults & Joint Commissioning	97	216	2.23	7.35
Performance & Resources	31	28.5	0.92	3.52
Housing	64	73	1.14	5.90
Public Health Shared	9	8.5	0.94	3.44
Public Health Local	4	6	1.5	3.75
<b>Department Totals (Q4)</b>	<b>395</b>	<b>882</b>	<b>2.23</b>	
<b>Actual Totals (15/16)</b>	<b>395</b>	<b>3,311.5</b>		<b>8.38</b>

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:

#### *Older People and Long Term Conditions:*

There are 4 instances of Long Term Sickness. Of these, one has now returned to work. One case is being considered for Ill Health Retirement and the two remaining cases are being monitored by Occupational Health. This represents 40% of the total sickness.

#### *Adults & Joint Commissioning:*

There are 2 instances of Long Term Sickness during quarter 4. Of these, one has returned to work. One case is being monitored by OH. This represents 26% of the total sickness.

## 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 and Housing Service Plan for 2014-15. This contains 64 actions detailed actions in support of 6 Medium Term Objectives. Annex A provides detailed information on progress against each of these actions.

Overall 60 actions were completed at the end of quarter 4 () , while 1 action was delayed (). 3 actions are no longer applicable () 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 Homes and Communities Agency has commissioned independent valuation of the land in question. The valuation advice differs from the Council's position and there will now be a negotiation to reach a settlement.

## Section 6: Money

### Revenue Budget

The cash budget for the department is £32.401 million, and a breakdown of this is shown in Annex B (Financial Information). The forecast outturn in the latest budget monitoring is £31.939 million, an underspend of £0.464 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:

- **Housing Benefit Overpayments.** Work on reviewing the methodology for calculating the Housing Benefit Overpayment bad debt provision has identified queries over the reconciliation between the Housing Benefits System (Northgate) and the ledger. Work is ongoing and we are not yet able to quantify any impact.
- **Better Care Fund (BCF).** In 2014/15 the Council is working with the CCG on a number of projects as a precursor to full implementation of the BCF from 1 April 2015. The budget for these projects is managed by the Health and Wellbeing Board and includes a budgeted contingency of £819,000 for use in future years. This contingency is likely to be transferred to the Council under Section 256 of the NHS Act to support health related social care expenditure, thereby increasing the Council's surplus for the year. The surplus would be placed in an Earmarked Reserve for use by the BCF in future years.
- **Ordinary Residence Claim.** A London Council is claiming that an adult social care recipient, for whom they are currently meeting the care costs, should be paid for by Bracknell Forest Council under the rules for "ordinary residence". The costs of the recipient are estimated at approximately £2,000 per week. The Council is challenging the claim.
- **Deprivation of Liberty Safeguards (DoLS).** There is an expected pressure on the budget from the statutory requirement to perform DoLS assessments. Although this pressure has not yet materialised this financial year it is expected to do so early next financial year.

### Capital Budget

The approved capital budget for the department is £4.5 million and is projected to spend £3.1 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

##### Carers

The Department will be looking at new and innovative ways to support carers by stimulating voluntary groups and services to meet local needs.

##### Collaborative Care for Older Citizens programme (with Public Health)

The local NHS, social care and Public Health teams will work with people to design a new way of providing care to older people. This initiative will bring together a range of NHS and social care partners, as well as local residents and community groups, in an effort to build a more coherent, better integrated and more effective system for improving the health of older people. A key focus is on prevention, and one contribution of the Public Health team will be to establish a comprehensive database of 'what works' when it comes to older people's health and well-being.

#### Older People & Long Term Conditions

##### Community Response & Reablement

In the next quarter, a review of the effectiveness of winter pressure plans will commence to inform the development of resilience plans for next winter.

##### Drug & Alcohol Action Team

The team will be taking part in a number of focus groups with Public Health England regarding increasing access and understanding around Mutual Aid groups nationally. The tendering process for substance misuse services will also commence and 2 sessions of mindfulness training will be delivered to staff.

##### Emergency Duty Service (EDS)

In the summer of 2015, EDS will host an 'Volunteer Appropriate Adult Showcase' which will be a whole day event with Police Custody staff, Youth Offending Service staff, National Appropriate Adult Network, solicitors and current Appropriate Adult volunteers in attendance, to encourage more volunteers to the service and provide the public with an understanding of the role of the Appropriate Adult.

##### Older People & Long Term Conditions (OP&LTC)

The Integrated Care teams working in the clusters will benefit from the involvement of a Senior Occupational Therapist providing better outcomes for people with long term conditions.

##### Sensory Needs

A review is underway examining more innovative ways to deliver a better range of services. Feedback from the consultation on the strategy will inform ways that the sensory team can work to deliver better outcomes.

## **Adults & Joint Commissioning**

### **Learning Disabilities**

The Community Team for People with Learning Disabilities (CTPLD) will work with the Housing Options team to identify housing needs of people coming from Children's to Adults services. Community groups will be running for people with a learning disability to enhance their skills and knowledge around health and well-being in partnership with Public Health. A working group will be formed to ensure that awareness is raised for Learning Disability Awareness Week.

### **Autistic Spectrum Disorders**

The Community Team for People with Autistic Spectrum Disorders (CTPASD also known as the Autism team) will work with the housing options team to identify housing needs of people approaching adulthood. Community groups will be running for people with autism to enhance their skills and knowledge around health and well-being in partnership with Public Health. A working group will ensure that awareness is raised and information will be shared about World Autism Day.

### **Joint Commissioning**

Stats.Share, the Council-wide statistics database, will be published online for use by partners and the public. A leaflet to "myth-bust" the causes of dementia and to stress the benefits of early diagnosis will be sent to all households in the borough. The refreshed "Helping You Stay Independent Guide" will be distributed to information points in the borough and will be available online.

### **Mental Health**

In the next quarter, the Community Team for Mental Health (CMHT) will recruit to a new post 'Contract Support Liaison Worker', to work in a liaison role across Adult Mental Health and Rethink to support people with enduring mental illness in their recovery journey and support with the step down approach to discharge.

### **Dementia**

One-off project money received will be used to fund the post of Dementia Service Development Co-Ordinator. This role will focus on the local Bracknell Forest Council Dementia Strategy and implement action plans within the strategy. The Dementia Action Alliance continues to provide Dementia Friends Information Sessions.

### **Safeguarding**

The Department's operational model for responding to adult safeguarding concerns will be reviewed to ensure it meets current and future demand.

### **Deprivation of Liberty Safeguards (DoLS)**

Following a recruitment campaign, the department has been able to appoint a Best Interest Assessor who will undertake DoLS assessments. Unfortunately the department was not able to recruit to the other additional post. A further recruitment drive will take place in quarter 1.

## **Performance & Resources**

### **IT**

The live Adults Social Care Management system was upgraded on March 20<sup>th</sup> in readiness for Phase 1 of the Care Act. The IT Team will continue to work with the supplier on the development of the LiquidLogic Adult System (LAS) Portal.

The electronic matching of the NHS Number between the NHS spine and LAS will commence and the IT Team will work with Corporate IT on the replacement of the LAS and Controcc servers.

### **HR**

HR will continue to support managers in all Employment Relations issues and in Organisational Change Management as necessary. Corporately, the team will be working toward the implementation of the new HR and Payroll system in August 2015 with a gradual migration set to begin in April 2015.

### **Business Intelligence**

The Business Intelligence team will focus on validation and submission of the statutory annual returns due in quarter 1. Testing of the LiquidLogic data warehouse will continue.

### **Finance**

The finance team's focus for the next quarter will be on closure of the 2015/16 accounts, including review of the Housing Benefits reconciliation between Agresso and Northgate. A suite of financial indicators is also under development to monitor the impact of the Care Act from 1 April 2015, and in Deputyship, we have recently moved to online banking so the focus will be on ensuring this change yields benefits in the timeliness of our bank reconciliations.

## **PUBLIC HEALTH**

In quarter 1, Public Health will focus on ensuring a solid start to the new services that got under way at the end of 2014/15 including the Falls Prevention ('Falls Free 4 Life') Programme and the Online Counselling Service for Young People ([www.kooth.com](http://www.kooth.com)).

In relation to both services, the aim will be to increase awareness of these services via social media and attendance at events. The team will also ensure that the systems for monitoring the performance of these services are working well, providing a comprehensive picture of the impact they are having.

Communications will also be a central focus for longer standing health improvement services such as smoking cessation, health checks and weight management. These services have collectively brought the Public Health team four national award nominations and it is important to take advantage of this good news in way that raises more awareness of services and assures people of their quality.

## **HOUSING**

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

Work will begin on the upgrade of the Abris choice based letting IT system. The upgraded system provides enhanced services for customers but also will allow the inclusion of new national policy changes such as the right to move. This is a requirement for Council's to provide a small percentage of allocations each year to households who wish to move into Bracknell Forest to take up confirmed employment offers. As the Council has a year residency requirement before a household can join the housing register this in one way in which households outside the borough could access affordable housing. As it is a national legislative requirement the council has no choice in implementation.

Work will begin on developing the Council's local housing company. The intention is that the Company will be able to purchase properties to provide accommodation for households who the council has a statutory obligation to provide accommodation for.

5 temporary to permanent properties are scheduled to be purchased in quarter 1. These properties will provide accommodation to homeless households thus reducing the need to procure bed and breakfast accommodation but at the same time generating an income that will support the financing costs of the Local Housing Company or net income for the Council.

### **Benefits**

Work will take place in the next quarter to conclude the certification of the subsidy to be claimed for housing benefit in 2014/15. The estimated subsidy claim is £33 million. Considerable work is required by auditors so that they can provide assurance to the Department of Works and Pensions (DWP) that housing benefit has been paid in line with the national scheme requirements and thus the Council can claim subsidy to match the housing benefit payments it has made.

The DWP has confirmed that Universal Credit will go live in Bracknell Forest for new single claimants in September 2015. The Universal credit will not include housing costs element when it goes live. The Council has already begun work with DWP colleagues to prepare for the introduction. This includes mapping locations where internet access exists in the borough for claimants to make claims. The Council will enter into a partnership agreement with the DWP to provide advice and budgeting support for claimants which in turn will provide additional funding for the Council.

It is intended to introduce attachment of earnings orders to recover housing benefit overpayments where a customer is no longer in receipt of housing benefit. Where housing benefit is still in payment the overpayment is recovered directly from the housing benefit. Where benefit is not in payment customers are invoiced and repayment plan agreed. If the plans are not adhered to then legal action for recovery is taken. Instead of the latter case securing attachment to earnings directly from the employer without the need to go to court is a more efficient process. This is a relatively new power offered to local authorities.

**Forestcare**

The last element of the PNC 7 lifeline monitoring system upgrade will be implemented in the next quarter. Once this is in place it is intended to pilot the use of tablet computers to allow officers to upgrade customer information on the monitoring system in the field rather than double handling information.

## Annex A: Progress on Key Actions

Sub-Action	Due Date	Owner	Status	Comments
<b>MTO 1: Re-generate Bracknell Town Centre</b>				
<b>1.9 Implement an Accommodation Strategy to rationalise the number of buildings used by the Council.</b>				
1.9.12 Implement flexible and mobile working principles across all town centre offices	31/03/2015	ASCHH		Completed. 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		Completed. Teams have now been relocated to their final locations within Time Square.
<b>MTO 4: Support our younger residents to maximise their potential</b>				
Sub-Action	Due Date	Owner	Status	Comments
<b>4.3 Increase opportunities for young people in our youth clubs and community based schemes.</b>				
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		Completed. The Executive meeting on the 31 March 2015 will be asked to consider the in principle redevelopment of the site subject to viability both in terms of revenue to run the services in the new youth arts centre and also the capital cost of redevelopment
<b>MTO 6: Support Opportunities for Health and Wellbeing</b>				
Sub-Action	Due Date	Owner	Status	Comments
<b>6.2 Support the Health and Well Being Board to bring together all those involved in delivering health and social care in the Borough.</b>				
6.2.1 Develop clarity in the respective roles of partners within the Health and Wellbeing Board	30/09/2014	ASCHH		Completed. The Health and Wellbeing Board in March proposed additional membership of Frimley Health, Berkshire Healthcare Foundation Trust, Royal Berkshire Healthcare Foundation Trust, Involve and the Bracknell Care Association. Two working groups were agreed for Primary Care and Child and Adolescent Mental Health Services to give initial feedback to the June meeting
<b>6.3 Continue to support the development of a local Healthwatch to provide local patients with a voice.</b>				
6.3.1 Monitor local Healthwatch and conduct regular reviews against the agreed contractual outcomes	31/03/2015	ASCHH		Completed. Regular monitoring meetings have been, and continue to be, held.
<b>6.8 Support health and wellbeing through Public Health.</b>				
6.8.1 Conduct a comprehensive programme aimed at improving self-	31/03/2015	ASCHH		Completed. Quarter 4 has seen the development of a new, set of

Sub-Action	Due Date	Owner	Status	Comments
care across the population, including completion of a new set of web-based self care resources in collaboration with clinical leads and community groups				resources on Falls Prevention (including a new website) developed as part of the newly commissioned service. There is also a new web-based resource aimed reducing alcohol related harm. Promotion of the main Joint Strategic Needs Assessment self-care guide continues via social media. Updates in partnership with local clinical leads have taken place
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		Completed. All services have continued to improve. The focus on Health Checks has continued in primary care with additional checks for school staff and an outreach campaign in various community settings will generate 330 checks in quarter 4 alone. The alcohol harm reduction campaign was again successful and has resulted in Bracknell Forest Council being nominated for a national award. This makes a total of 4 national award nominations for the Health Improvement work of the Public Health team in 2014/15
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		Completed. 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. Maps of social isolation levels have been completed.
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		Completed. A new provider was successfully identified and commissioned to deliver the online mental health support for young people and the service got underway near the end of quarter 4
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		Completed. Data analysis from the 2015 Public Health Survey has been completed and a full report has been written. A plan for dissemination has been drawn up and the data is already being used to inform commissioning and programme delivery

Sub-Action	Due Date	Owner	Status	Comments
6.8.6 Produce an annual report mapping uptake and attitudes to MMR and Flu immunisation take-up	31/03/2015	ASCHH		Completed. Data on uptake in key priority groups has been compiled and a report completed
<b>6.9 Support people who misuse drugs and/or alcohol to recover by providing appropriate interventions.</b>				
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		Completed. The evaluation report was presented to Corporate Management Team in September and has been agreed. The report concluded that Payment by Results has been a success in Bracknell Forest and that there have been significant improvements in performance
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		Action no longer appropriate. The National Drug Treatment database has been taken offline so it is no longer possible to report against this action
<b>6.10 Support the Bracknell &amp; Ascot Clinical Commissioning Group to focus on improving local health services for our residents.</b>				
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		Completed. An online counselling service was introduced by Public Health, with £60K match-funded by the CCG. On 31st March 2015, the Executive approved extension of the Intermediate Care s75 with Berkshire Healthcare Foundation Trust and the plans for re-location of the Bridgewell service. A successful conference was held to launch the Sensory Needs Strategy Consultation
6.10.2 Work with the CCG to help shape current and future service provision through Better Care Fund plans.	31/03/2015	ASCHH		Completed. BCF Programme Board convened in March. Initial meeting with the CCG held to look at further opportunities for developing integrated approaches to commissioning and delivery
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		Completed
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		Completed

Sub-Action	Due Date	Owner	Status	Comments
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		Completed. Recruitment has been successful to support 7 day working
6.10.6 Ensure the development of Better Care Plans are undertaken to meet key timescales and local needs	31/12/2014	ASCHH		Completed. Better Care Plans were re-submitted in November and received full Department of Health approval on 22nd December
<b>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</b>				
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		Completed. The SAP dashboard in Business Objects enables reports to be emailed to people
6.11.2 Implement the changes to the Electronic Social Care Record identified as required to make the system fit for purpose as the alternative to re-tendering	31/03/2015	ASCHH		Quarter 4 tasks complete. Other aspects of project are on-going. To date 15 tasks closed, 6 on hold and 7 in progress
6.11.3 Develop a reporting and monitoring methodology to report on the actions within the BCF	31/03/2015	ASCHH		Completed. LAS and Controccc scheduled for go live 20th March to reflect Care Act Phase 1. Further upgrades scheduled for June and November in readiness for the Care Act Phase 2. LAS portal tasks in progress with portal under development by the supplier. Data Warehouse now live and all Business Objects training completed. Electronic matching of the NHS number from the NHS spine to LAS has started with the review of pre-requisites
6.11.4 Extend the use of Electronic Monitoring for support provided to individuals outside their home	31/03/2015	ASCHH		Action no longer required. 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
<b>MTO 7: Support our older and vulnerable residents</b>				
Sub-Action	Due Date	Owner	Status	Comments
<b>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.</b>				
7.1.1 Develop a plan for implementation of the Care Bill	31/10/2014	ASCHH		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		Completed. 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	31/03/2015	ASCHH		Completed. PNC7 lifeline monitoring system has been implemented. There

Sub-Action	Due Date	Owner	Status	Comments
Forestcare for vulnerable people by redesigning the service				is one module of the new system still to be fully implemented
7.1.3 Develop a specification and tender for the extra care required for 65 households at Clement House	31/03/2015	ASCHH		Completed. Optalis have been successful in securing the contract for the peace of mind service. A project manager has been identified to work with Bracknell Forest Homes and the people decanting from Barnett Court into the scheme. This will ensure that people's care & support needs are transferred with them when the scheme opens on 1st May
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		Completed. Fully implemented local system resilience plans supporting 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		Completed. The Helping You Stay Independent Guide for 2015 has been refreshed in partnership with Bracknell & Ascot CCG and approved
7.1.6 Refresh the Carers' Strategy to ensure that services and support for carers reflects their needs.	31/12/2014	ASCHH		Completed. The Carers Commissioning Strategy 2015-2020 will be published in quarter 1 following which an action plan will be developed
7.1.7 Implement the revised Quality Assurance Framework with all providers to ensure robust monitoring of commissioned services to improve the quality of support for people	30/09/2014	ASCHH		Completed. The pilot has now been completed and implementation is underway
7.1.8 Evaluate and review local mental health services including Common Point of Entry, looking at strengths and risks and areas for development in order to ensure that the Mental Health needs of the local population are being met	31/10/2014	ASCHH		Completed. 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		Completed. Contract signed and a member of staff now in post as the Dementia Action Alliance Coordinator
<b>7.4 Continue to modernise support and include new ways of enabling the delivery of that support.</b>				
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		Completed. The Care Act recognises the needs of carers and to respond to that, it is being ensured that Personal Budgets for carers are developed together with a comprehensive range of care and support. Carers will be attending a workshop at the end of

Sub-Action	Due Date	Owner	Status	Comments
				April to feedback on the Carers Strategy
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		Completed. Work has continued 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		Completed. The intermittent Care Package Line Item module, which is the suggested solution from Controcc, is now live. This will require further testing before we can confirm it meets the requirements of flexible care hours
7.4.5 Implement the new Learning Disability strategy, and develop an action plan	31/03/2015	ASCHH		Completed. The action plan has been agreed for the strategy and the first updates have been delivered to the Learning Disability Partnership Board
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		Completed. All 7 properties have now been purchased and the final person will be moving into their accommodation next month.
7.4.7 Develop a new Joint Autism Commissioning Strategy in response to new national requirements	31/03/2015	ASCHH		Completed. The Joint Autism Commissioning Strategy was approved by the Executive on 27 January 2015.
<b>7.5 Improve the range of specialist accommodation for older people which will enable more people to be supported outside residential and nursing care.</b>				
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		Completed. Clement House extra care scheme reached practical completion on 26 March 2015.
7.5.2 Undertake a procurement process for provision of medical support at the Bridgewell Centre	31/12/2014	ASCHH		Completed. The Joint Commissioning Strategy has now been drafted and is going through the Council ratification protocols.
<b>7.6 With partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse.</b>				
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	31/03/2015	ASCHH		Completed. Following further discussion, it has been identified that a Multi-Agency Safeguarding Hub (MASH) is not required at this time for Bracknell Forest. However,

Sub-Action	Due Date	Owner	Status	Comments
against abuse				discussions are ongoing to ensure that partnership working between statutory agencies is robust.
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		Completed. The Board had a peer challenge in quarter 3 which identified areas of strength for the Board. The review also highlighted areas where the Board could further develop. As a result of the review, the Board has agreed in principle to have an independent chair and dedicated board management support to enable it to meet its new statutory duties.
<b>7.7 Target financial support to vulnerable households.</b>				
7.7.1 Review the Council's support to households in the light of the claimant commitment	31/03/2015	ASCHH		Completed. Meetings are ongoing with the DWP and interested local agencies leading up to the implementation of Universal credit for new single person claimants in September 2015.
7.7.2 Establish the homes that should be exempt from the housing element provision of Universal credit	30/06/2014	ASCHH		Completed. There were new regulations to work to from June which caused a delay. Work is ongoing to determine the exempt properties.
<b>7.8 Support vulnerable people through continued provision of out of hours services</b>				
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		Completed. The Steering Group Review of EDS received positive feedback on the new service structure. Once developed, a draft Joint Agreement, Service Specification & Costings will be sent to the Unitary Authorities & requests made by Bracknell Forest Council contracts for feedback.
<b>MTO 10: Encourage the provision of a range of appropriate housing</b>				
Sub-Action	Due Date	Owner	Status	Comments
<b>10.1 Ensure a supply of affordable homes.</b>				
10.1.11 Arrange the disposal of Downside for affordable housing	30/09/2014	ASCHH		Delayed. The Homes and Communities Agency has commissioned an independent valuation of the land in question. The valuation advice differs from the Council's position and there will now be a negotiation to reach a settlement.
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		Completed. The Executive meeting on the 31 March 2015 will be asked to consider establishing a local housing company.
10.1.13 Work with partners to identify a suitable location to enable the relocation of the Bridgewell Centre	31/03/2015	ASCHH		Completed. A suitable location has been identified.

Sub-Action	Due Date	Owner	Status	Comments
10.1.2 Review the provision of the Disabled Facilities Grant	31/12/2014	ASCHH		Completed.
10.1.4 Promote and develop flexible Home Improvement Loan Schemes	31/03/2015	ASCHH		Action no longer appropriate. This task has been assigned to the Environment Culture and 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		Completed. The section 106 has been agreed and completion of the site purchase by Thames Valley Housing Association is awaited but expected to take place by the 31 March 2015.
<b>10.2 Support people who wish to buy their own home.</b>				
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		Completed. Council continues to promote the home ownership options within available resources.
<b>MTO 11: Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money</b>				
Sub-Action	Due Date	Owner	Status	Comments
<b>11.1 ensure services use resources efficiently and ICT and other technologies to drive down costs.</b>				
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		LAS and Controcc scheduled for go live 20th March to reflect Care Act Phase 1. Further upgrades scheduled for June and November in readiness for the Care Act Phase 2. LAS portal tasks in progress with portal under development by the supplier. Data Warehouse now live and all Business Objects training completed. Electronic matching of the NHS number from the NHS spine to LAS has started with the review of pre-requisites.
<b>11.2 ensure staff and elected members have the opportunities to acquire the skills and knowledge they need.</b>				
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		Completed. The Introduction to Drugs and Alcohol training had 16 attendees of which 3 were from Bracknell. The Drug and Alcohol Level 2 training had 6 attendees of whom 1 was from Bracknell. The Dual Diagnosis training had 8 attendees of which two were from 2 Bracknell.
11.2.6 Implement the Pay and Workforce Strategy Action Plan	31/03/2015	ASCHH		Action completed ahead of schedule
<b>11.5 develop appropriate and cost effective ways of accessing council services</b>				
11.5.3 Continue redesign of the housing and benefit service to maximise household income and independence	31/03/2015	ASCHH		Completed. Services are continually reviewed in line with system thinking methodology.
<b>11.7 work with partners and engage with local communities in shaping services.</b>				

Sub-Action	Due Date	Owner	Status	Comments
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		Completed
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		Completed. The incorporation of a nurse into the duty team has contributed to the effective prioritisation of people's needs.
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		Completed.
11.7.4 Continue to support the voluntary sector through the provision of core grants, to develop its' capacity	31/03/2015	ASCHH		Completed and monitored on a quarterly basis.
<b>11.8 implement a programme of economies to reduce expenditure</b>				
11.8.6 Develop departmental proposals to help the Council produce balanced budget in 2015/16	30/11/2014	ASCHH		Completed. Budget proposals for public consultation have been agreed with the Executive.

## Annex B: Financial Information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - February 2015									
	Original Cash Budget	Virements & Budget C/fwds	ASCHH	Current approved cash budget	Spend to date %age	Department's Projected Outturn	Variance Over / (Under) Spend	Movement This month	ASCHH
	£000	£000		£000	%	£000	£000	£000	
<b>Director</b>	(93)	(151)		(244)	279%	(310)	(66)	(33)	1
	(93)	(151)	1	(244)	279%	(310)	(66)	(33)	
<b>Adults and Commissioning</b>									
Mental Health	1,628	107		1,735	87%	1,922	186	(123)	2
Support with Memory Cognition	2,339	(65)		2,274	128%	3,476	1,202	17	3
Learning Disability	12,795	(4)		12,791	71%	11,959	(833)	(79)	4
Specialist Strategy	239	9		248	90%	275	27	0	
Joint Commissioning	573	5		578	93%	550	(28)	0	
Internal Services	1,118	(233)		885	85%	854	(31)	(18)	5
	18,692	(181)	2	18,511	81%	19,036	523	(203)	
<b>Housing</b>									
Housing Options	311	(4)		307	216%	312	5	0	
Strategy & Enabling	267	(1)		266	105%	223	(43)	0	
Housing Management Services	(35)	(1)		(36)	112%	(58)	(22)	0	
Forestcare	14	3		17	145%	112	95	(16)	6
Supporting People	993	30		1,023	70%	1,023	0	0	
Housing Benefits Payments	103	0		103	-3,110%	103	0	0	
Housing Benefits Administration	199	4		203	34%	224	21	0	
Other	(48)	0		(48)	-19%	12	60	0	
	1,904	31		1,835	-79%	1,951	116	(16)	
<b>Older People and Long Term Conditions</b>									
Physical Support	7,601	(3)		7,598	73%	6,490	(1,108)	(67)	7
Internal Services	1,118	0		1,118	103%	1,341	223	26	8
Community Response and Reablement - Pooled Budget	1,678	205		1,883	68%	1,883	0	0	
Emergency Duty Team	39	13		52	446%	49	(3)	0	
Drugs Action Team	63	3		66	-855%	0	(66)	0	
	10,489	218	3	10,717	72%	9,763	-954	(41)	
<b>Performance and Resources</b>									
Information Technology Team	283	(8)		275	95%	316	41	0	
Property	123	(7)		116	51%	75	(41)	0	
Performance	224	6		230	84%	221	(9)	0	
Finance Team	547	126		673	14%	604	(69)	0	
Human Resources Team	186	1		187	77%	182	(5)	0	
	1,363	118	4	1,481	51%	1,398	(83)	0	
<b>Public Health</b>									
Bracknell Forest Local Team	(25)	126		101	1,701%	101	0	0	
	(25)	126		101	1,701%	101	0	0	
<b>TOTAL ASCHH</b>	<b>32,240</b>	<b>161</b>		<b>32,401</b>	<b>61%</b>	<b>31,939</b>	<b>(464)</b>	<b>(293)</b>	
<b>Memorandum item:</b>									
Devolved Staffing Budget				13,726	96%	13,714	(12)	(115)	
<b>Non Cash Budgets</b>									
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 28 February 2015

Cost Centre	Cost Centre Description	2013/14 Brought Forward £000's	2014/15 Budget £000's	Virements Awaiting Approval £000's	Total Virements £000's	Approved Budget £000's	Cash Budget 2014/15 £000's	Exp to Date £000's	Current Comm'ts £000's	Estimated Outturn 2014/15 £000's	Carry Forward 2015/16 £000's	(Under) / Over Spend £000's	Current Status of Project / Notes
<b>Housing</b>													
YR250	Enabling More Affordable Housing	82	82		0	174	100	0	100	100	74		0 Best Lodge (£100k) to be completed Feb and Santa Catalina (£72k) to be completed Oct 2015
YR261	Help to Buy a Home (Cash Incentive Scheme)	473	300	-173	-173	800	540	130	360	540	60		0 6 cases @ £90k each have been accepted (£540k). 3 of which have gone through, 2 will be completed this f/y but 1 will now slip to 2015/16. A budget virement is to be completed moving £173k from this cost centre to YR262. The remaining £240k will be used to raise the deposit needed for Amber House
YR262	Enabling More Affordable Homes (Temp to Perm)	168	600	173	173	831	783	606	177	783	48		0 Purchased 3 properties; all of which have been completed. Another property will be purchased this financial year (£177k) and the remaining £48k will be left to 2015/16
YR264	Mortgages for Low Cost Home Ownership Properties	61	300		0	361	138	72	66	138	213		0 Only 1 of the 3 original applications will be accepted, £79k and £66k will be used to raise the deposit needed for Amber House. The remainder will be either left to Temp to Perm in 15/16 or returned to corporate
YR216	BFC My Home Buy	410	400		0	810	378	178	200	378	432		0 2 properties have been completed. £200k will be used to raise the deposit needed for Amber House. The remainder will be carry forward to 2015/16
YR440	Cement House	0	872		0	872	872	-3	395	392	0	230	£392k will be spent this f/y; completion date Mar 2015. £230k will not be used and can be returned to corporate
YR441	Rainforest Walk Scheme	0	60		0	60	60	0	50	50	0		0 Will be completed at the end of January 2015; all budget will be spent
<b>Total Housing</b>		<b>1,176</b>	<b>2,314</b>	<b>0</b>	<b>0</b>	<b>3,438</b>	<b>2,881</b>	<b>1,034</b>	<b>1,347</b>	<b>2,381</b>	<b>827</b>	<b>230</b>	
<b>Adult Social Care &amp; Health</b>													
YB430	Social Care	10	0		0	10	10	10	10	10	0		0 £10k to be transferred from YB529 on capital works for the Bridgewell Centre. This cost centre is now spent
YB527	Social Care Reform Grant	0	0		0	0	0	0	0	0	0		0 Cost Centre is Closed
YB528	Care Housing Grant	16	0		0	16	15	0	0	15	0		0 To develop extra care housing; budget will be spent this financial year
YB529	Community Capacity Grant	480	199		0	669	535	502	83	535	74		0 Spend to date consists of: £93k on capital bids for external organisations, a further £17k on expenditure for Bridgewell and Heathlands and £6k for equipment in meeting room. A bid has been made for £455k in regards to accommodation for people with ASD. An offer of £160k has been accepted on a 1 bed flat and £250k on a 3 bed house. There will be stamp duty and adaptations to be paid for. Further costs agreed is £3k for computers (Breakthrough) and a further £10k on laptops and docking stations. The remainder will be carried forward to 2015/16
YH126	Improving Info for Social Care (Capital Gr)	66	0		0	66	26	26	0	26	39		0 This money relates to integrating the Social Services and Health IT Systems. The remainder will be carried forward to 2015/16
YB418	ASC IT Systems Replacement	310	0		0	310	40	33	40	40	270		0 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.
<b>Total Adult Social Care &amp; Health</b>		<b>881</b>	<b>199</b>	<b>0</b>	<b>0</b>	<b>1,080</b>	<b>878</b>	<b>671</b>	<b>133</b>	<b>878</b>	<b>383</b>	<b>0</b>	
<b>Total A SCHEH</b>		<b>2,056</b>	<b>2,613</b>	<b>0</b>	<b>0</b>	<b>4,648</b>	<b>3,333</b>	<b>1,806</b>	<b>1,480</b>	<b>3,067</b>	<b>1,211</b>	<b>230</b>	

**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL  
16 JUNE 2015**

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**ADULT SOCIAL CARE ANNUAL REPORT 2014/2015  
Director of Adult Social Care, Health and Housing**

**1 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to invite consideration of the Adult Social Care Annual Report (Local Account) 2014/15.

**2 RECOMMENDATION(S)**

- 2.1 **That the Adult Social Care and Housing Overview and Scrutiny Panel consider the Adult Social Care Annual Report 2014/2015.**

**3 REASONS FOR RECOMMENDATION(S)**

- 3.1 To enable the Panel to consider the Adult Social Care Annual Report 2014/15.

**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  
23 JUNE 2015**

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**ANNUAL REPORT FOR ADULT SOCIAL CARE, 2014-15  
Director of Adult Social Care, Health & Housing**

**1 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to present the Annual Report for 2014-15 for Adult Social Care to the Executive.

**2 RECOMMENDATION**

- 2.1 **That the Executive approve the Annual Report for Adult Social Care for 2014-15.**

**3 REASONS FOR RECOMMENDATIONS**

- 3.1 In the past, the Care Quality Commission were provided with information on adult social care performance in providing social care services in Bracknell Forest Council. This no longer happens and we are requested to produce a Annual Report.
- 3.1 Supporting people using adult social care services, their families and carers to have more choice, control and independence are among the council's achievements and ongoing priorities, outlined in the document.

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 None considered.

**5 SUPPORTING INFORMATION**

- 5.1 This is the fifth Annual Report which Adult Social Care has provided under recent guidelines.
- 5.2 Annual reports offer the opportunity for councils to share a common approach with a more tailored local focus, responsive to the needs of people living in the local authority area.
- 5.3 Feedback for the Annual Report has been sought from all relevant partnership boards, namely The Learning Disability Partnership Board, the Autism Partnership Board, the Safeguarding Adults Partnership Board, the Intermediate Care Partnership Board, the Older People Partnership Board, the Long Term Conditions and Sensory Needs Partnership Board, the Dementia Partnership Board and the Mental Health Partnership Board. Feedback has also been sought from Healthwatch Bracknell Forest.
- 5.4 Overall reaction to previous Annual Reports has been very positive, with good feedback received on both the format and content of the report. The format has been

retained for 2014-15. To add to the report, a further 2 short videos have also been produced highlighting 2 particular priorities of the department, as it is felt this makes the report even more accessible to people, and is a more powerful medium for getting key messages across. This builds on the 3 short videos that added to the 2013-14 Annual Report.

- 5.5 In line with feedback received, this year's Annual Report presents information in a table and the report will be more widely publicised.
- 5.6 The Annual Report will be included in the agendas of the Portfolio Review Group on 2 June 2015 and the Adult Social Care & Housing Overview and Scrutiny Panel on 16 June 2015.

## **6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

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

### Borough Treasurer

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

### Equalities Impact Assessment

- 6.3 N/A

### Strategic Risk Management Issues

- 6.4 None identified

## **7 CONSULTATION**

### Principal Groups Consulted

- 7.1 None

### Method of Consultation

- 7.2 Not applicable

### Representations Received

- 7.3 Not applicable

### Contacts for further information

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**ADULT  
SOCIAL  
CARE**

**Annual Report 2014-15**

June 2015

**WELCOME TO**

**BRACKNELL**

**FOREST'S ANNUAL REPORT**

*Contacting Adult Social Care:*

Telephone 01344 351500 or email [adult.services@bracknell-forest.gov.uk](mailto:adult.services@bracknell-forest.gov.uk). The offices can be visited by calling in at Time Square, Market Street, Bracknell, Berkshire RG12 1JD between the hours of 8.30 am and 5.00 pm (excluding weekends and Bank Holidays).

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## **SECTION 1 – VALUES WITHIN THE COUNCIL AND ADULT SOCIAL CARE**

Bracknell Forest Council believes the following is important when staff are working with people. Staff within the Council will be:

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

For staff working in Adult Social Care and Health, this means:

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

In supporting people, staff working in Adult Social Care and Health will:

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

## **SECTION 2 – WELCOME TO THE ANNUAL REPORT FOR 2014-15**

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

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

Adult Social Care's Annual Report tells people:

- What were the most important things that were done in the year 2014-15
- How they improved the lives of people living in Bracknell Forest
- What things are planned for the year 2015-16

The report also shows how Bracknell Forest Council and the Government know how well the Council is doing and what may need to improve. The report also says what staff in Adult Social Care and Health will be doing next year, and what difference this will make to people's lives.

What people thought about the Annual Report for 2013-14:

People have said that they liked the following things about last year's report and these things have been kept in this year's report:

- The report had the right size of font which made it easy to read
- The index at the front meant people knew where to find things in the report
- The glossary at the back explained to people what some words and phrases meant
- Some people told us that they liked the videos on the website and there will be two new videos this year (there is more about this on the next page)

## What has improved about the report for 2014-15?

Some people have told us how the report could be improved. Here are some of things that people said they wanted to see, and what was done about them:

<i>What people said</i>	<i>What Adult Social Care and Health did</i>
The contact details for Adult Social Care should stand out more in the report	There is now a section on page 2 of the report showing how to contact Adult Social Care
The report should mention the work of the <u>Dementia Action Alliance</u>	This has been included on page 24
It is important that people in the community should know about the report and how they can get a copy	The report this year will be more widely publicised, by being advertised in the local press. The report will also be mentioned in Bracknell Forest Home's Spotlight magazine, which is sent to 7,000 people
People said that facts and information in the report should be simpler, in a table form and with comparisons with last year	This has been done and is on pages 10 and 11
People said that they liked the three videos which added to the report for 2013-14	Adult Social Care have produced two videos to add to the report for 2014-15 and more information is on pages 7 and 12

How people can get a copy of the Annual Report and say what they think about it:

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

<http://www.bracknell-forest.gov.uk/localaccount2014to2015>

If you are reading this report online, and you want a paper copy, please call Bracknell Forest Council on 01344 352000 or write to the Council at the address on page 2 or send an email to [ASCBI@bracknell-forest.gov.uk](mailto:ASCBI@bracknell-forest.gov.uk) saying how many copies you want and your address.

People can let Adult Social Care know what they think about the report. The online version has a section where people can give their views. There are also some questions which help Adult Social Care to know what to say in the report in future. Section 7 on page 16 shows other ways in which people can give their views.

Copies of the report will be distributed to partners and organisations within the community.

### More about the report for 2014-15:

Two videos have been produced this year which show two important things for Adult Social Care. These are:

- Partnership - how Adult Social Care is working together with other organisations to support people
- How Adult Social Care and Health supports people to find the right accommodation for them and to stay living in their own homes and communities

The videos can be found at the links below:

**Working together for people:** [link to be confirmed]

**Accommodation:** [link to be confirmed]

### Small summary version of the report

A small summary credit-card sized leaflet of this report will also be produced this year. This is a convenient size and can easily fit inside a wallet or handbag.

### Glossary

Some words in the report have been underlined and these are explained in the glossary on page 33.

## SECTION 3 – CHANGES TO CARE AND SUPPORT IN BRACKNELL FOREST IN 2014-15

From April 2015, care and support in England is changing. As people are now living longer and have a better quality of life, the care and support needs they have are different and therefore the way this is provided has to change to reflect this.

“Care and support” is the term used to describe the help some adults need to live as well as possible with any illness or disability they may have. It can include help with things like getting out of bed, washing, dressing, getting to work, cooking meals, eating, seeing friends, caring for families and being part of the community.

It might also include emotional support at a time of difficulty and stress, helping people who are caring for an adult family member or friend or even giving others a lift to a social event. Care and support includes the help given by family and friends, as well as any provided by the Council or other organisations.

Many people will need care and support at some point in their lives and most people will pay something towards the cost of their care, if they can afford to. The new national changes are designed to help people plan for the future and puts them more in control of the help they receive. Any decisions about a person’s care and support will consider their wellbeing and what is important to them, their family and carers, so that they can stay healthy and remain independent for longer.

### What is changing?

From April 2015 there will be:

#### A new national level of eligibility for care and support

The level for care and support at which people will become eligible for help from Councils will change nationally. This is now the same for all Councils and will make care and support more consistent across the country, so if people move to another area of England, they will get the same level of support.

#### New support for unpaid carers

In England, millions of people provide unpaid care or support to an adult family member or friend, either in their own home or somewhere else. Caring for someone covers lots of different things, like helping with their washing, dressing or eating, taking them to regular appointments or keeping them company when they feel lonely or anxious.

These changes to the way care and support is provided in England mean carers may be able to get more help so that they can carry on caring whilst making sure they look after their own health and wellbeing. Until now, Councils only supported carers

of people who were eligible for care, but now carers of people who are not eligible for care and support may also get help, provided they meet the eligibility criteria.

## Support for carers

It is important to recognise that certain carers have always been able to receive support from Adult Social Care. However, more carers may now be eligible for support, such as a Direct Payment to spend on the things that make caring easier, or practical support, like arranging for someone to step in when they need a short break. Or, they may prefer to be put in touch with local support groups so they have people to talk to.

Carers can ask for a carer's assessment and as a result, a carer may be eligible for support from the Council. The Council will also offer advice and guidance to help carers with their responsibilities.

Please visit <http://www.bracknell-forest.gov.uk/carers> or <https://www.gov.uk> or <https://www.berkshirecarers.org> for more information about support for carers.

## Deferred payment agreements

From 1 April 2015, these were available across the whole country for any person who owns the home they live in, has less than £23,250 in the bank, and needs residential or nursing care. This means that people should not have to sell their homes in their lifetime to pay for their care. People in Bracknell Forest have been able to have a deferred payment agreement for many years, but up until this year, this has not been available from all Councils.

A deferred payment agreement is an arrangement with the Council that will enable some people to use the value of their homes to fund care home costs. If someone is eligible, the Council will pay the care home bills on their behalf similar to a secured loan agreement. They can delay repaying the Council until they choose to sell their home, or until after their death.

To find out more about these changes and how they will affect people, please contact Adult Social Care or phone on 01344 351760.

## SECTION 4 – KEY FACTS AND INFORMATION FOR BRACKNELL FOREST

Summary of facts and figures about Adult Social Care support:

2013-14	What is being measured	2014-15
100%	Percentage of adults, older people and carers who had as much choice and control as they wanted about how they were supported (sometimes called self-directed support)	100%
98	People aged 18 or over who moved to live in residential or nursing care	74
17%	Percentage of people with a learning disability who were helped to find or keep a job	15.3%
87%	Percentage of people with a learning disability who were helped to live at home	88.1%
5.7	People per 100,000 of population who had to stay in hospital longer than they needed to because the right support was not ready for them to leave	9.1
2.1	People per 100,000 of population above where Adult Social Care was responsible for the delay	3.9
42%	Percentage of carers who received either a break from their caring role, or other carers services, including information and advice	43.8%
81.3%	Percentage of people who left hospital and had support to help them get some or all of their skills back (reablement)	82.7%
92.7%	Percentage of new adults whose assessments were completed within 4 weeks of the initial referral	98.3%
19	Complaints about Adult Social Care services	21
138	Compliments about Adult Social Care services	67

## Other information:

2013-14	What is being measured	2014-15
97%	The percentage of Financial Assessments completed in 5 working days	97.5%
8	The number of repeat safeguarding referrals	7
99.4%	Percentage of Enhanced Intermediate Care Referrals seen within 2 hours	97.3%

## Annual Complaints Report

It is important to learn from complaints to make sure that the same things do not happen again. A report is written each year to tell people about the complaints and compliments in the year. The report for the year 2014-15 can be seen at the link below:

[link to be confirmed]

## Performance Returns

Each year, Adult Social Care needs to send information to the government. These are called performance returns and they contain some of the information shown above. More information about the performance returns (sometimes called Social Care Collections) can be found at the link below:

<http://www.hscic.gov.uk/socialcarecollections2014>

## **SECTION 5 – TWO PRIORITIES FOR ADULT SOCIAL CARE AND HEALTH AND FOR PEOPLE LIVING IN BRACKNELL FOREST**

### Adult Social Care video podcasts

In 2013-14, Bracknell Forest Council produced three videos which added to what was said in the Annual Report. The videos showed three important things for Adult Social Care and can be seen at the website links below:

- **Personalisation**: [link to be confirmed]
- **Dementia Friendly Communities**: [link to be confirmed]
- **Prevention and Early Intervention**: [link to be confirmed]

People said they liked the videos and for the year April 2014 to March 2015, Bracknell Forest Council has produced another two videos which add to what has been written in this report. The video titles and website links are shown below.

### The two priorities:

- **How Adult Social Care works together with other organisations to support people:**  
[link to be confirmed]
- **How Adult Social Care supports people to find the right accommodation and to stay living in their own homes and communities:**  
[link to be confirmed]

### Working together with other organisations to support people

“It’s really helpful to know that Health and Social Care people are working together because if we have any problems at all, then all we need to do is pick up the phone”

Adult Social Care works with many different organisations to keep people as independent, fit and well as they can be.

### What was done in 2014-15:

- Self-Care Week is a national week-long initiative that takes place each year in November. Adult Social Care worked with the NHS and other organisations like the Police, the Fire Service, Healthwatch and the voluntary sector to talk to local people

about their health and wellbeing. Events were held during the week and people were offered Health MOTs, and given advice about maintaining a healthy weight, not drinking too much alcohol and how to stop smoking

- Sometimes people need extra support to keep well and to avoid accidents, such as people who are at risk of having a fall. The Council has a Falls Prevention Advice Service to visit people in their own home. The specialist trained Wellness Coaches give people advice and information about how to avoid a fall, or may advise people to visit their optician to have their eyes checked or visit their GP or pharmacist to review their medication. There is also a Falls Clinic at the Bridgewell Centre
- People who are at more urgent risk of or have had a fall, sometimes need more specialist help. People can be asked by their GP to go to the Rapid Access Community Clinic at the Bracknell Health Space for a test and a consultation with a health professional
- Things can happen that prevent people from being independent and the support of others is sometimes needed to help them to get back to normal. There are a range of rehabilitation services in Bracknell Forest which support people to recover from illness and injury and to keep well
- Intermediate Care in Bracknell Forest is provided by Adult Social Care together with the NHS. There are a range of services, such as support at home, physiotherapy and equipment loan that can help to keep people at home rather than having to go into hospital. This can also help people who have been in hospital to get back home and back to normal more quickly. Sometimes people need help to be able to say what they want through an advocate. An advocate is someone who can help people to understand information in order to make decisions about their lives and speak about things that are important to them. Be Heard is a group of people with a learning disability in Bracknell Forest. They are known as self-advocates. The group meet every week and are supported by an advocate to speak for themselves on the things that are important to them
- Adult Social Care has been working in partnership with the Public Health team to deliver high quality health improvement services. These have been nominated for four national awards in 2014-15. Specific achievements this year include a significant increase in the number of people quitting smoking (with quit success rates being one of the highest in England), a four-fold rise in access to our weight management services and the best delivery rate of NHS Health Checks in the Thames Valley region. Work has also included the “What’s in Your Glass” alcohol harm reduction campaign, which was recognised as an example of best practice by an all parliamentary group, and the launch the new Falls Free 4 Life service aimed at reducing falls related injuries among our older residents.

- There are many sources of advice and information to help people to keep healthy and well and to stay at home. Adult Social Care works with a wide range of different organisations to provide specialist advice. This includes the Housing Team at the Council, Healthwatch, Bracknell Forest Homes, the NHS, Local Care Providers and Voluntary Organisations. A full list of partners can be found by visiting [www.bracknellforestpartnership.org.uk](http://www.bracknellforestpartnership.org.uk)
- The Council also produces the Helping You Stay Independent Guide with information on how to become and stay independent. Another way to find out information about support and activities is by browsing the Adult Social Care iHub, which is an A to Z online directory of services and events taking place in the local community, and can be found by visiting <http://www.bracknell-forest.gov.uk/healthandsocialcare>
- The Joint Prevention and Self-Care Board brings together people from Health and Social Care to agree how to give information to the local community about dementia, healthy eating, physical and mental wellbeing and diet and nutrition. The information has been made available through social media, the press, and flyers

Supporting people to find the right accommodation and stay living in their own homes and communities

“Living independently means I get more freedom to do the things I want to do”

One of the main goals of Adult Social Care is to help the people that we support to live in the right accommodation and to stay living as independently as possible in their own homes and communities. Staff work with people to support them to do this.

Some of the ways in which staff in Adult Social Care support people:

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

One of the main aims of all teams within Adult Social Care is to help people to live as independently as they can.

Please note that the following does not represent all of the ways in which people in the community receive their support:

- Small changes can be made in the home with equipment such as hand rails and bed rails so that everyday tasks like getting around and getting in and out of bed become much easier and enable people to look after themselves
- Sometimes bigger changes are needed. A Disabled Facilities Grant meets the cost of things such as a stair lift which helps in getting up and down the stairs safely and easily, or a specially adapted shower on the same level as the floor which means that people can get in and out without difficulty
- The lifeline alarm system used by someone who has a fall or other type of accident, connects them to the Forestcare Team where help is available 7 days a week, 365 days a year to people living in Bracknell Forest. Forestcare also provides Keyholder Service and Care Calls
- Support at home from a support worker can help with things like preparing a meal, bathing, getting dressed and undressed and getting in or out of bed. People also receive support to look after their money, to deal with paperwork and bills and to remind them to take their medication
- The Support with Confidence Scheme helps people to find a Personal Assistant they can trust. As well as helping people in the home, Personal Assistants provide people with a real opportunity to get out and about to enjoy social and leisure pursuits, go to the bank or have a meal out
- Teams in Adult Social Care provide a service called Professional Support, which is one to one support offered over the telephone or through a visit. This might sometimes be over a shorter period when someone is recovering from an illness at home, or has just been discharged from hospital, or over a longer term for people with long term conditions
- There is a range of support for carers such as respite care to give carers a break (see also 'Support for carers' on page 9)

#### What was done in 2014-15:

- The Carers Joint Commissioning Strategy has been reviewed to ensure that there is the appropriate range of choices to meet the needs of carers
- Adult Social Care has paid (and continues to pay) for carers to have support and training to help them to return to paid or voluntary work
- The Hospital Discharge Service will be reviewed to ensure that 7 day working occurs across all teams in Adult Social Care and Health

## What is planned for 2015-16:

- In 2015, Extra-care housing will be available at Clement House, which is a new extra care scheme of 65 one and two bedroom apartments, developed by Bracknell Forest Homes in partnership with Bracknell Forest Council. The accommodation and support have been designed to meet the needs and aspirations of older people, and to enable independent living. There is a restaurant, atrium lounge and activity area, computer room, library, hair dressing salon and hobby room, and a range of social activities
- The Safe Place Scheme will be improved to support a wider range of people, for example people with mental health problems, people who require sensory support, people with dementia, and people who are physically disabled.

## SECTION 6 – LISTENING TO LOCAL PEOPLE

Staff in Adult Social Care are committed to listening to what local people have to say and to making sure that people have the chance to tell us what is important to them. This means that the support and services that people can have are right for their needs.

How staff in Adult Social Care listen to local people:

- Partnership Boards include people with different disabilities or medical conditions as well as people from local organisations such as the NHS and Voluntary Organisations. They give people in the community an opportunity to be involved in planning and decision making within Adult Social Care and Health . More information on Bracknell Forest Council Partnership work can be seen at the website link below:

<http://www.bracknellforestpartnership.org.uk/>

- Every year, Adult Social Care carry out consultations and surveys which enable people to give their views on a range of different subjects. These views and opinions help Adult Social Care and Health to understand where things can be improved. More information can be found at the website link below:

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

- Members of the public take part in special meetings, sometimes called focus groups, where they are able to give their views on a range of different subjects. In addition, members of the public are able to attend Council meetings. A list of forthcoming meetings can be seen at the website link below:

<http://democratic.bracknell-forest.gov.uk/mgCalendarMonthView.aspx?GL=1&bcr=1>

- Adult Social Care staff learn more about what people want through complaints, and the Council publish what has been learnt each year in an annual report. The report for 2014-15 can be seen here:

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

- Joint Commissioning Strategies are plans which show how Adult Social Care has listened to local people, and how what has been said might change the way support is provided to different groups of people. These plans are regularly checked to make sure that they are up to date
- Everyone who is supported through Adult Social Care is encouraged at all times to say what they think of the support they get.

## SECTION 7 – PREVENTION AND SELF-CARE

Being independent means people having the freedom, choice, dignity and control at home, at work and in the community to live life the way they want. There is a strong link between a person's independence and their health and wellbeing.

Independence does not necessarily mean people living on their own without support. It means people having the support they need which allows them to join in the community and live as active a life as they can if they so choose.

Adult Social Care produce a 'Helping You to Stay Independent Guide' which can be found at the link below:

[link]

A strong emphasis has been placed on giving people information and advice to encourage them to take responsibility for their health and wellbeing.

Adult Social Care and Health want people to remain healthier for longer, and people who are healthier are much more likely to be more independent, and to have more choice and control about how they want to live their lives.

Prevention and Self-Care means people doing things that lead to better health and wellbeing, and being self-reliant. This helps people to reduce the risk of things like heart disease and other long term problems with health such as diabetes or depression.

Most people can do something for themselves to stay fit and active so they can remain independent and happy in their own home for as long as possible. Keeping healthy and well is not just about physical exercise; feeling low or lonely, or having poor mental health, can be as bad for people as being physically unfit.

There are many things people do in Bracknell Forest to keep active and healthy, whether that's doing something energetic like going out for a walk, taking up a new hobby to keep the mind active or just seeing family and friends to make sure people don't become isolated.

Sometimes people need some help to keep well, whether that's just some advice and information, some equipment or more intensive support for people to get back to normal after being unwell.

What will be done in 2015-16:

- A Prevention and Self-Care Strategy will be written which will show how Bracknell Forest continues to support people to be as fit and healthy as they can, and to stay as independent as they can
- Adult Social Care will organise Self-Care Week in 2015 to make sure that people continue to receive advice and information on ways in which they can help themselves to be fit and healthy

- The Helping You to Stay Independent Guide which contains information on some of the ways local people are able to remain healthier for longer, will be reviewed and updated. This is done every year.

## SECTION 8 – SUPPORT FOR PEOPLE WITH AUTISM

What support is offered to people:

The Community Team for People with Autism Spectrum Disorder (CTPASD also known as the Autism Team) provides support for people who have difficulties because they have autism, and support for their carers. People are offered counselling, support and information on benefits and voluntary groups. Support is also offered to help with daily living skills, education and employment, accommodation and for people to travel independently and use public transport.

What was done in 2014-15:

- The second Adult Autism Joint Commissioning Strategy was completed after asking people and partners what sort of services they wanted to enable them and their families to lead fulfilling and rewarding lives
- Awareness training was given by the Berkshire Autistic Society to staff in Adult Social Care, to college students who are mentoring people with autism, to tutors at Bracknell & Wokingham College and to the Elevate staff. The training has increased people's awareness and understanding of autism and how people with autism want to be supported
- The Autism Team has worked closely with the Probation Service, the Police and the Prison Service to increase people's awareness and understanding of autism
- The Autism Team has also worked with local shops and offices to help people to find or keep a job, and has helped employers with reasonable adjustments.
- Breakthrough have helped people to look for, apply or keep jobs, and supported people with one on one job coaching, preparing for interviews and with travel
- People with autism can go to skills workshops to help them to improve their confidence when they are looking for or keeping a job
- The Autism Team worked with Elevate to make sure that people with autism receive the right sort of training so that they are able to find or keep a job

What is planned for 2015-16:

- A 6 week skills programme called Training on Skills for Independent Living will be given to small groups of people with autism. The training includes maintaining health and wellbeing, cooking, home repairs and shopping, along with other topics, and will help people to be more independent

- Training will be provided to GPs and surgery staff to raise awareness and understanding of autism and to help surgeries to make changes that help people with autism
- Teachers and other school staff will receive training to raise their awareness and understanding of autism.

## SECTION 9 – SUPPORT FOR PEOPLE WITH LEARNING DISABILITIES

What support is offered to people:

Adults with learning disabilities often need support to understand new information, find or keep a job, or to learn new skills. The Community Team for People with Learning Disabilities (CTPLD) has staff from the NHS and from Adult Social Care who support people. Support is also offered through Waymead provider services where people with learning disabilities who live at home with their main carer can come for a short stay, in order for their carer to have a break. In addition, the Breakthrough supported employment service offers a personalised approach to support people to look for, find and keep a job.

What was done in 2014-15:

- Innersense have provided training for staff so that they have more awareness and understanding of people with a learning disability
- There are flats at Waymead where people can learn to do things such as daily activities on their own. As a result of this, some of the people who have stayed there have been able to move into their own accommodation
- Staff in CTPLD have worked closely with housing providers to ensure that people with learning disabilities have been able to move into houses that meet their specific needs and are affordable
- Staff have worked with local shops and offices to help people to find or keep a job, and also to help employers with reasonable adjustments
- Breakthrough have helped people to look for, apply or keep jobs, and supported people with one on one job coaching, preparing for interviews and with travel
- The Fulfilling Lives Group has reviewed their education, employment and employment action plans for next year. A questionnaire will now be sent to people with learning disabilities to enable them to say what they want in the development of these services

What is planned for 2015-16:

- Learning Disability Awareness Training will be provided to staff during Learning Disability Awareness week in June 2015 to make sure that staff in Adult Social Care are more aware of what it means to have a learning disability. There will be 7 people with a learning disability working on the project and training will also be provided to the local workforce in Bracknell Forest.

## **SECTION 10 – SUPPORT FOR OLDER PEOPLE AND PEOPLE WITH LONG TERM CONDITIONS, INCLUDING PEOPLE WHO REQUIRE SENSORY SUPPORT**

What support is offered to people:

The Older People and Long Term Conditions (OP&LTC) Team works with people to see what support they need and then helps them to plan how their needs will be met in the way that they want.

What was done in 2014-15:

- Homecare providers have attended a workshop to help them understand how to support people with dementia which will improve the quality of care provided
- The Sensory Needs Service at the Bridgewell Centre for people who require sensory support has been made available to more people, to help them to stay living independently at home
- Working in partnership with the Clinical Commissioning Group (CCG), support has been provided to people with a long term condition to manage their support and improve their health and wellbeing
- The OP&LTC Team work with Elevate to provide support for young people with physical or neurological conditions. They can provide one to one support for example to help them to access hobbies and social activities

What is planned for 2015/16:

- The OP&LTC Team will be carrying out a review of care and support at Clement House, in particular the night care “peace of mind” service to improve the support people receive and make sure people’s needs are being met
- There will be a review of the Sensory Needs Service making sure that people’s needs are met, and that people receive services in a more effective and efficient way
- The way in which people apply for and receive a Disabled Facilities Grant will be reviewed to make sure that the service is more streamlined and responds to people’s needs in a more efficient way.

## SECTION 11 – SUPPORT FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

What support is offered to people:

There are two teams that provide support for adults with mental health problems – the Community Mental Health Team (CMHT) and the Community Mental Health Team for Older Adults (CMHT OA). The Memory Clinic sits within CMHT OA. Specialist assessments and services are offered to people who may need special mental health support including support for a first onset of psychosis (people who are seeing or hearing things, or who are very frightened of what other people are doing). The Dementia Advisor works with people who have just learned that they have dementia and their families and loved ones.

What was done in 2014-15:

- The Memory Clinic was awarded Memory Clinic Accreditation with the Royal College of Psychiatrists
- A programme aimed at increasing people's awareness of mental health has been delivered each quarter, known as the mental health first aid course
- A new Dementia Action Alliance has been formed which involves people from health and social care, public services such as the police, voluntary services and other local business leaders. Each organisation has put together an action plan to improve support and access for people with dementia and their carers. A Dementia Action Alliance co-ordinator has been appointed to support this work
- CMHT have been supporting more people to find and/or keep a job or educational course. This is one of the areas that has been a particular focus for the service and the number of people being supported in this way has more than doubled in 2014-15 compared to the previous year (from 45 people to 98 people)
- Staff have received more training to enable them to provide psychological support to individuals to help them manage better. This has included training to help people to deal with problem solving and anxiety related conditions

What is planned for 2015/16:

- Through the Dementia Action Alliance, CMHT OA will continue to improve support to people living with dementia. Dementia Friendly Communities will be promoted so that people feel welcome and part of the community
- In partnership with GPs and the Memory Clinic, CMHT OA will do more work on the early diagnosis of dementia, so that better care and support is provided to people
- CMHT will promote healthy lifestyles to people which will include helping people to reduce or give up smoking
- People who are leaving secondary care will be supported by a new CMHT staff member and services have been commissioned through Rethink to support them to recover more quickly.

## **SECTION 12 – SUPPORT FOR PEOPLE TO REGAIN AND MAINTAIN THEIR INDEPENDENCE**

What support is offered to people:

Sometimes people become unwell and the support of others is needed to get better. The Community Response and Re-ablement (CR&R) Team provide services that help people to stay at home rather than having to go into hospital, and also help those who have been in hospital to get back home. The CR&R Team also make sure that when people first contact Adult Social Care, that they are put in contact with the right team to help them. The CR&R Team are available 7 days a week 24 hours a day service, and respond to urgent needs within 2 hours.

Additional information on this service can also be seen in *Section 5 under Working together with other organisations to support people* (page 12) and *Section 7 – Prevention and Self-Care* (page 18).

What was done in 2014-15:

- There is a new Joint Intermediate Care Strategy, which says how work should be done and services provided so that the needs of local people continue to be met. The Action plan is being developed, and will take effect in 2015.
- The CR&R Team have worked on the Winter Wellbeing project which has meant that older, vulnerable and isolated people are safe and have enough food and medication. Many of the people were recovering from an illness or a fall or recently came out of hospital and have no family, friends or neighbours to help them
- Staff have continued to work with hospitals and other care providers to ensure support to people when they are ready to leave hospital. The Hospital In-Reach Service is now available 7 days a week, increased from 5 days the previous year
- Working together with the NHS, the Council has a Falls Clinic which offers an assessment to people who are at risk of falling followed by information and advice, and an exercise programme to reduce their future risk of falls.

## SECTION 13 – SUPPORT FOR PEOPLE TO ACCESS DRUG AND ALCOHOL SERVICES

What support is offered to people:

Bracknell Forest's Drugs and Alcohol Action Team (DAAT) work with people who take illicit drugs, drink too much alcohol or take too many prescription drugs. The team help people to find new ways of drinking less, taking fewer drugs, or stopping altogether. There are a number of special services to help them. The team is one of 8 nationally selected areas to adopt Payment by Results, a new approach to supporting people.

What was done in 2014-15:

- The review of Payment by Results showed that people with drug-related problems, and people who drink too much alcohol, were helped more than the national average. The scheme was shown to significantly improve outcomes for people
- The DAAT worked on a plan to improve the health and wellbeing of people who misuse drugs and alcohol
- Further training was provided to local pharmacies to build on the previous year's activities, in order to improve the level of advice offered to their customers on reducing harm caused by drugs and alcohol abuse

What is planned for 2015-16:

- New staff who join Adult Social Care and some existing staff will receive specific drug and alcohol training. This will enable staff to recognise where someone they are working with is experiencing drug problems, or drinking too much alcohol
- The DAAT will be employing a health and wellbeing nurse, who will support people with drug problems and people who drink too much to eat healthily, join exercise programmes, provide advice on healthcare and how to access local healthcare services

## SECTION 14 – ADULT SAFEGUARDING

What support is offered to people:

Safeguarding staff work closely with the other Councils in East Berkshire, the Police, the Probation Service, the Health Service and other private and voluntary organisations to try and prevent adult abuse occurring and to stop it when it happens.

The service ensures that:

- Staff and providers give the best support for people wherever there are safeguarding concerns
- Training on Safeguarding and the Mental Capacity Act is provided to staff so that they offer people the right support and comply with the law
- The Safeguarding Adults Partnership Board plans are achieved

What was done in 2014-15:

- Adult Social Care in Bracknell Forest was part of a national project which helped to make sure that people with care and support needs get the outcomes they want from the Council's safeguarding practice

What is planned for 2015-16:

- A review of the Bracknell Forest Safeguarding Adults Board will be done to make sure that it does what the Care Act says it must
- The team will be working with partners to identify how local agencies can best work together to safeguard people at risk of abuse. This will include the option of developing a local Multi-agency Safeguarding Hub (MASH)

## SECTION 15 – EMERGENCY DUTY SERVICES

What support is offered to people:

The EDS Team provides an emergency 'out of office hours' service for adults and children across all of Berkshire, and has particular responsibility for people who are vulnerable or at risk, who need social care, or who are homeless and need help.

The EDS Team also provide advice and information, carry out mental health assessments, and also deal with things that are urgent and cannot wait until the next working day.

What was done in 2014-15:

- The service worked with the NHS and with social care providers to make sure that people who were about to leave hospital, did not have to stay in hospital longer than they needed to
- The service has over 20 volunteer Appropriate Adults working with it and offers regular training and supervision for them
- The service was inspected by OFSTED and CQC and received good comments from both of these organisations about what was being done well

What is planned for 2015-16:

- The service will be reviewed to make sure that it continues to offer the best support to people who use it
- More volunteer Appropriate Adults will be found to make sure that the right amount of safeguarding is received by the people who need it.

## SECTION 16 – THE ROLE OF HEALTHWATCH

Healthwatch is the name that has been given to organisations that help children, young people and adults to speak up about health and social care. Healthwatch England is a national organisation. Healthwatch Bracknell Forest works locally and is led by people from the Ark Trust. It includes people from Mencap, Deaf Positives, Berkshire Autistic Society, Kids, EBE2, Just Advocacy and SEAP. Healthwatch is here to:

- Be a champion of everything to do with health and social care in Bracknell Forest. A champion means standing up for things and people
- Listen to what the public and patients have to say about things to do with health and social care
- Be trusted by people as a good place to go to find out more about health and social care in their area
- Help people to find out more about the services they need

Healthwatch England is part of the Care Quality Commission (CQC) who check all health and social care services in England. They do the following things:

- Speak up on things about health and social care services that affect children, young people and adults all over England
- Find out what is happening and what people want from services by collecting information from people who use services, local Healthwatch groups and other organisations who work with people such as charities
- Use this information to find out about problems so that services are improved where necessary

Healthwatch Bracknell Forest helps people to get good health and social care services by doing the following things:

- Give everyone a chance to say what services they need in the area
- Give people information, advice and support about health and social care services
- Find out what people in Bracknell Forest think about services
- Check how good services are
- Tell services what support people need and how they want to get this

To have your say about health and social care services or to get involved by becoming a volunteer, you can write, phone or email Healthwatch using the contact details below

Healthwatch Bracknell Forest  
The Space

20 Market Street  
Bracknell  
Berkshire  
RG12 1JG  
Tel : 01344 266 911

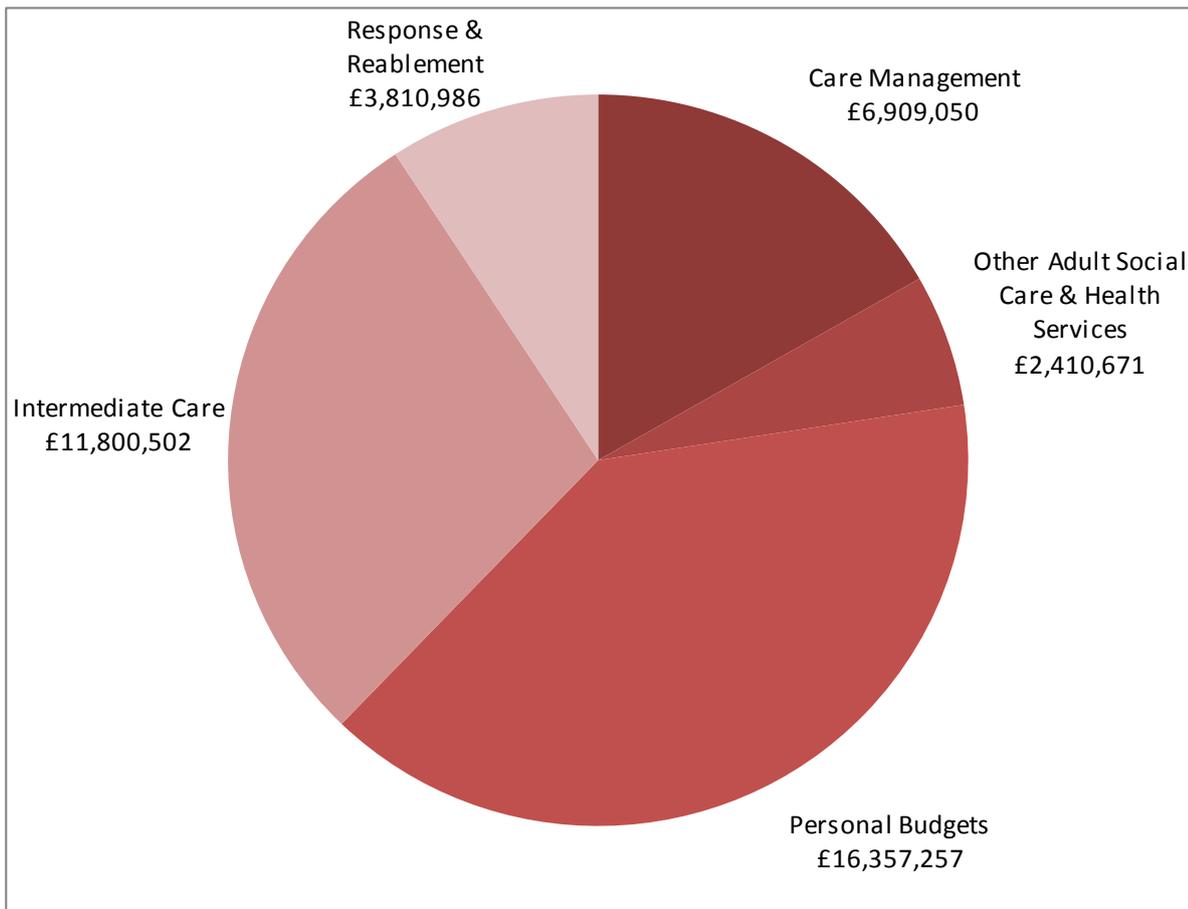
Email: [enquiries@healthwatchbracknellforest.co.uk](mailto:enquiries@healthwatchbracknellforest.co.uk)

Website: <http://www.healthwatchbracknellforest.co.uk/>

## SECTION 17 – MONEY

This is what was spent in Adult Social Care in 2014-15. The total amount was £41.3M and this was within budget. The chart below shows what was spent on the different activities.

### Actual Gross Expenditure 2014-15 (£'000s)



Bracknell Forest's draft statement of accounts will be available from the beginning of July 2015 and will be available for viewing on our website.

## SECTION 18 – ANNUAL REPORT FOR 2015-16

An Annual Report will be produced for next year (2015-16). The views of local people continue to be important to Adult Social Care, people should let the Council know:

- Which social care services they would like Adult Social Care to talk about in the Annual Report and what people want to know about them
- Which services people think Adult Social Care should be focusing on
- What other things should be mentioned in the Annual Report

Please contact Bracknell Forest with any feedback by email to:

[asc.performance-management@bracknell-forest.gov.uk](mailto:asc.performance-management@bracknell-forest.gov.uk)

or by post to:

Bracknell Forest Council, Business Intelligence Team, Adult Social Care Health and Housing, Time Square, Market Street, BRACKNELL, RG12 1JD. Alternatively, views can be provided here

[link to be confirmed]

## GLOSSARY

<b>Advocates / Advocacy</b>	Help for people to express their views about their needs and choices. An advocate is someone who does this
<b>Appropriate Adults</b>	An Appropriate Adult is someone who is completely independent of the police and is there to support a person and provide extra help when the person is talking to the police. Appropriate Adults have a good understanding of the needs of young people and people with mental health needs
<b>Assessment</b>	An assessment is the process that helps to find out what support a person needs
<b>Autistic Spectrum Disorder (Autism)</b>	Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people
<b>Bridgewell Centre</b>	This is the place people can go when they are too ill to be at home, but do not need to go to hospital. The Falls Clinic, <u>Memory Clinic</u> and <u>Sensory Needs Service</u> are also based in the same building
<b>Bracknell Health Space</b>	Bracknell Health Space is located at Brants Bridge and offers a wide range of health services for residents of Bracknell and the surrounding areas
<b>Care Calls</b>	Care Calls is a service offered by Forestcare. A Care Call is made to a person at a particular time or times of day. For example, Care Calls are used to remind people to take their medication
<b>Common Point of Entry (CPE)</b>	This is where all referrals for Berkshire Healthcare Trusts' services are taken. The staff working in CPE will check to see whether people need advice or assessment, and will refer them to the right services
<b>Commissioning Strategy</b>	A commissioning strategy is the plan that says what will be done to meet local need, taking into account what the Government expects to be done, and known best practice

<b>Consultations</b>	Consultations describe the way in which the Council asks for and receives the views of people in the Community. Sometimes this can take the form of a questionnaire. Consultations are usually undertaken when there is a proposed change within Adult Social Care that will affect people
<b>Deferred Payment</b>	A deferred payment agreement is an arrangement with the Council that enables people to use the value of their homes to help pay care home costs. If someone is <u>eligible</u> , the Council will help to pay their care home bills on their behalf. They can then delay repaying the Council until they choose to sell their home, or until after their death
<b>Dementia</b>	A set of symptoms that may include loss of memory and difficulties with thinking, problem-solving or language, and that get worse over time. This is caused by damage to the brain resulting from diseases like Alzheimers, or a series of strokes
<b>Dementia Friendly Communities</b>	A Dementia Friendly Community is one where people are aware of and understand more about dementia; people with dementia and their carers will be encouraged to seek help and support; and people with dementia will feel included in their community, to be more independent and have more choice and control over their lives. This is achieved through the work of the <u>Dementia Action Alliance</u> (see page 41).
<b>Direct Payment</b>	Money paid to people who need care following an assessment to help them buy their own care or support and be in control of those services
<b>Disabled Facility Grant</b>	<u>Eligible</u> people can get a Disabled Facility Grant from the Council if they are disabled and need to make changes to their home, for example to widen doors and install ramps, improve access to rooms and facilities - eg stairlifts or a downstairs bathroom. A Disabled Facility Grant can also provide a heating system suitable for their needs, and adapt heating or lighting controls to make them easier to use

<b>Eligibility</b>	Eligibility is how Adult Social Care decide what social care support people are entitled to have paid for by the Council. From April 2015, this will be the same for all Councils in England and will make care and support more consistent across the country, so if people move to another area of England, they will get the same level of care and support
<b>Equipment &amp; Adaptations</b>	Equipment and adaptations are changes in the home which enable people to live more independently. Examples of the equipment are hand rails and grab rails, which help people in a variety of tasks around the home
<b>Extra-care housing</b>	This provides people, usually frail older people, with their own home in the community together on the same site as other frail older people and with varying levels of care and support on-site
<b>Falls Prevention Advice Service</b>	The Council has a Falls Prevention Advice Service. Wellness Coaches visit people at home to give them advice and information about how to avoid a fall. They may advise people to visit the optician or ask a pharmacist to review their medication. They can refer people to Strength and Balance classes where people can do exercises to prevent falls
<b>Forestcare</b>	Forestcare installs Lifeline Alarm Systems in people's homes so that they can easily seek help when they need it. The service operates 365 days a year 24 hours a day to provide peace of mind and safety to vulnerable households in Bracknell Forest. Forestcare also provides a <u>Key Holder Response</u> and <u>Care Calls</u> for organisations and individuals in the local area
<b>Fulfilling Lives Group</b>	The Fulfilling Lives Group meets every 2 months to look at opportunities and support for people with learning disabilities and autism in the areas of education, employment and training, leisure and social activities. The group includes people with learning disabilities or autism, people from advocacy and employment organisations, and representatives for health, leisure and other community based services

<b>Health and Wellbeing Boards</b>	A partnership of senior leaders from the local NHS, the Council, Healthwatch and the voluntary and community sector to improve health and wellbeing and reduce health inequalities (see also <a href="#">Wellbeing</a> )
<b>Helping You to Stay Independent Guide</b>	The Helping You to Stay Independent Guide is a brochure which provides useful information for people about how they can take responsibility for their health and wellbeing. There are articles in the guide on subjects such as NHS Health Checks, Self-Care and quitting smoking
<b>Homecare Providers</b>	Homecare Providers are independent organisations commissioned by the Council to provide homecare to people in the local area
<b>Hospital In-reach service</b>	Team of social care practitioners who work with the hospitals to make sure that people have the right support to go home as soon as possible
<b>Intermediate Care</b>	This is the support provided for people to help them recover when they leave hospital, or prevent them having to go into hospital when they become unwell. It can be provided for up to six weeks
<b>Key Holder Response</b>	A small key safe is placed outside the person's home. If for any reason the person presses their lifeline alarm, then a friend or neighbour can check on the person, and emergency services will be contacted by Forestcare if necessary
<b>Managed budget</b>	Where a person asks the Council to directly provide them with services to the value of their <a href="#">Personal Budget</a> , and manage money on their behalf (see also <a href="#">Personal Budget</a> )
<b>Memory Clinic</b>	The Memory Clinic can help people newly diagnosed with <a href="#">dementia</a> who are you finding it harder to manage daily tasks at home. Staff provide people with an assessment of their memory and other skills and can also offer treatment and support for people, their family and loved ones
<b>Memory Clinic Accreditation</b>	This means that people being supported and their family and loved ones are assured of the quality of the service being provided

<b>Multi-agency Safeguarding Hub (MASH)</b>	A Multi-agency Safeguarding Hub (MASH) is a single point of contact for an area which receives all safeguarding enquiries and concerns. As well as staff from social care staff, a MASH could include people from a range of other organisations such as the Police, the Probation Service, Fire, Ambulance, Health, and Education. People in the MASH share information to make sure that they can act to prevent harm to vulnerable people
<b>Partners</b>	Organisations and/or people who work together to make sure things happen in the best way possible
<b>Partnership Board</b>	This is a group of people from a range of organisations, people who have support, and their carers, who meet to develop the commissioning strategy, and make sure that everybody is playing their part in making sure that the plans happen
<b>Payment by results</b>	A contract where the provider gets paid based on what they achieve rather than how much they do; for example, for Drugs & Alcohol, the provider will be paid according to how many people recover following treatment, rather than how many people they see
<b>Pendant alarms</b>	An alarm worn around the neck that can be pressed in an emergency to ensure help is provided as soon as possible
<b>Personal Assistant/s</b>	Someone employed by a person using <u>Direct Payments</u> to support them with some or all of their support needs
<b>Personal Budget</b>	Money allocated to someone who needs support where the money comes from the Council's social care funding
<b>Personalisation / personalised approaches</b>	Making sure that the person who needs support has as much choice and control as possible over how they are supported
<b>Prevention and Early Intervention</b>	Support, advice or information that is given to people to help them to stay well, healthy and independent, and prevent them from needing support or services for as long as possible

<b>Rapid Access Community Clinic</b>	The Rapid Assessment Community Clinic based at Bracknell Health Space offers a real alternative to going into hospital. Rapid assessment and treatment is tailored to meet the needs of older people, with complex health needs, such as those at risk of falling. People can be referred by a GP, Physiotherapist or District Nurse so that in most cases, people can be seen locally without having to go to hospital
<b>Reasonable Adjustments</b>	A Reasonable Adjustment is a change that an employer can make that would make sure that a disabled person can do their job without being at a disadvantage compared to others. Examples would be to provide a parking space nearby to the office, or to offer someone with a disability regular breaks
<b>Respite Care</b>	Respite care is a place to stay outside the home where a loved one may go and stay for a short while. This gives a break to families who are caring for them
<b>Review</b>	A check to make sure that the support provided for a person still meets their needs in the most appropriate way. If not, then more appropriate arrangements will be made
<b>Safe Place Scheme</b>	Bracknell Forest's Safe Place Scheme provides support to vulnerable people in the community when they are out and about. The scheme provides places such as local shops, businesses and amenities where people can go for support when they are feeling anxious and vulnerable
<b>Safeguarding / Safeguarded / Safeguard</b>	Safeguarding includes any work or activity which aims to support adults who are at risk to stay independent and to be able to live a life that is free from abuse and neglect
<b>Secondary Care</b>	Secondary care refers to services provided by medical specialists who generally do not have the first contact with a patient, for instance a neurologist or a rehabilitation consultant
<b>Self-Care Week</b>	Self-Care Week is a series of events that takes place in Bracknell every year in November. In 2014, Health and Social Care experts were on hand to give advice about being healthy, street doctors provided MOTs for the body, and Talking Therapies, part of Berkshire Healthcare Foundation Trust, answered questions about mental health

<b>Sensory Needs Service</b>	The Sensory Needs Service responds to the needs of people who are registered blind or partially sighted, are profoundly Deaf, deafened or are hard of hearing and who have dual sensory impairment including DeafBlindness
<b>Support with Confidence Scheme</b>	The Support with Confidence Scheme aims to help people find Personal Assistants that they can trust, from people and organisations that have been vetted and approved on grounds of quality, safety and training
<b>Telecare</b>	Equipment, devices and services to help vulnerable people stay safe and independent at home (e.g. fall sensors and safety alarms)
<b>Waymead</b>	Waymead is a place where people with learning disabilities who live at home with their main carer can come for a short stay, in order for them to get a break. It is a recently refurbished building with 5 en suite bedrooms all on the ground floor with many pieces of specialist equipment that enables us to support people with a diverse range of needs
<b>Wellness / Wellbeing</b>	“Wellness” and “Wellbeing” are difficult to describe because they mean different things to different people. Generally they mean feelings of happiness, feeling life is worthwhile, not being anxious and being satisfied with life

## ORGANISATIONS

<b>Ark Trust</b>	<p>A local charity providing support and advice to people with disabilities and mental ill health</p> <p><a href="http://www.theark.org.uk/">www.theark.org.uk/</a></p>
<b>Be Heard</b>	<p>Self advocacy group for people with learning disabilities in Bracknell Forest</p> <p><a href="http://www.iustadvocacy.org.uk">http://www.iustadvocacy.org.uk</a></p>
<b>Berkshire Autistic Society</b>	<p>Berkshire Autistic Society is a charity providing comprehensive services for all ages of people with autism, their families, carers and professionals working in the field</p> <p><a href="http://www.autismberkshire.org.uk/">http://www.autismberkshire.org.uk/</a></p>
<b>Breakthrough</b>	<p>Breakthrough is a supported employment service offering a personalised approach to support people with a learning disability or autism to look for, access and retain employment</p> <p><a href="http://www.bracknell-forest.gov.uk/breakthroughsupportedemployment">http://www.bracknell-forest.gov.uk/breakthroughsupportedemployment</a></p>
<b>Clinical Commissioning Group (CCG)</b>	<p>These are groups of GP practices (sometimes referred to as GP Clusters) that work together and are responsible for commissioning most local health care services that people need</p> <p><a href="http://www.bracknellandascotccg.nhs.uk">http://www.bracknellandascotccg.nhs.uk</a></p>
<b>Care Quality Commission (CQC)</b>	<p>The Care Quality Commission is an independent organisation which makes sure that people get good, safe health and social care and that it meets the rules set by the Government. They also look after the rights of people who need extra support to stay safe. If services are not good enough, they can do things to make them better</p> <p><a href="http://www.cqc.org.uk">http://www.cqc.org.uk</a></p>

<b>Deaf Positives</b>	<p>An organisation whose aim is to give Deaf and DeafBlind people the power to achieve independence and equality, and raise the national standards of Deaf services. They do this through advocacy, career advice and expertise delivered by Deaf professionals</p> <p><a href="http://www.deafpositives.org">http://www.deafpositives.org</a></p>
<b>Dementia Action Alliance</b>	<p>Bracknell Forest Council is officially a member of the Bracknell Forest Dementia Action Alliance (DAA) and has been recognised by The Alzheimer's Society as 'Working to become Dementia Friendly'. A key part of becoming more dementia friendly is raising awareness of dementia throughout the local community, including Council staff</p> <p><a href="http://www.dementiaaction.org.uk">http://www.dementiaaction.org.uk</a></p>
<b>EBE2</b>	<p>EBE2 (Experts by Experience) is an organisation who carry out quality audits of care providers. It is staffed by people who use care services</p>
<b>Elevate</b>	<p>Elevate provides careers Information, Advice and Guidance and support for young people. Young people can drop in for help with finding the right training, apprenticeships or work placements, writing CVs and preparing for interviews</p> <p><a href="http://bracknellforest.elevateme.org.uk">http://bracknellforest.elevateme.org.uk</a></p>
<b>Healthwatch</b>	<p>Healthwatch Bracknell Forest is the independent consumer organisation representing the views of the public. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account</p> <p><a href="http://www.healthwatchbracknellforest.co.uk">http://www.healthwatchbracknellforest.co.uk</a></p>
<b>Innersense</b>	<p>Innersense work in the field of Arts and Disability, offering multisensory, immersive, creative arts, theatre workshops to around 100 people with disabilities every week</p> <p><a href="http://www.innersense.org.uk">http://www.innersense.org.uk</a></p>

<b>Just Advocacy</b>	<p>Offer independent advocacy support to people who may find it difficult to be heard or speak out for themselves. This may include people with disabilities, older people, and those with mental health issues. They also offer help with person centred planning</p> <p><a href="http://www.justadvocacy.org.uk">http://www.justadvocacy.org.uk</a></p>
<b>Kids</b>	<p>Kids is a charity that works with young people with disabilities up to the age of 25</p> <p><a href="http://www.kids.org.uk">http://www.kids.org.uk</a></p>
<b>Mencap</b>	<p>A national charity giving support and advice to people with learning disabilities and their families. There is a local group</p> <p><a href="http://www.wokinghambracknellmencap.org">www.wokinghambracknellmencap.org</a></p>
<b>OFSTED</b>	<p>OFSTED is the short name for the Office for Standards in Education, Children’s Services and Skills. Their job is to check on services to make sure they are alright. OFSTED check on care services for children and young people, schools, colleges and courses for people of all ages</p> <p><a href="https://www.gov.uk/government/organisations/ofsted">https://www.gov.uk/government/organisations/ofsted</a></p>
<b>Rethink</b>	<p>An organisation that provides advice, information and support to people affected by mental illness</p> <p><a href="http://rethink.org">http://rethink.org</a></p>
<b>SEAP</b>	<p>Provide independent advocacy services to help resolve issues or concerns a person may have about health and well-being or health and social care services</p> <p><a href="http://www.seap.org.uk">http://www.seap.org.uk</a></p>

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL  
16 JUNE 2015**

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**ANNUAL COMPLAINTS REPORTS 2014-15 FOR ADULT SOCIAL CARE AND HOUSING  
Director of Adult Social Care, Health and Housing**

**1 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to introduce the attached Annual Complaints Reports 2014-15 for Adult Social Care and for Housing together with the covering report to the Executive.

**2 RECOMMENDATION(S)**

- 2.1 **That the Adult Social Care and Housing Overview and Scrutiny Panel consider the Annual Complaints Reports 2014-15 for Adult Social Care and for Housing.**

**3 REASONS FOR RECOMMENDATION(S)**

- 3.1 To enable the Panel to consider the Annual Complaints Reports 2014-15 for Adult Social Care and for Housing.

**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

Neil Haddock, Adult Social Care, Health and Housing - 01344 351385  
e-mail: [neil.haddock@bracknell-forest.gov.uk](mailto:neil.haddock@bracknell-forest.gov.uk)

Andrea Carr, Policy officer (Scrutiny) – 01344 352122  
e-mail: [andrea.carr@bracknell-forest.gov.uk](mailto:andrea.carr@bracknell-forest.gov.uk)

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**TO: EXECUTIVE MEMBER FOR ADULT SERVICES, HEALTH & HOUSING  
8 JUNE 2015**

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**ANNUAL COMPLAINTS REPORTS 2014-15 FOR ADULT SOCIAL CARE AND HOUSING  
Director of Adult Social Care, Health & Housing**

**1 PURPOSE OF REPORT**

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

**2 RECOMMENDATION**

**2.1 That the reports set out in Annex A and B are noted by the Executive Member for Adult Services, Health & Housing.**

**3 REASONS FOR RECOMMENDATIONS**

3.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 state that Complaints Services should provide an annual report for consideration.

3.2 The Complaints Service performs an important statutory role in assuring the quality and governance of responses to adults who make complaints. The annual report, which is also a statutory requirement, supports the continuing development and review of the service. The report also demonstrates how Adult Social Care is learning from complaints. The report is attached as Annex A.

3.3 A report is also written for Housing services. Housing complaints are dealt with under the Corporate complaints procedure. The report is attached as Annex B.

3.4 There were no complaints or recorded compliments for Public Health, and as such no additional report has been written for this area.

**4 ALTERNATIVE OPTIONS CONSIDERED**

4.1 None considered.

**5 SUPPORTING INFORMATION**

5.1 The reports set out the number and nature of compliments, concerns and complaints received by Adult Social Care, Health and Housing across the year. Learning from complaints is incorporated to show where things have improved as a result of complaints received.

5.2 Overall, there were 21 complaints received about Adult Social Care services in 2014-15 (compared to 19 complaints in the previous year). Of the complaints, 4 were about Community Response & Reablement services, 4 were about Learning Disabilities services, 3 were about Mental Health services, 6 were about Older

## Unrestricted

People and Long Term Conditions services, 2 were about Autism services, 1 was about Brokerage services and 1 was about Finance services.

- 5.3 Of these 21 complaints, 5 complaints were upheld, 7 complaints were partially upheld and 9 complaints were not upheld.
- 5.4 On the subject of the nature of Adult Social Care complaints, 14 complaints were about standard of service, 4 complaints were about access to services, 1 complaint was about communications, 1 complaint was about finance and 1 complaint was about other issues.
- 5.5 A total of 67 compliments were received for Adult Social Care in 2013-14.
- Of these, the Learning Disabilities team received 4, the Drugs and Alcohol Action team received 7, the Community Response & Reablement team including Bridgewell 36, Older People & Long Term Conditions team (including the Business Support team) 11, Emergency Duty Services 2, Finance 6 and Safeguarding 1.
- 5.6 In the Housing service, there were 43 complaints in 2014-15 compared to 49 complaints in the previous year. A total of 63 compliments were received across the year compared to 27 the previous year. In Housing, 78% of customers surveyed rated the redesigned service as 10/10.
- 5.7 The breakdown of complaints was as follows: Forestcare received 7 complaints, Housing Options received 28 complaints, and Benefits received 8 complaints. Of these complaints, 4 were upheld, 16 were partially upheld, and 23 were not upheld.
- 5.8 To put the complaints figures into context, in Adult Social Care over 2,000 people are assessed or reviewed each year, of which over 1,000 receive a package of care. In Housing there are over 10,000 customers a year.

## **6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

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

### Borough Treasurer

- 6.2 The Borough Treasurer is satisfied that there are no significant financial implications arising from this report.

### Equalities Impact Assessment

- 6.3 Available upon request

### Strategic Risk Management Issues

- 6.4 None identified

## **7 CONSULTATION**

### Principal Groups Consulted

7.1 None

Method of Consultation

7.2 Not applicable

Representations Received

7.3 Not applicable

Background Papers

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

Contact for further information

Neil Haddock, Adult Social Care, Health and Housing - 01344 351385  
neil.haddock@bracknell-forest.gov.uk

Mark Gittins, Adult Social Care, Health and Housing - 01344 351433  
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simon.hendey@bracknell-forest.gov.uk

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Annex A



**Adult Social Care**

**Annual Compliments and  
Complaints Report**

**2014 - 2015**

May 2015

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## **Executive Summary**

This is the Adult Social Care (ASC) Annual Complaints Report for 2014-15. ASC have a statutory obligation to produce an annual report about complaints received in the year which is made available to the public.

The purpose of the report is to provide an overview of this work and to summarise complaints activity within ASC from 1st April 2014 through to 31st March 2015.

There were 67 compliments received in 2014-15 compared to 138 compliments in the previous year. Further details appear on pages 6 and 7 of the report.

ASC also received a total of 21 complaints about services compared to 19 complaints received in the previous year.

Of the complaints received in 2014-15, 5 were upheld, 7 were partially upheld and 9 were not upheld. This compares to the previous year where 2 complaints were upheld, 6 complaints were partially upheld and 11 were not upheld. Further details appear on page 9 onwards of the report.

The next Complaints Report will be for the year 2015-16.

## **Background**

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

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

## ***Who can complain?***

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

- Is receiving or had received services from the authority.
- Is affected, or likely to be affected by the action, omission or decision of the authority.

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

### ***Defining a complaint***

A complaint is defined as an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's ASC provision which requires a response.

If it is possible to resolve the matter straight away, then there is usually no need to engage the formal complaints process. When a complaint is first received, it is assessed to identify whether an investigation is required using the Statutory Complaints Procedure.

### ***The Adult Social Care Statutory Procedure***

A single approach to dealing with complaints for both ASC and the National Health Service was first introduced on 1st April 2009. The single approach has given organisations more flexibility to respond and develop a culture that seeks and then applies people's experiences of care to improve quality.

Responsibility for statutory complaints rests with the Director of Adult Social Care, Health and Housing.

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

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

This report only includes information on complaints reported through the ASC Statutory Procedure.

### ***The Local Authority Corporate Procedure***

Complaints not covered by the ASC Statutory procedure will, if appropriate, be dealt with under the Local Authority Corporate procedure. The Corporate Procedure is used in instances where the complainant feels that the Council has failed to provide a service, provided an unsatisfactory or inappropriate service, or where it has treated a person in a discriminatory, discourteous or

otherwise unhelpful manner. or where alleged harassment has taken place. It may also be used in cases of alleged harassment, where the Council has allegedly provided inaccurate or misleading information or where it has failed in its duties under the Data Protection Act or Freedom of Information Act.

## ***The Complaints Process in Bracknell Forest***

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

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

When a complaint is received, ASC aim to acknowledge within 3 working days.

ASC also:

- Make sure that the complaint is understood
- Get the right information to assess the seriousness of the complaint
- Keep in regular contact with the complainant
- Determine what the complainant wants to happen on completion of the investigation
- Act quickly to resolve matters wherever possible

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

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

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

## ***Timescales for complaints***

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

Since the introduction of the Local Authority Services & National Health Service Complaints (England) Regulations 2009, the only mandatory timescale is that the complainant receives an acknowledgement within 3 working days. The legislation allows a flexible approach, and usually the investigation is normally completed within one to two months. More complex complaints may take longer than this in which case the complainant will be contacted to inform them of this.

There is a time limit of 12 months from when the matter being complained about has occurred, to when a complaint may be made. After this time, a complaint will not normally be considered. However, the 12 month time limit does not apply where the local authority is satisfied that the complainant had good reasons for not making the complaint within that time and where it is still possible to investigate the complaint effectively and fairly.

## Compliments

Compliments provide valuable information about the quality of our services and help identify where they are working well.

There were 67 compliments received in 2014-15, compared to 138 compliments received in 2013-14.

*Chart showing compliments by service in 2013-14:*

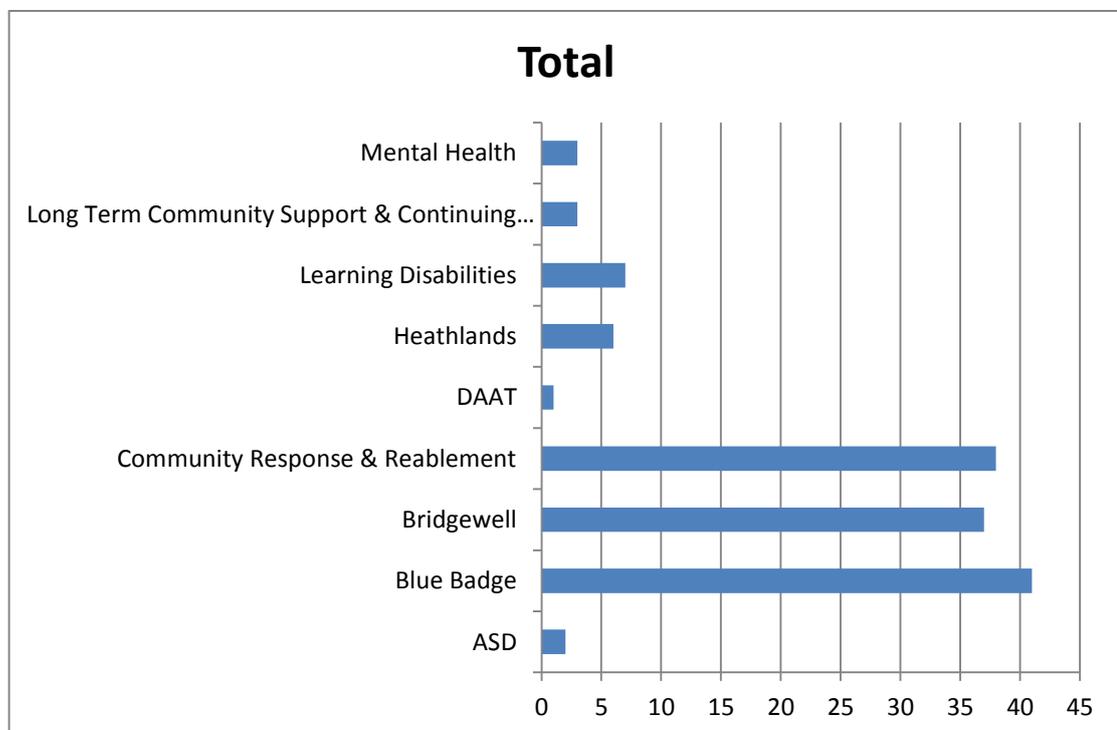
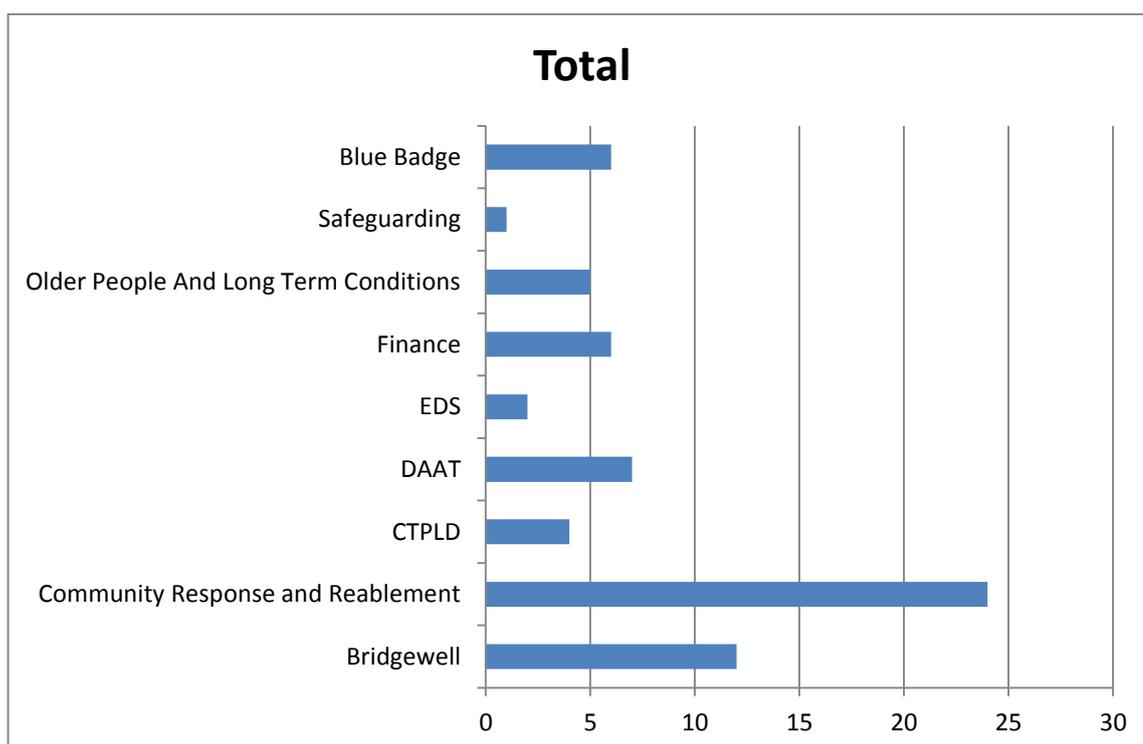


Chart showing compliments by service in 2014-15:



The reductions in compliments from the previous year is attributable to several main areas; compliments about Bridgewell have reduced from 37 compliments last year to 12 compliments in 2014-15 (a drop of 25 compliments), compliments about Community Response & Reablement (CR&R) have fallen from 38 compliments last year to 24 compliments in 2014-15 (a drop of 14 compliments) and compliments about Blue Badges have fallen from 41 compliments last year to 6 compliments in 2014-15. The reductions in Bridgewell and CR&R compliments are due to both Heathlands and Bridgewell running at reduced capacity in 2014-15. The reduction in Blue Badges compliments is due to the Government introduced a new Blue Badge scheme in 2014-15, which some applicants have found more challenging than the previous scheme.

Compliments currently outnumber complaints by a ratio of around 3 to 1.

**Examples of compliments made in 2014-15:**

*'I can't express enough my gratitude for this service over the years – I can't thank you enough'*

*'I don't know what I would have done without your help and support'*

*'Thank you so much for all your help and support over the last few years'*

*'Thank you so much for your excellent help last night with Mum'*

*'Thank you for your hard work making sure my Dad was safe'*

*'My mother was supported in her home by you wonderful team of carers'*

*'I cannot thank you enough for all your support and kindness while dealing with Dad'*

*'I have thoroughly enjoyed my stay at Bridgewell – thank you again'*

*'Thank you for your help the other night, you were very helpful and kind'*

*'Thank you for all your wonderful help this year – I wouldn't have made it through the year without you all'*

*'We are lucky to have your support and it is much appreciated'*

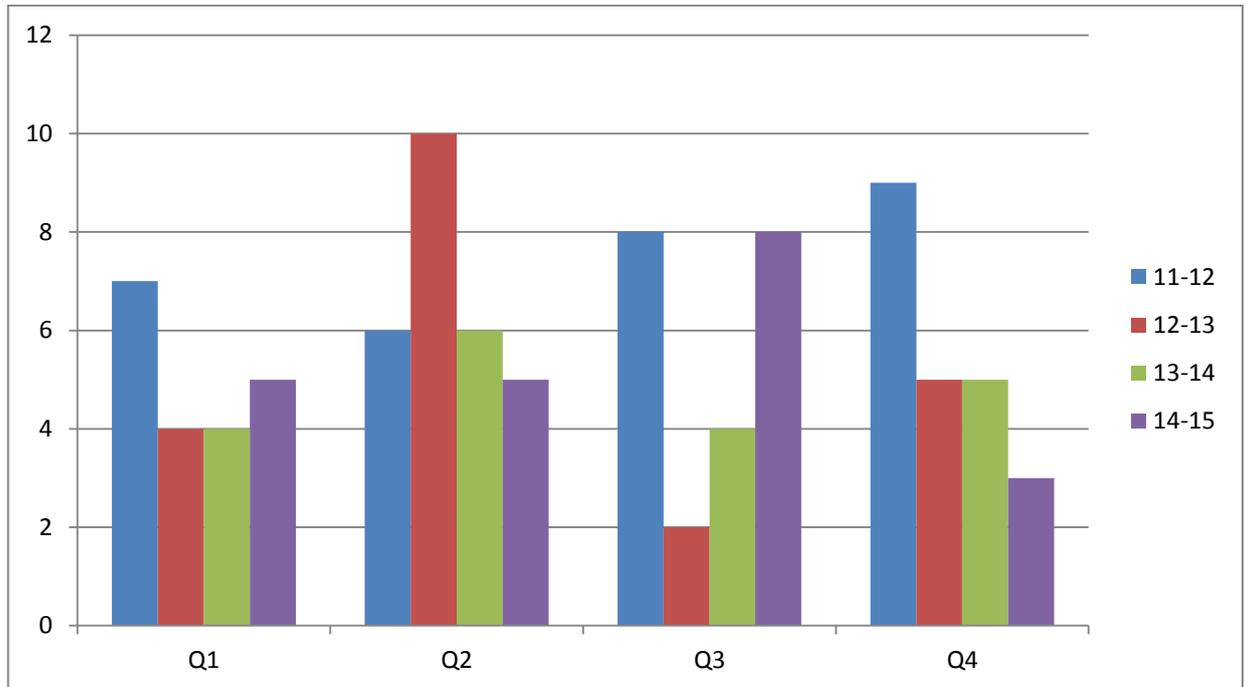
*'A big thank you to everyone at New Hope for your help and kindness in getting me straight again'*

*'I really appreciate all that you have done for me'*

## Complaints received

In 2014-15, there were 21 complaints about ASC services. By comparison, there were 19 complaints in the previous year. Complaints are shown in comparison with previous years in the chart below.

*Chart showing complaints by quarter for the last 4 years*

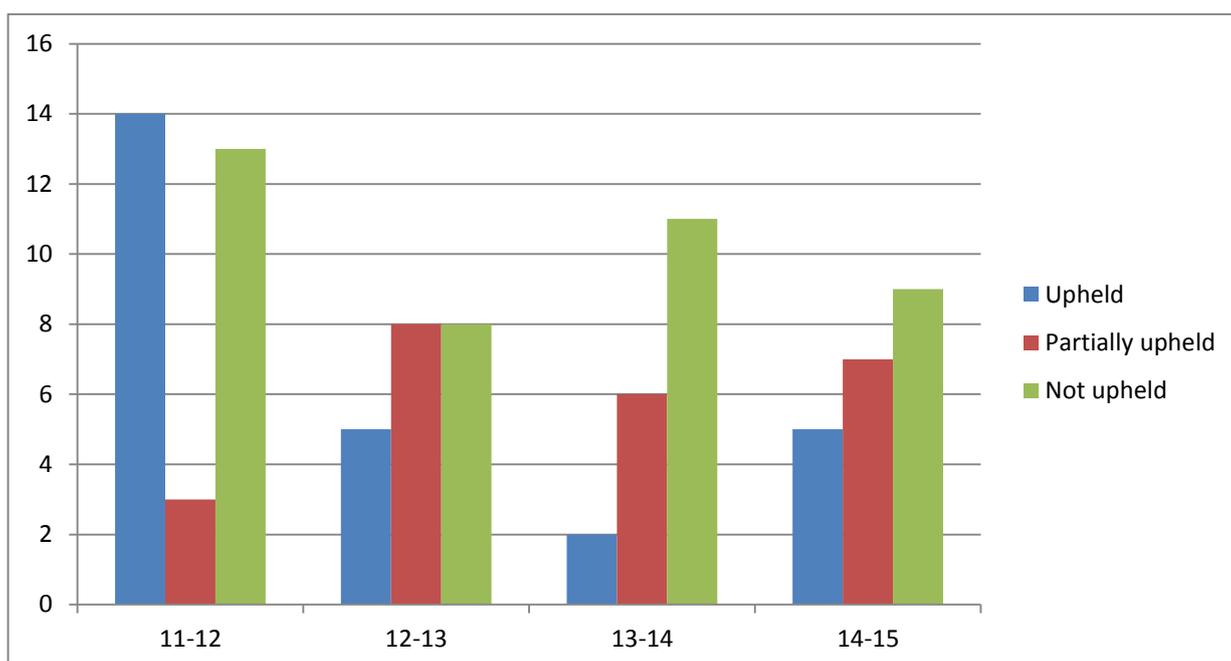


## Outcomes from complaints

An outcome is what happens after a complaint has been investigated and concluded. There are 4 potential outcomes for a complaint; upheld, partially upheld, or not upheld.

The chart below shows that in 2014-15, of the 21 complaints received, 9 complaints were not upheld, 7 complaints were partially upheld and 5 complaints were upheld. This compares with 2013-14 where 11 complaints were not upheld, 6 complaints were partially upheld and 2 complaints were upheld.

Chart showing the outcomes of complaints over the last 4 years



### **Local Government Ombudsman (LGO)**

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

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

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

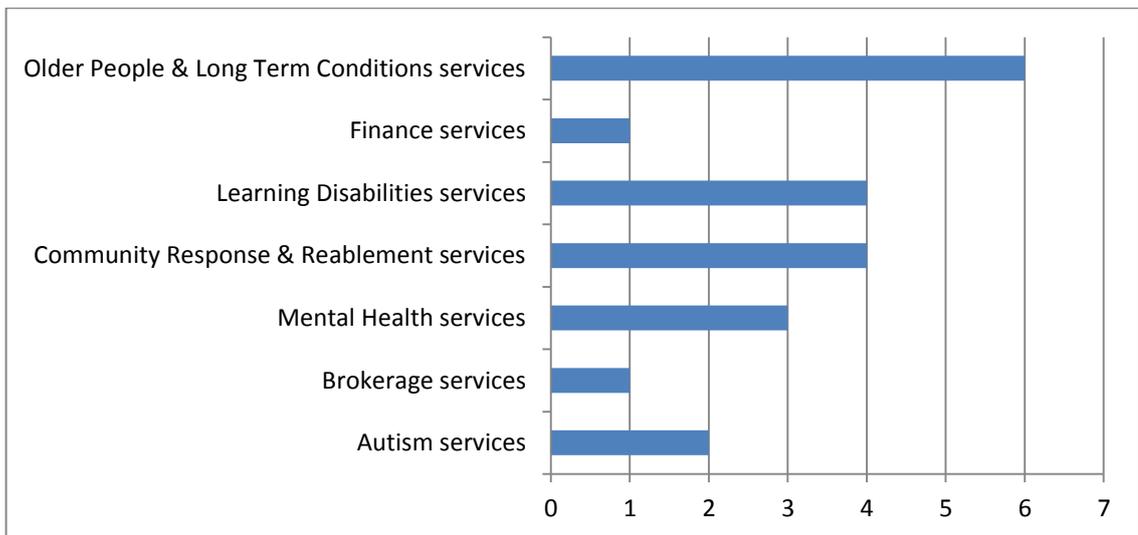
There were no complaints referred to the LGO during 2014–2015 through the ASC Statutory Complaints procedures. One complaint was referred to the LGO through Corporate procedures, which is ongoing at the time of writing this report.

## **Complaints received by services, nature and equality strand**

### **Complaints received by services**

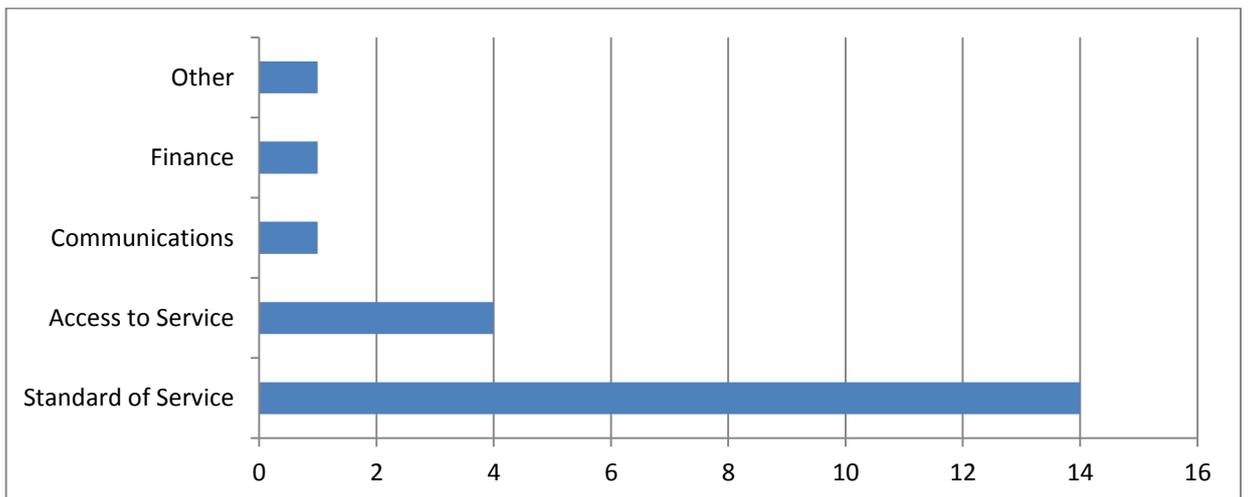
The chart below shows how complaints received by ASC services are distributed across each service.

*The chart below shows the distribution of complaints across services*



### **Nature of complaints received**

The chart below shows the distribution of complaints by nature of complaint. .



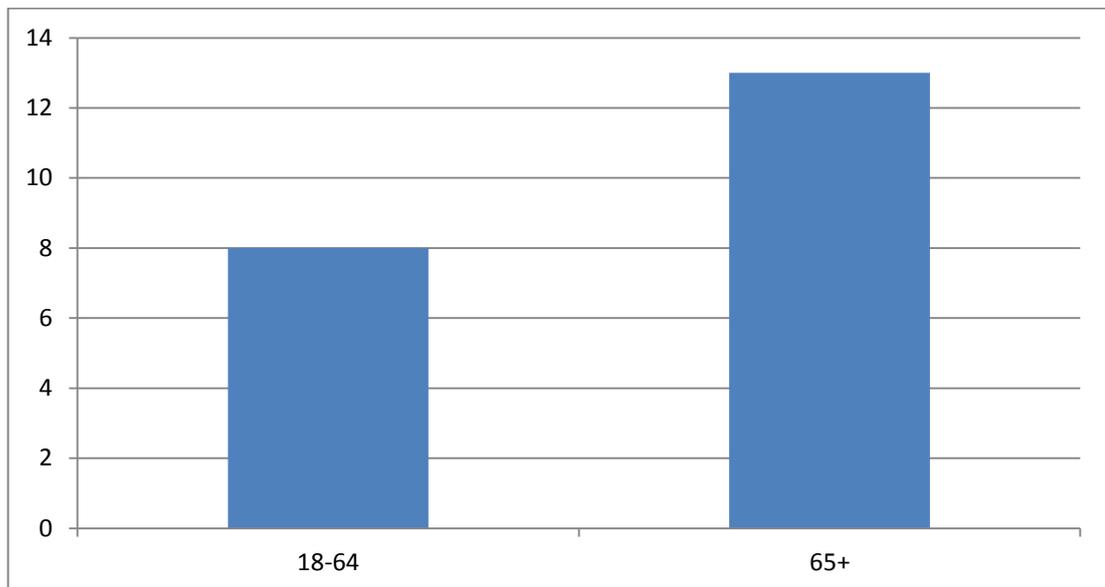
### ***Complaints by equality strand***

Distribution of complaints has been shown by 6 of the 9 equality strands as follows:

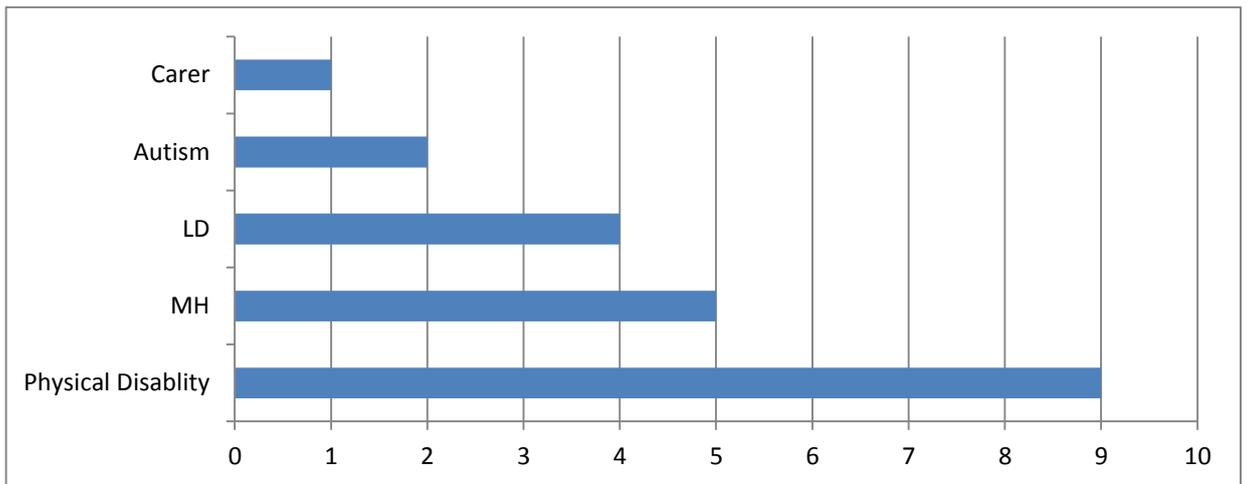
- Age
- Disability
- Gender
- Ethnicity

No information has been included on complaints by Marriage and Civil Partnership, Religion and Belief, Gender Re-assignment, Pregnancy and Maternity or Sexual Orientation since insufficient information is held on these strands.

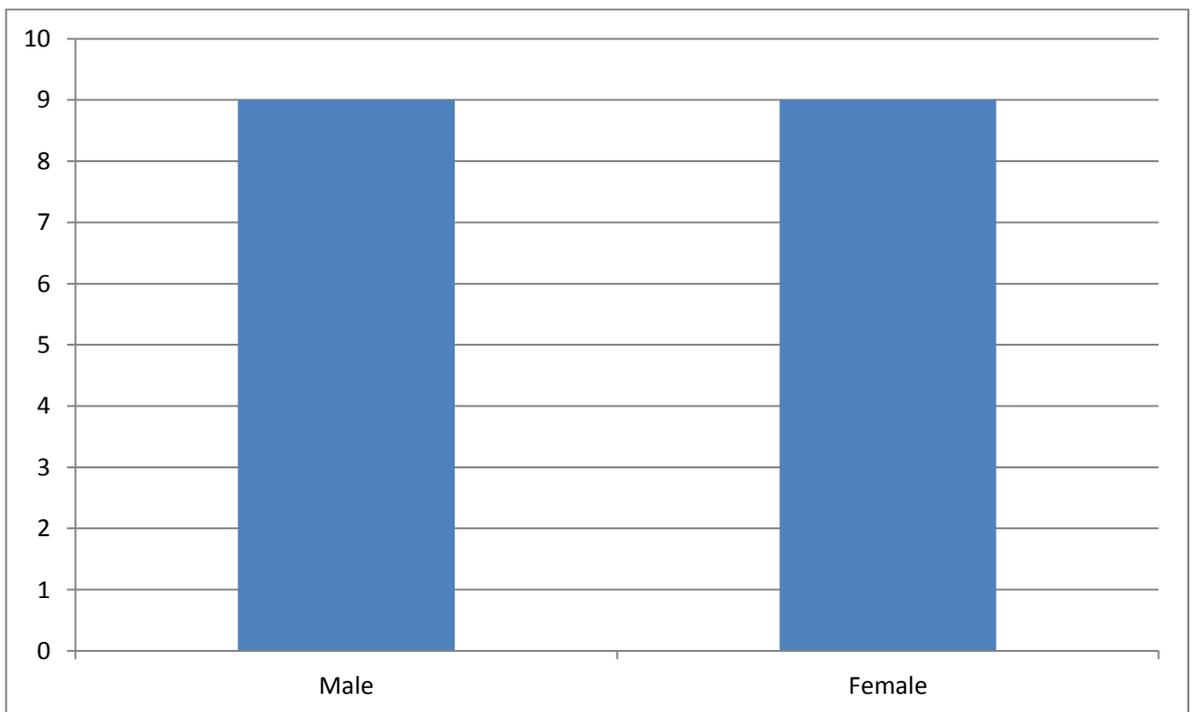
*The chart below shows the distribution of complaints by age*



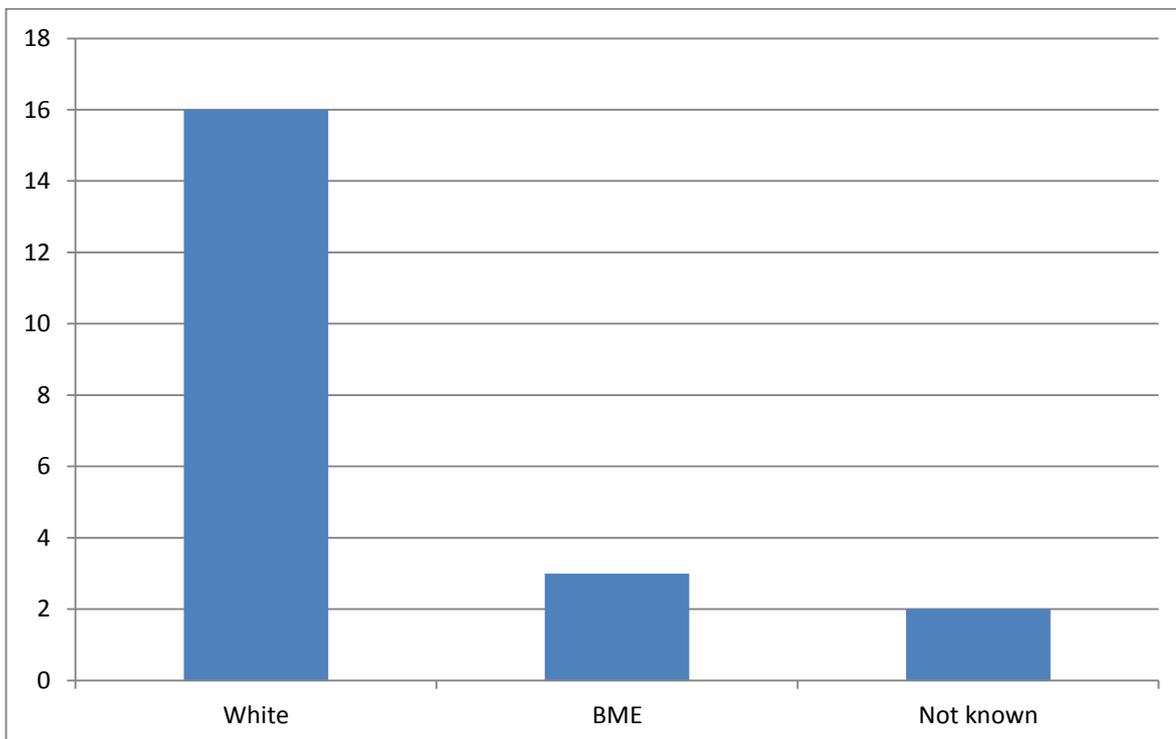
*The next chart shows the distribution of complaints by disability*



*The chart below shows the distribution of complaints by gender*



*The next chart shows complaints received by ethnicity*



### ***Cost of complaint investigations***

The total cost of the Complaints function for 2014-15 was £13,380. The cost of independent investigations for this period is £4,008.

In addition to this, there are costs in management time where complaints are investigated by Managers.

### ***MP enquiries***

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

There were 9 MP enquiries received in 2014-15 compared to 24 received in 2013-14.

## ***Staff Training***

All new staff in ASC receive initial training on the ASC complaints procedures, and how to respond to and record a complaint when it is first received. Refresher training is provided to staff as and when required.

## ***Good Practice in Complaints Management***

An important part of the complaints function is to ensure that the processes remain transparent and robust.

- Speedy responses help to prevent escalation of issues which may have resulted in a complaint. As stated in the legislation; if a matter is dealt with within 24 hours to the satisfaction of the complainant, then it is not required to be logged as a complaint.
- Good communication channels between the complaints function and the business ensure that the Complaints Manager is kept abreast of current investigations, enabling the Complaints Manager to ensure that the relevant policies and procedures are being adhered to.

## ***Learning from complaints***

Learning from complaints is an important aspect of the complaints process. The following are some examples of where practice or process recommendations have been made following complaint investigations and findings in 2014-15:

- There has been a review of procedures to ensure that there is a lead named worker co-ordinating a persons care and support
- A more robust supervision structure has been implemented for locum Social Workers working within our teams to be developed to monitor and support their work and understanding of services that we provide
- Improved communication has taken place between all ASC teams, including the Hospital In-reach Team and the Community Mental Health Team for Older Adults to be implemented
- A pathway has been developed for people that use services which does not require hand-offs between different teams. This feeds in to work that is already underway to address this
- ASC have ensured that everybody who funds their own care and support, but chooses to have the Council arrange it for them, are clear on all the implications, and the responsibilities of all parties so that an informed choice can be made
- That staff are clear on expectations regarding communications, and recording communication clearly so there can be no doubt about what information people have been given

- A review of the Recording Policy has taken place to incorporate timescales for individuals to receive written copies of reviews and other documentation
- There has been a review of the role of staff undertaking reviews and how to ensure that any outstanding actions are taken forward and that individuals and their families are clear about who is taking responsibility for co-ordinating and communicating the outcomes to all significant people
- When staff in ASC have been contacted regarding outstanding queries, there is explicit agreement about who will be contacting the person and a timescale for this to happen

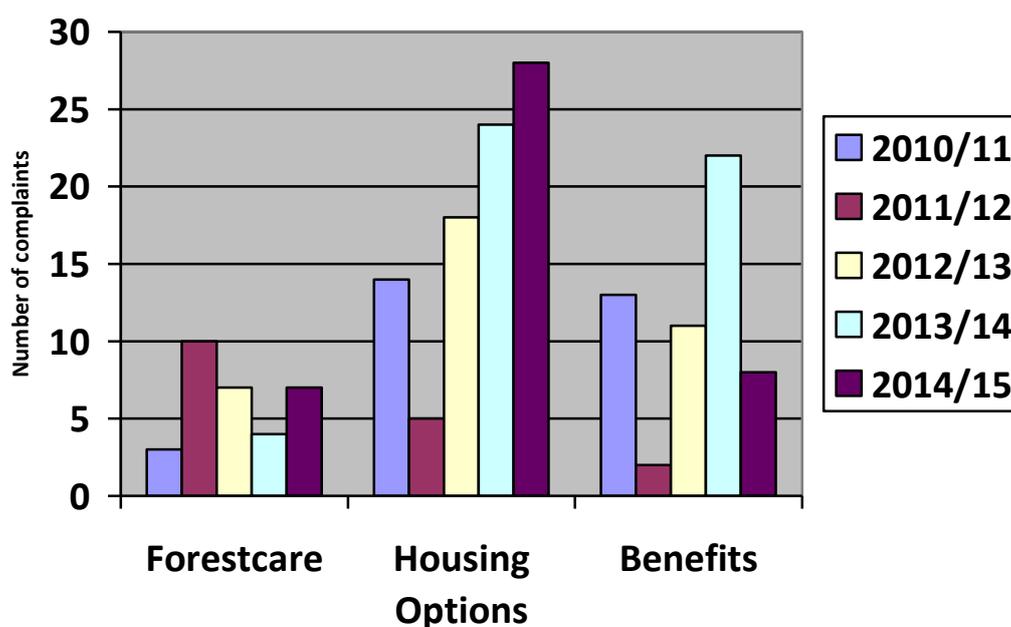
**Adult Social Care, Health & Housing  
Housing Service -  
Complaints and compliments  
2014-2015**

This is the annual complaints report for the Housing Service for 2014/15. There is no statutory requirement guiding the management and reporting of complaints as is the case with Adult Social Care. The Housing Service follows the Council's Corporate Complaints Policy. Therefore, the Housing Service complaints are addressed and resolved within the corporate time scales.

Detail of complaints

There were a total of 43 complaints in 2014/15 compared to 49 in 2013/14. There was a 75% increase in Forest care complaints although the number of complaints is very small in the first place. Housing options service has experienced a 14% increase in complaints and the welfare / benefits service experienced a 64% decrease in complaints. It is worth recognising that overall the service provides services to a total of at least 10,000 customers a year so the number of complaints received from the potential customers is small.

**Housing Service Complaints 2010-2015**



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

	Housing Options	Welfare Benefits	Forest care
<b>Dispute decision</b>	6	6	1
<b>Unhappy with advice</b>	5	2	0
<b>Complaining against behaviour of staff</b>	6	0	0
<b>Complaint about quality of accommodation</b>	1	0	0
<b>Complaint against service provided</b>	9	1	6

The following table sets out the stages that each complaint reached

Stage 1	Stage 2	Stage 3	LGO
19	22	4	1

#### Distribution of complaints by equality strand

The nature of the Housing Strategy & Needs complainants by equality strand is as follows:

Ethnicity	Age
White British total 22	18-34 total 9
Asian British Indian total 1	35 -49 total 7
Black British African total 2	50-64 total 2
White other total 2	65-90 total 1
Not know total 1	Not known total 9

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

Ethnicity	Age
White British total 5	50-64 total 1
Indian total 1	65-79 total 1
Not know total 1	80-90 total 4

	Not known total 1
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The nature of the Benefit complaints by equality strand is as follows:

<b>Ethnicity</b>	<b>Age</b>
White British total 1	18-34 total 3
White other total 1	35 -49 total 3
Not known total 6	50-64 total 1
	Not known total 1

### Outcomes from complaints

Of the 43 complaints received in 2014-15, 4 were upheld, 16 were partially upheld and 23 were not upheld.

### Learning from complaints

The reason for the highest number of complaint is against the service. An example of the type of complaint this covers is that customers are not satisfied with the extent of service offered. Once the complaint is investigated it is not that the wrong level or quality of service has been provided it is that the customer has expectations of a different service. Staff will encouraged to more clearly set out the options available to customers at the outset so that customers are clear about the assistance the Council can offer. The second highest reason for customers to complain is to dispute a decision we have made. In all cases the complaint has not been upheld which once again points to customers' expectations exceeding the service the Council offer. Staff have recently received training so that they are better equipped to provide information to customers which customers may find difficult to receive. This may mitigate the extent of such complaints in the future.

### Compliments

There were 63 compliments in total in 2014-15. This was made up of 38 Housing/ Benefit compliments and 25 compliments for the Forest care Service. In addition both service areas undertake customer satisfaction surveys. In 2014/15 a review of welfare and housing services took place at reception at Time Square in the first quarter and 78% of customers scored the service 10 out of 10 , 17% 9 out of 10 and 5% 8 out of 10. The Forest care survey found that 97.8% of customers who responded were satisfied with the service.

### MP enquiries

The Housing Service received 25 MP enquiries on behalf of Bracknell Forest constituents in 2014/15. This included 18 housing enquiries and 7 benefit enquiries.

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL  
16 JUNE 2015**

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## **REVIEW TOPIC AND WORKING GROUP**

### **1 PURPOSE OF REPORT**

- 1.1 This report invites the Panel to select its next policy review topic and establish a working group to undertake the review with reference to the attached Panel Work Programme for 2015/16.

### **2 RECOMMENDATION(S)**

- 2.1 **That the Panel selects a policy review topic and establishes a working group to undertake the review.**

### **3 REASONS FOR RECOMMENDATION(S)**

- 3.1 To agree arrangements in respect of the Panel's next piece of policy review work.

### **4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 None.

### **5 SUPPORTING INFORMATION**

- 5.1 The Panel's 2015/16 Work Programme is attached at Appendix 1 to facilitate selection of the next review topic and working group membership.

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

- 6.1 Not applicable.

#### Background Papers

None.

#### Contact for further information

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Andrea Carr – 01344 352122  
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## APPENDIX 1

**2015/16 Overview and Scrutiny Work Programme**

The proposed work programme for O&S in 2015/16 is shown on the following pages. The programme is aimed at maintaining a strategic and co-ordinated work programme based on major areas of Council and partner organisations' activity. The review topics take account of what is likely to be timely, relevant, and to add value. The programme incorporates the routine, on-going work of O&S and the completion of reviews currently underway.

The O&S Commission has consulted the O&S Panels, the Council's Corporate Management Team and the Executive on the work programme, as required by the Council's Constitution.

The work programme will necessarily be subject to continual refinement and updating. The 'future possible reviews' are those which are unlikely to be resourced until 2016/17 or later.

<b>ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL</b>	
1.	<p><b>Monitoring the performance of the Adult Social Care, Health and Housing Department</b></p> <p>To receive an introductory briefing on the role of the Adult Social Care, Health and Housing Department, with reference to their service plan for 2015/16.</p> <p>To include on-going review of the Quarterly Service Reports, receiving statutory plans and reports (such as the annual reports on complaints received), monitoring the action taken by the Executive to earlier reports by the Panel, and being briefed on the progress of any significant developments (such as the Care Act).</p>
2.	<p><b>Exercising pre-decision scrutiny by reference to the Executive Forward Plan</b></p> <p>To selectively contribute to the formulation of new policies in advance of their consideration by the Executive. To include forming a Working Group to make an input to the preparation of the new Housing Strategy.</p>
3.	<p><b>2016/17 Budget Scrutiny</b></p> <p>To review the Council's Adult Social Care and Housing budget proposals for 2015/16, and plans for future years.</p>

<b>2015/16 WORKING GROUPS</b>	
<b>Adult Social Care and Housing O&amp;S Panel</b>	<p><b>Older People's Housing / or Affordable Housing</b></p> <p>A review of a substantive housing issue, the review topic to be chosen following the input to the update of the Housing Strategy (see above). Possible topics might be either Older People's Housing (with the Clement House development as a possible case study) or the provision of Affordable Housing.</p>

<b>FUTURE POSSIBLE REVIEWS</b> (Unlikely to be resourced until 2016/17 or later)	
<b><u>Adult Social Care and Housing</u></b>	
1.	<b>Forestcare</b>  A review of the lifeline alarms and other services provided under Forestcare.
2.	<b>Housing Supply</b>  To review the response by the Council and its partners to increasing pressure in the housing market, particularly in regard to assisting home ownership, and the provision of affordable housing.

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL  
16 JUNE 2015**

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## **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**

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

<b>REFERENCE:</b>	I054277
<b>TITLE:</b>	Local Council Tax Benefit / Reduction Scheme
<b>PURPOSE OF REPORT:</b>	Proposals to submit for consultation to amend the Council's current Local Council Tax Benefit / Reduction Scheme.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	21 Jul 2015
<b>FINANCIAL IMPACT:</b>	Contained within existing resources.
<b>CONSULTEES:</b>	Local Council Tax Benefit/Reduction Scheme customers and the wider community.
<b>CONSULTATION METHOD:</b>	The report will seek agreement to the consultation process..

Unrestricted

<b>REFERENCE:</b>	I052372
<b>TITLE:</b>	Implementation of the Care Act
<b>PURPOSE OF REPORT:</b>	To approve the approach to implementing the next phases of the Care Act.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	21 Jul 2015
<b>FINANCIAL IMPACT:</b>	No direct financial impact as a result of the approach.
<b>CONSULTEES:</b>	Professional partners
<b>CONSULTATION METHOD:</b>	Through discussion at meetings and comments on draft papers.

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

<b>REFERENCE:</b>	I054237
<b>TITLE:</b>	Bracknell Forest Sensory Needs Strategy
<b>PURPOSE OF REPORT:</b>	The Bracknell Forest Sensory Needs Strategy sets out the needs of people with sensory needs living in Bracknell Forest and identifies priorities for support. This Strategy covers 2015 – 2020.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	26 Jan 2016
<b>FINANCIAL IMPACT:</b>	Within existing budget
<b>CONSULTEES:</b>	<p>People who have sensory needs (including people who are Blind, have Low Vision, are Deaf, Hard of Hearing, Deafblind or have Dual Sensory Needs).</p> <p>People who care for people with Sensory Needs.</p> <p>Voluntary organisations supporting people with Sensory Needs.</p> <p>Practitioners supporting people with Sensory Needs.</p>
<b>CONSULTATION METHOD:</b>	<p>Public Sensory Needs Conference</p> <p>Presentations at local related voluntary groups</p> <p>Consultation questionnaire available on website, in Braille, emailed, paper-copy and to be completed over the phone.</p> <p>Feedback received in British Sign Language – translated and transcribed.</p>

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