



## **NOTICE OF MEETING**

**Adult Social Care and Housing Overview & Scrutiny Panel  
Tuesday 15 September 2015, 7.30 pm  
Council Chamber, Fourth Floor, Easthampstead House, Bracknell**

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

Councillor Harrison (Chairman), Councillor Allen (Vice-Chairman), Councillors Mrs Angell, Finch, Finnie, 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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Published: 3 September 2015



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Bracknell**

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**AGENDA**

Page No

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

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

**2. MINUTES AND MATTERS ARISING**

To approve as a correct record the minutes of the meeting of the Adult Social Care and Housing Overview and Scrutiny Panel meeting held on 16 June 2015.

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

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

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

**4. URGENT ITEMS OF BUSINESS**

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

**5. PUBLIC PARTICIPATION**

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

## **PERFORMANCE MONITORING**

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

To consider the latest trends, priorities and pressures in terms of departmental performance as reported in the QSR for the first quarter of 2015/16 (April to June 2015) relating to Adult Social Care and Housing. An overview of the second 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.*

### **7. BRACKNELL FOREST SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2014/15**

To consider the attached Safeguarding Adults Partnership Board Annual Report 2014/15.

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## **OVERVIEW AND POLICY DEVELOPMENT**

### **8. IMPLEMENTATION OF THE CARE ACT 2014**

To receive a briefing in respect of the implementation of the Care Act 2014.

### **9. WORKING GROUP UPDATE REPORT**

To receive an update in respect of the working group of the Panel reviewing the Council's Homelessness Strategy.

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## **HOLDING THE EXECUTIVE TO ACCOUNT**

### **10. EXECUTIVE KEY AND NON-KEY DECISIONS**

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

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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 19 January 2016.

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**ADULT SOCIAL CARE AND HOUSING  
OVERVIEW & SCRUTINY PANEL  
16 JUNE 2015  
7.30 - 8.48 PM**



**Present:**

Councillors Harrison (Chairman), Allen (Vice-Chairman), Mrs Angell, Finch, Mrs McCracken, Ms Merry, Peacey and Mrs Temperton

**Executive Member:**

Councillor D Birch

**Apologies for absence were received from:**

Councillor Finnie

**1. Election of Chairman**

**RESOLVED** that Councillor Harrison be elected Chairman of the Adult Social Care and Housing Overview & Scrutiny Panel for the municipal year 2015/16.

**COUNCILLOR HARRISON IN THE CHAIR**

**2. Appointment of Vice Chairman**

**RESOLVED** that Councillor Allen be appointed Vice-Chairman of the Adult Social Care and Housing Overview & Scrutiny Panel for the municipal year 2015/16.

**3. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Adult Social Care and Housing Overview & Scrutiny Panel held on 24 March 2015 be approved as a correct record, and signed by the Chairman, subject to the following amendment:

- Minute 45: under the second bullet point, remove the phrase 'There was a possible limit of £160,000'.

**4. 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.

**5. Public Participation**

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

**6. Director's Introductory Briefing and Service Plan 2015/16**

The Interim Director of Adult Social Care, Health and Housing gave an introductory briefing to work being undertaken by the Department and the Service Plan 2015/16.

Legislative Reform 2015 included a focus on prevention and wellbeing, duties on information and advice, duty on market shaping, minimum threshold for eligibility, assessment including carers assessments, personal budgets, care/support plans, safeguarding boards, and universal deferred payments.

Funding Reform in 2016 included a focus on extended means test (an increase in the assets someone owns before they have to pay for care), a capped charging system of £72,000, care accounts, and a new complaints system.

Looking forward, implementation was scheduled for April 2015 for legislative reform and for 2016 for funding reform. The Care Act Programme Board would have senior officers from Adult Social Care and Corporate (Finance and Legal). A detailed programme was being created with the Head of Performance and Resources as programme manager. There would be work stream leads from commissioning, finance, IT, and practitioners.

The Service Plan 2015/16 was a delivery mechanism for statutory functions and a plan for how to achieve strategic objectives. There would be updates on the Service Plan on a quarterly basis and an annual report on what the Department had delivered over the previous 12 months. The annual report doubled as the Local Account; there was a programme of improvement and the Local Government Association (LGA) required the Local Account to be published. The Service Plan included a mission statement with key themes on, for example, personalisation and prevention.

The Care Act was a major piece of legislation and complex with all community care, other than for mental health, under new statutory guidelines. It included the role of the Care Quality Commission and was driven by the Francis Report. There would be a major new framework and there was a national minimum criterion in relation to eligibility. More information regarding the Act was available on the Council's website.

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

- There were plans to address the current staffing levels in the Emergency Duty Service and Bracknell Forest had been in contact with the other local authorities in Berkshire to agree a new specification for a service to serve all six local authorities. The aim was for there to be more permanent members of staff.
- Minimum threshold eligibility was previously classed as critical, substantial, moderate or low, but there was now a new national definition. Need in Bracknell Forest was mainly classed as critical and substantial but the need varied among local authorities and interpretations varied. There was focus on moderate and low need as well.
- There was evidence that provision for low level need helped to prevent higher levels of need. There were befriending services in Bracknell Forest and work was undertaken with the Red Cross and Age Concern, including prevention work in relation to wellbeing.
- There was a wide range of needs in Bracknell Forest and needs were met to the same level as public resource.
- If a customer decided that they no longer wanted a life service system from Forestcare, they were sent an envelope in which to return the device.

## 7. **Quarterly Service Report (QSR)**

The Panel considered the latest trends, priorities and pressures in terms of departmental performance as reported in the Quarterly Service Report (QSR) for the

fourth quarter of 2014/15 (January to March 2015) relating to Adult Social Care and Housing. An overview of Quarter 1 for 2015/16 was provided.

The Head of Performance and Resources for Adult Social Care, Health and Housing gave a presentation on the QSR. QSRs were slightly out of date, by approximately three months, when they were received at Overview and Scrutiny meetings but a Forward Look was provided to bring Panel members up to date.

The Chief Officer: Older People and Long Term Conditions commented on this area of work in the Department. There had been a training day in relation to crisis response and more joined up working and looking at areas to avoid duplication of work. There had been a volunteer day to encourage recruitment of volunteers to look after people held in custody and initiatives in relation to support for unpaid carers. There was a need to think about winter pressures early on and many demands were met by acute trusts. There was a new specification for Bridgewell Intermediate Care Centre and a consultation regarding this was open at present.

The Head of Performance and Resources for Adult Social Care, Health and Housing gave an update on the area of Adults and Joint Commissioning. Awareness raising, prevention and self-care events were a focus at present and there was more information regarding this on the Council's website <http://www.bracknell-forest.gov.uk/selfcare>. Winter messages to members of the public were due to be delivered at the end of September 2015 and would include, for example, the appropriate benefits of pharmacies. The week this meeting was held was Learning Disability Awareness (LDA) Week <http://www.bracknell-forest.gov.uk/selfcarelda> and people would be at Princess Square shopping mall in Bracknell town centre talking about healthy eating and healthy living. There would be a market stall dedicated to LDA Week on Friday in the town centre.

The Chief Officer: Housing gave an update on this area in the Department. A planning application for Amber / Regency House was due to be submitted by the end of September 2015. There had been an exchange of contracts with Thames Valley Housing (TVH) and TVH would now proceed with this work. The site would not be completed until after 4 July 2016 as funding for the site would not be received until this date. A local housing company had been established and needed to be developed with a business plan. A report on the Local Council Tax Benefit Scheme was due to be considered by the Council's Executive in July 2015 for permission to undertake a consultation. In relation to the Forestcare IT system, information was fed back to the Commercial Centre so that there was not a need to undertake this work twice.

There would be a report considered by the Council's Executive on 23 July 2015 on the implications for Adult Social Care changes arising out of the Care Act. The Finance and IT Departments were focusing on changes to the IT systems needed for the next stage of the Care Act. The Human Resources (HR) Team would be assisting Chief Officers with the implementation of the Workforce Strategy. E-monitoring involved a telephone call when a carer arrived at a property and a telephone call when a carer left a property, and there had been challenges with some aspects of this. The Quality and Family Portals would show how often the same care worker was sent to the same person and how often they were on time. The Quality Portal would show the reliability of companies and the Family Portal would show families in real time whether a care worker attended a family member.

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

- Panel members requested information by e-mail on events from the Adult Social Care, Health and Housing Department, so that they may possibly be involved.
- The Emergency Duty Service (EDS) required volunteers to apply for a role and they would undertake a DBS (Disclosure and Barring Service) Check. EDS covered the whole of Berkshire, so volunteers would be sought from outside the area as well. The Adult Social Care, Health and Housing Department was regularly contacted by and had good links with corporate organisations offering volunteers.
- There was a constant turnover of staff and a focus on quality of service and permanency of staff but there was a national shortage of social workers, which meant an ongoing reliance on agency workers. This number was roughly constant but fluctuated slowly over time, however, the number did not vary much on year on year comparison.
- The Chairman requested that any particular questions regarding the QSR be directed to the Scrutiny team in advance of the meeting where possible to allow for answers to be obtained.
- A workforce review had taken place over the past year and a certain level of posts were kept vacant in order for there to be employment opportunities for existing staff if there was redeployment or restructure. It was common to have around the current 12% level of vacancies in Adult Social Care and Housing. It was up to Directors to maintain an adequate level of service.

#### 8. **Adult Social Care Annual Report 2014/15**

The Head of Performance and Resources for Adult Social Care, Health and Housing presented the Adult Social Care Annual Report (Local Account) for 2014/15.

The Department had been producing a Local Account for five years and the Bracknell Forest version of the Local Account had been cited as a good version in terms of accessibility and being easy to read. There were podcasts / videos attached to the written version and liaison had been undertaken with partnership boards to consult on the content of the document. There were different teams and functions and videos on each of the priorities. There was a focus on the right care accommodation for people and statistics were highlighted, for example, 100% of people receiving care through the Council were now supported in a personalised way and there had been a reduction in the number of people in residential care.

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

- Members had suggested changes to the report which was due to be considered by the Executive in July and these changes would be incorporated in the report, including what would be done next year.
- Bracknell Forest continued to have the best statistics in enabling people to come home from hospital safely. There were three hospitals near to Bracknell Forest so this would always be a challenge. Time had been spent working on providing the right support to enable people to leave hospital promptly and it was expected that this would improve.
- Health and social care delays could include waiting for a health care assessment. The number of people being processed had been gradually increasing.
- The top reasons for people entering hospital included respiratory problems and falls. Much work was being undertaken by the three acute trusts on winter support and prevention. There was a joined up service for the elderly and work had been undertaken to provide rapid access to care where needed.



The town centre regeneration was an opportunity to engage with new companies early in relation to becoming a dementia friendly community.

- There was an out of hours GP service and longer opening times for GP surgeries. There was a health infrastructure task and finish group. The Executive Member for Adult Social Care, Health and Housing commented that the capacity in the primary care system was not good at present and population included the highest retirement rate ever. There was an out of hours service in Bracknell Forest but other local authority areas were not as fortunate. The first integrated meeting with NHS England, the CCG (Clinical Commissioning Group) and Bracknell Forest was due to take place to start the process of similar provision in other local authority areas. Work would be undertaken to look at hot spots for GP needs. There was enough capacity in Bracknell Forest at present but there were concerns about future needs.
- The Health Overview and Scrutiny Panel had undertaken some work on GP capacity and a representative of NHS England had been invited to a meeting of that Panel and questioned on this topic.

The Chairman commented on the report being well written.

#### 9. **Annual Complaints Reports 2014/15 for Adult Social Care and for Housing**

The Head of Performance and Resources for Adult Social Care, Health and Housing presented the Annual Complaints Report 2014/15 for Adult Social Care and for Housing.

There was a statutory complaints process for Adult Social Care, and for Children's Social Care. Complaints and compliments were recorded and the number of complaints remained fairly static. There were examples in the report of learning from complaints to reduce the likelihood of a similar complaint again.

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

- Some of the automatic entitlements for blue badges had been changed and more people needed to be assessed to see if they met the criteria.
- There was an appeal system for application of blue badges.

#### 10. **Next Review Topic / Working Group**

The Chairman of the Adult Social Care and Housing Overview and Scrutiny Panel commented on the next review topic / working group item. There had been less capacity at the end of the last municipal year to undertake further review work but suggested areas for review included: older people's housing or affordable housing policy, Forestcare alarm system, pressure on the housing market.

The Chief Officer: Housing suggested a review of homelessness as the Homelessness Strategy was due to be developed this year.

Panel members agreed to establish a working group on homelessness and the following Members agreed to be part of the working group: Councillors Mrs McCracken, Mrs Angell, Peacey, Ms Merry, and Mrs Temperton.

This topic would need to be agreed through the Overview and Scrutiny Commission before the working group could commence work on it, the next meeting of the Commission was due to be held on 9 July 2015. The Chairman offered to speak to the Chairman of the Overview and Scrutiny Commission about this.

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

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

The Chairman requested if the report on the Care Act to be considered by the Council's Executive in July 2015 could be circulated to Panel members for comments before the Executive meeting.

**CHAIRMAN**



# QUARTERLY SERVICE REPORT

## ADULT SOCIAL CARE, HEALTH AND HOUSING

Q1 2015-16  
April – June 2015

Portfolio holder:  
Councillor Dale Birch

Director:  
John Nawrockyi

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## Section 1: Director's Commentary

There was significant activity in quarter 1 with both ongoing projects and decisions made by the Executive occupying the department.

Adult Social Care are currently six weeks into the delivery of the first phase reforms introduced by the Care Act 2014. After many months of careful preparation and training the transition has gone well - seamlessly and without disruption. This has been the result of a significant collective effort.

The Better Care Fund programme continues to launch or monitor the Schemes shown below:

- *Integrated Care Teams. The project has been strengthened by the signing of a one year contract with Age UK Berkshire*
- *Intermediate Care Strategy & Service Development. An options paper is due at the end of July 2015*
- *Prevention & Self-Care. This month will see events and communications for Diabetes Week and Learning Disability Week*
- *Falls Prevention. A FallsFree4Life awareness campaign is being run throughout June*
- *Rapid Access Community Clinic (including Falls Tier 3). The uptake of patients using the service in Bracknell Forest is greatly improved*
- *Care Home Quality. This is a project to improve quality in care homes and to reduce the amount of unplanned visits to hospital*
- *NHS Number as a unique identifier. This project aims to have 98% of all open records on LAS with NHS numbers by October 2015*
- *Integrated Respiratory Service. The pulmonary rehab service is open in Bracknell Forest*
- *East Berkshire Integrated Records Project. This project is about sharing data between the NHS providers and social care and the pilot is now underway*

The Workforce Development project is nearing the end of the extended consultation. Work has included a collaborative workshop between staff and managers to develop operational principles and solutions. After the consultation, collation of feedback will take place and a further response will follow.

Other developments within the project include a program of training to support workforce developments, and business process workshops and a range of practice guidance for staff.

Two reports were approved by the Executive in June, namely the Adult Social Care annual report 2014-15 (accompanied by two video podcasts showing two key outcomes within Adult Social Care and Health), and the Annual Complaints report for Adult Social Care 2014-15.

The Council exchanged contracts for the purchase of Amber House and Regency House in Market Street, Bracknell. The sale contract is conditional on securing satisfactory planning permission with the eventual purchase price being determined by the number of units that will be developed. At the same time as exchanging contracts with the vendor the Council exchanged contracts with Thames Valley Housing

Association (TVHA) whereby the Council's obligations under the sale contract are transferred to TVHA.

The Council acquired four properties to provide as temporary accommodation for homeless households during the first quarter under the temporary to permanent programme and three properties were taken into lease.

In Public Health, the FallsFree4Life falls prevention service has recently been launched and can be accessed by anyone aged over 65 living in Bracknell Forest concerned that they are at risk of falling. Bracknell Forest residents can make an appointment at their home for a falls risk assessment with one of the wellness coaches.

The Public Health team have also been nominated for two further national awards. The "What's in your Glass?" alcohol harm reduction campaign made the final of the Public Health Initiative of the Year Award, and the stop smoking service programme was announced as the overall winner of the Municipal Journal Public Health Partnerships Award.

Delivery against actions in the Service Plan is looking strong. Of the 64 actions, 63 are On Target (Green) and one action is Potentially Delayed (Amber).

One Housing indicator is showing red, L178. The number of household nights in B&B across the quarter remains high. Additional temporary accommodation is in the pipeline but has not been completed by 30<sup>th</sup> June, 2015.

Three Adult Social Care indicators are showing red, L214, OF2c.1 and OF2c.2. All three are regarding delayed transfers of care and the performance reported is for the period April to May. June's data will be published by the Health and Social Care Information Centre on 13<sup>th</sup> August, 2015. However, it is acknowledged that there are significant challenges in supporting people leaving hospital in a timely manner, including market capacity issues.

Two Adult Social Care indicators, OF1f and OF1h, are still awaiting data. This is published by the Health and Social Care Information Centre and June's data will not be made available until 22<sup>nd</sup> September, 2015.

Every quarter the department reviews its risks in the light of events. It became apparent during the early part of the quarter that domiciliary care providers were struggling to meet demand, increasing the risk of the market becoming unsustainable, with providers unable to recruit sufficient staff. The authority has reviewed its pricing model to ensure the price paid is sufficient to retain current providers, recruit new providers, and for providers in turn to be able to recruit more staff.

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

In quarter 1, Adult Social Care services received four complaints of which two were upheld and two were ongoing within timescales.
























This compares to the previous quarter where three complaints were received, of which one was partially upheld and two were not upheld. There were 17 compliments received, which compares to 18 compliments received in the previous quarter.

In Housing services there were a total of six new complaints during the first quarter. Of these, three new complaints were received at stage 2 and one through the local government ombudsman. Of the stage 2 complaints, one was partially upheld and two were upheld. The complaint via the local government ombudsman was not upheld.





















This compares to the previous quarter where there were nine new complaints received at stage 2, and three received at stage 3. Of the stage 2 complaints, one was upheld, five were partially upheld and three were not upheld. Of the stage 3 complaints, one was partially upheld and two were not upheld.

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


## Section 2: Department Indicator Performance

Ind Ref	Short Description	Previous figure Q4 2014/15	Current figure Q1 2015/16	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)	40.4%	10.9%	10.0%		
OF2a.1	Permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	2.7	0.0	1.7		
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	392.1	93.4	149.2		
L172	Timeliness of financial assessments (Quarterly)	97.5%	100%	95%		
L199	Average time to answer Emergency Duty Service calls (Quarterly)	30s	31s	40s		-
L214	Delayed transfers of care (delayed bed days) from hospital per 100,000 population (Quarterly)	861.6	752.0	593.5		
<b>Community Mental Health Team - Quarterly</b>						
OF1f	Proportion of adults in contact with secondary mental health services in paid employment (Quarterly)	13.6%	Data not yet available	13.0% TBC	-	-
OF1h	Proportion of adults in contact with secondary mental health services living independently, with or without support (Quarterly)	76.4%	Data not yet available	84.0% TBC	-	-
<b>Community Response and Reablement – Quarterly</b>						
OF2c.1	Delayed transfers of care - total delayed transfers per 100,000 population (Quarterly)	9.1	14.4 (Apr-May)	8.0		
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care per 100,000 population (Quarterly)	3.9	7.8 (Apr-May)	5.0		
L135.1	Percentage of Enhanced Intermediate Care Referrals seen within 2 hours (quarterly)	97.1%	100%	95%		
L135.2	Occupational Therapy (OT) assessments that were completed within 28 days of the first contact (Quarterly)	98.9%	99.0%	90%		
<b>Community Team for People with Learning Difficulties - Quarterly</b>						
OF1e	Adults with learning disabilities in paid employment (Quarterly)	19.5%	16.7%	15.0%		
OF1g	Adults with learning disabilities who live in their own home or with their family (Quarterly)	88.8%	89.0%	85.0%		







Ind Ref	Short Description	Previous figure Q4 2014/15	Current figure Q1 2015/16	Current Target	Current status	Comparison with same period in previous year
<b>Housing - Benefits - Quarterly</b>						
NI181	Time taken to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	4.0	8.0	9.0		
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	95.5%	97.8%	98.0%		
<b>Housing - Forestcare - Quarterly</b>						
L030	Number of lifelines installed (Quarterly)	255	205	200		
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	98.9%	97.4%	97.5%		
L180	Time taken for Forestcare customers to receive the service from enquiry to installation (Quarterly)	4	5	10		
<b>Housing - Options – Quarterly</b>						
NI155	Number of affordable homes delivered (gross) (Quarterly)	76	9	0		
L178	Number of household nights in B&B across the quarter (Quarterly)	1,601	2,790	1,650		
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	78.26%	89.09%	85.00%		
<b>Public Health – Quarterly</b>						
L215	Delivery of NHS Health Checks (Quarterly)	1,261	786	400		
L216	Smoking cessation delivery rate of successful 4 week quitters (Quarterly)	198	Data not available until Q2	159	--	-
L217	Smoking quit success rate (Quarterly)	73.6%	Data not available until Q2	60.0%	-	-
L218	Completion rate of specialist weight management treatment programme (Quarterly)	202	137	50		

Note: Key indicators are identified by shading

Traffic Lights		Comparison with same period in previous year	
Compares current performance to target		Identifies direction of travel compared to same point in previous year	
On, above or within 5% of target		Performance has improved	
Between 5% and 10% of target		Performance Sustained	
More than 10% from target		Performance has declined	

The following are 2014-15 annual indicators that are being reported this quarter as data is now available:

Ind Ref	Short Description	2013/14 outturn	2014/15 outturn	2014/15 target	2014/15 status	Comparison with previous year
<b>Adult Social Care</b>						
OF1c.1	Proportion of social care clients receiving Self Directed Support (new definition)	Old definition	99.9%	98%		Cannot compare – different definitions
OF1c.2	Proportion of social care clients receiving Direct Payments (new definition)	Old definition	22.7%	No target set	N/A	Cannot compare – different definitions
OF2b	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	85.1%	75.8%	81.3%		
OF2d	Outcome of short-term services: sequel to service (new)	85.1%	90.3%	No target set	N/A	

The following are 2014-15 annual survey indicators that are being reported this quarter as data is now available. Targets are not set for these indicators.

Ind Ref	Short Description	2013/14 survey	2014/15 survey
<b>Adult Social Care – User Survey (annual)</b>			
OF1a	Social care related quality of life	18.8	18.8
OF1b	Proportion of people who use services who have control over their daily life	75.9%	78.7%
OF3a	Overall satisfaction of people who use the services with their care and support	64.8%	67.7%
OF3d.1	Proportion of people who use services who find it easy to find information about services	76.5%	75.7%
OF4a	Proportion of people who use services who feel safe	63.4%	68.1%
OF4b	Proportion of people who use services who say that those services have made them feel safe and secure	83.8%	84.0%

Ind Ref	Short Description	2012/13 survey	2014/15 survey
<b>Adult Social Care – Carer Survey (biennial)</b>			
OF1d	Carer-reported quality of life	8.5	8.1
OF3b	Overall satisfaction of carers with social services	50.4%	50.5%
OF3c	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	78.7%	72.9%
OF3d.2	Proportion of carers who use services who find it easy to find information about services	76.5%	70.0%

The following are 2015-16 annual indicators that are not reported this quarter:

Ind Ref	Short Description
OF1a	Social care related quality of life (Adult Social Care Survey)
OF1b	Proportion of people who use services who have control over their daily life (Adult Social Care Survey)
OF1c.1	Proportion of social care clients receiving Self Directed Support
OF1c.2	Proportion of social care clients receiving Direct Payments
OF2b	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
OF2d	Outcome of short-term services: sequel to service
OF3a	Overall satisfaction of people who use the service with their care and support (Adult Social Care Survey)
OF3d.1	Proportion of people who use services who find it easy to find information about services (Adult Social Care Survey)
OF4a	Proportion of people who use services who feel safe (Adult Social Care Survey)
OF4b	Proportion of people who use services who say that those services have made them feel safe and secure (Adult Social Care Survey)
L213	Satisfaction rates for calls to Emergency Duty Service (Biennially)
NI155	Number of affordable homes delivered (gross)

## Section 3: Compliments & Complaints

### Compliments Received

Twenty-nine compliments were received by the Department during the quarter, which were distributed as follows:

#### *Adult Social Care Compliments*

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

Team	Number
Community Response & Reablement	7 compliments
Blue Badges (Business Support)	5 compliments
Autistic Spectrum Disorder	2 compliments
Older People & Long Term Conditions	3 compliments

#### *Housing Compliments*

Twelve compliments were received in Housing.

Of the 12 compliments received nine were for Forestcare. The majority of the compliments refer to Forestcare calling paramedics to attend vulnerable people who were unwell or who had fallen. The welfare and housing compliments were from customers who had received a comprehensive service from their welfare and housing caseworker.

### Complaints Received

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

#### *Adult Social Care Complaints*

Four complaints were received this quarter in Adult Social Care.

Stage	New complaints activity in Q1	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	4	4	2 x upheld 2 x ongoing.
Local Government Ombudsman	0	0	-

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

One complaint was about CMHT services, one about OP&LTC services and two were about Autism services.

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

Six complaints were received in quarter one in Housing.

*The following tables exclude Stage 1 complaints and those complaints which are dealt with through separate appeals processes. It should also be noted that complaints which move through the different stages are recorded separately at each stage.*

Stage	New complaints activity in Q1	Complaints activity year to date	Outcome of total complaints activity year to date
New Stage 2	3	3	1 x partially upheld 2 x upheld
New Stage 3	0	0	
Local Government Ombudsman	1	1	1 x not upheld

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

Over half of the complaints made were made against the welfare and housing caseworker who was working with the customer. In the main those complaints were not upheld. However, training has been provided for staff concerning how to provide unwelcome news to customers.

There were complaints concerning timeliness of the service , one referring to the time spent in bed and breakfast and one concerning time taken to process housing benefit. In the former case the household spent ten weeks in B&B which, although too long, was in part due to delay in concluding the homeless investigation due to lack of information from the customer. In the second case the benefit claim was not processed due to software problems and subsequently a fix for the problem has been purchased.

## Section 4: People

### Staffing Levels

	Total Staff in Posts	Total Staff in Post		Total Posts FTE	Vacant Posts	Vacancy Rate
		Full Time	Part Time			
DMT	13	11	2	12	0	0
Older People & Long Term Conditions	176	80	96	112.26	27	13.3
Adults & Joint Commissioning	97	66	31	82.90	24	19.83
Performance & Resources	30	20	10	25.32	1	3.2
Housing	64	43	21	54.07	3	4.5
Public Health Shared	9	2	7	4.26	2	18.1
Public Health Local	8	7	1	7.81	1	11.1
<b>Department Totals</b>	<b>397</b>	<b>229</b>	<b>168</b>	<b>298.68</b>	<b>58</b>	<b>12.74</b>

### Staff Turnover

For the quarter ending	30 June 2015	2.03%
For the year ending	1 Jul 2014 – 30 Jun 2015	10.6%

Total voluntary turnover for BFC, 2013/14: 12.64%

Average UK voluntary turnover 2012: 10.6%

Average Public Sector voluntary turnover 2012: 8.1%

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

### HR Comments

Staff Turnover has decreased slightly this quarter from 2.96% to 2.03%.

There are currently 14 vacancies being advertised.

## Staff Sickness

Section	Total staff	Number of days sickness	Q1 average per employee	2015/16 annual average per employee
DMT / PAs	13	2	0.15	0.02
OP&LTC	177	472	2.6	4.7
A&JC	97	174	1.79	1.7
P&R	31	17	0.5	0.17
Housing	64	170	2.65	1.72
Public Health: Shared	9	0	0	0
Public Health: Local	4	1	0.25	0.01
<b>Department Totals (Q1)</b>	<b>395</b>	<b>836</b>	<b>2.1</b>	
<b>Projected Totals (15/16)</b>	<b>395</b>	<b>3344</b>		<b>8.45</b>

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 14/15	5.5 days
All local government employers 2012	9.0 days
All South East Employers 2012	8.7 days

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

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

### Comments:

#### Older People and Long Term Conditions

There are four cases of long term sickness. Out of these cases, one has now returned to work. All cases are being monitored by Occupational Health. Three of these cases are due to work related stress. Long term sickness accounts for 32% of the total sickness within older people and long term conditions team.

#### Adults & Joint Commissioning

There is one person with long term sickness. Long term sickness accounts for 24% of the total sickness within adult & joint commissioning team.

#### Housing


There are three cases of long term sickness during quarter one. Out of these cases, one has returned to work and one case is being monitored by Occupational Health. Long term sickness accounts for 60% of the total sickness housing team.

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

Progress has been monitored against the sub-actions supporting the Key Actions contained in the Adult Social Care, Health & Housing Service Plan for 2015-16. This contains 64 detailed actions in support of six Medium Term Objectives. Annex A provides detailed information on progress against each of these actions:

Overall, 63 actions are on schedule () and just one is causing concern ()

The actions that are causing concern are:

Ref	Action		Progress
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.		There has been delay in entering into contract with TVHA to develop the Coopers Hill site.



## Section 6: Money

### Revenue Budget

The forecast outturn as at Month 2 is an overspend of £0.1 million on a total cash budget of £33.4 million; a breakdown of this is attached in Annex B (Financial Information).

Risks to the outturn position include the impact of the Care Act phase one, which it is still too early to assess, the Department of Health's proposed reductions to Local Authority Public Health grant in the current financial year, the new requirements concerning Deprivation of Liberty Safeguarding, and the volatility of costs of Bed & Breakfast Accommodation.

### Capital Budget

As at the end of Month 2, capital spend was £783,700 against an annual budget of £4,440,100. 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

In the next quarter we will be focusing on:

- ensuring that carers assessments comply with Care Act requirements,
- developing a protocol to support personal budgets for carers and Direct Payments,
- developing a service specification for a new carers contract that delivers on critical areas around advice, information, advocacy and with a range of services that deliver choice and opportunity for carers.

##### Older People & Long Term Conditions

##### Community Response & Reablement

Following the review of 14/15 winter pressure plans work will commence to start developing plans for increase in demand for 15/16 winter.

##### Older People & Long Term Conditions

Ensure social care support for people living in Clement House meets their needs and monitor progress of domiciliary support into the scheme.

The Consultation on Workforce Development has concluded and we will be working in the months ahead with staff to ensure that the best outcomes for people using our services is reflected in new ways of working and new working practices in line with the Care Act.

The improvement plan for Heathlands continues with work on developing managerial effectiveness and staff competencies, ensuring a climate of person-centred support is embedded in the service.

##### Sensory Needs Service

To undertake a review of the sensory needs service and provide DMT with options going forward.

##### Drug & Alcohol Action Team

##### Emergency Duty Service

Consultation meetings are booked in with the following groups:

- Children's Social Care Directors, commissioners
- Adult Social Care & Safeguarding Leads, Directors & commissioners
- Mental Health services social care and the Trust – Directors & commissioners
- Appropriate Adult Scheme, Secure provision & changes to Code C PACE 1984 – HOS YOS, police, directors and HOS CSC
- Homelessness & Universal Tax Credit – Housing Directors

## **Adults & Joint Commissioning**

### **Learning Disabilities**

The teams will continue to enhance service improvement to deliver better outcomes for the LD population.

### **Autistic Spectrum Disorders**

The teams will continue to enhance service improvement to deliver better outcomes for the ASD population.

### **Joint Commissioning and Better Care Fund**

Future work consists of:

- Revising the Advocacy Strategy, subject to evaluation of the impact of the Care Act.
- The Sensory Needs Strategy will be developed.
- Dementia Action Alliance - The Bracknell Forest Council Action Plan will include encouraging as many council staff as possible to become dementia friends.
- Loneliness and Social Isolation will focus on identifying those people in receipt of care and support from ASC, who have highlighted loneliness and lack of social contact as a significant issue within their personal circumstances.
- A number of Self Care and Prevention awareness campaigns will be promoted via face to face, printed and digital means.
- The specification for the Share Your Care project (data sharing across health and social care) will be developed.
- BFC will lead on the joint commissioning of IMHA services for East Berkshire.

### **Mental Health**

Additional funding has been secured to enhance the service provided to people experiencing their first episode of psychosis. The new treatment pathway will enable people to access treatment within two weeks of being referred to ensure they are provided with the appropriate intervention in a timely manner.

### **Dementia Services**

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. This post was recruited to during quarter 1 and the person is due to commence on 6/7/15. The post holder will initially focus on contact with local GPs and hospitals.

The Dementia Action Alliance continues to provide Dementia Friends Information Sessions. During quarter 1 the terms of reference were established for the DAA and the official launch of Bracknell DAA took place.. In terms of membership 17 organisations have submitted their action plans. Over the next quarter work will be ongoing in recruiting new members to the Bracknell DAA. Succession planning is in place.

### **Safeguarding**

The Safeguarding Board has commenced the recruitment process for its Independent Chair. It is recognised in the Care Act statutory guidance that having an independent chair may be beneficial in ensuring the Board effectively holds its member organisations to account.

## **DoLS**

The rate of DoLS applications continues to increase month on month. Recruitment has started for an additional Best Interest Assessor to enable the Council to meet its statutory duties.

## **Performance & Resources**

### **IT**

Initial preparations are in place to review the Care Act requirements against the draft systems development plan for the major Social Care IT systems, ready for the upgrade due in Nov/Jan for go live April 2016.

Further actions will be taking place to complete the various technical set up and testing required to ensure the NHS number can be matched with the social care record.

### **HR**

HR will continue to support managers in all employment related matters and will work toward a smooth transition between the current HR database (Rebus) and its replacement (iTrent).

### **Business Intelligence**

During the summer months the team will be focusing on developing reports against the new data warehouse, this means all existing performance reports have to be re-written.

### **Finance**

In Quarter 2 the focus will be on understanding the financial impact of phase 1 of the Care Act, embedding monitoring arrangements in respect of the Better Care Fund, and providing input into the development of the Department's 2016/17 savings plans.

## **PUBLIC HEALTH**

A key piece of work for the Public Health team in quarter 2 will be to progress the re-commissioning of the stop smoking service. This is an extensive piece of work which has already involved needs assessment and consultation across Berkshire. The next step is to go to the market with a refined service specification and conduct a robust provider selection process that achieves the right balance of cost and quality considerations. The challenge is to procure a service which maintains the very high standards set by the current programme, which has achieved some of the best quit success rates in the country and won a national award for its achievements.

While maintaining the high quality of its long standing health improvement services related to smoking, weight management and health checks, the Public Health team will also seek to push forward progress newer services that focus on key groups. These include the online counselling programme for young people and the Falls Free 4 Life service aimed at reducing falls related injuries among our older residents.

Outreach work towards specific groups will also be developed in relation to physical activity. The participation of young women in sport is traditionally low and the Public Health team will be working with partners on a 'This Girl Can' festival in Bracknell in quarter two. Backed by the national 'This Girl Can' campaign, the event will offer coached running sessions, Q & A sessions with experts, a mile walk, and vouchers for subsequent coaching sessions. The aim will be to inspire and support a significant number of previously sedentary women into regular physical activity.

Finally, the Public Health team will take a central role in the planning and implementation of heatwave plans. The summer months always have the potential to

pose a threat to those in our community who are vulnerable to heat related health risks, such as dehydration and heatstroke. This includes older people and those with long-term illness, particularly if living alone or lacking mobility. Public Health work in a heatwave includes the dissemination of health messages via radio interviews, newspapers and social media, as well as working with key agencies such as NHS, social care and schools.

## **HOUSING**

### **Housing**

The Council exchanged contracts to purchase Amber and Regency House , Market Street, Bracknell on the 22<sup>nd</sup> May. The next milestone in the sale contract is for the Council to submit a planning application by the 22<sup>nd</sup> September. The Council has entered into a contract with Thames Valley Housing Association (TVHA) such that the Council's obligations under the sale contract are passed onto them. In return the Council will dispose of the site to TVHA when a satisfactory planning consent is achieved. Public consultation on the proposed development will take place during the quarter as will the work to support the submission of the planning application by the 22<sup>nd</sup> September.

The Executive agreed to establish a local housing company at its meeting in March. The Council has received specific advice concerning the set up of the company so that it can move from being a company wholly owned by the Council to an independent company over time. The company will be set up on that basis during the quarter.

Executive will be presented with a report proposing the acquisition of emergency accommodation for homeless households at its July meeting. If agreed and the Council's offer is accepted the accommodation will be procured during the quarter. In addition a number of individual properties will be purchased under the temporary to permanent programme to provide temporary accommodation for homeless households.

Work is ongoing with the homeless forum to develop the homeless strategy. There will be a number of work stream meetings to develop proposals to inform the strategy the draft of which is targeted to be available in November.

The Council is upgrading the Abritas choice based letting system. During the quarter the specification for the upgrade will be completed so that the upgrade and testing can begin from autumn onwards.

A landlord and agent information meeting will take place at Easthampstead Baptist church on the 16<sup>th</sup> July. This will provide information to agents and landlords on their statutory obligations but also promote the Council's leasing scheme and support that can be provided to households who may be homeless to find a home in the private rented sector.

Subject to the decision of Executive when it meets in July consultation will take place with providers and customers of housing related support services for older people in the Borough. The proposals are to separate out assessment and service provision, target services to those most in need and rationalise the support provided.

### **Welfare**

Subject to the decision of the Executive when it meets in July, consultation will take place on proposals to review the local council tax reduction (benefit ) scheme. Consultation will be via meetings, correspondence and online via the Council's consultation portal.

Depending on the announcement on welfare reform in the July budget statement work will take place to implement the changes in welfare provision so that they will begin in October 2015 or a revised implementation date.







**Forestcare**

Forestcare will be progressing the implementation of IT systems during the quarter. Firstly, the service manager module of the PNC 7 lifeline monitoring system will improve stock handling and with the introduction on tablets to installers should enable customers' lifelines to be set up, including payment remotely in the field.










Forestcare will also be implementing a customer relationship management system so as to provide secure information to corporate customers.








## Annex A: Progress on Key Actions










Sub-Action	Due Date	Owner	Status	Comments
<b>MTO 4: Support our younger residents to maximise their potential</b>				
<b>4.1 Provide accessible, safe and practical early intervention and support services for vulnerable children and young people in the Borough</b>				
4.1.9 Extend the principles of the Symbol project to identify and develop further links across services for vulnerable adults who are also parents	31/03/2016	ASCHH		E-mail sent to Head of Service, Safeguarding, Children's Social Care to arrange to discuss the project and how it can be utilised to support parents who have a LD
<b>4.3 Increase opportunities for young people in our youth clubs and community based schemes</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.	31/03/2016	ASCHH		There has been delay in entering into contract with TVHA to develop the Coopers Hill site.
<b>4.7 Communicate with partners to ensure that health, safety and well being priorities for all children and young people are identified and are included in partners plans and strategies where relevant and appropriate</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.	31/03/2016	ASCHH		A new online counselling service (kooth.com) has been procured and launched. Early work has focused on embedding the service within the local community and forming links with other agencies that work with young people (including schools and CAHMS). The first group of young people have started their support programme.
<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 Implement the review of the Health & Wellbeing Board	31/03/2016	ASCHH		A report was received by the Health and Wellbeing Board on 4 <sup>th</sup> June 2015, which contained all the recommendations arising from the review relating to membership, task and finish groups, a wider HWB Forum and performance management. It is planned to implement these changes by the September meeting.
6.2.2 Increase liaison with NHS England to further develop GP and primary care services in the borough	31/03/2016	ASCHH		A Task and Finish Group has already been established to develop this work, chaired by the CCG and including NHS(E). This group presented its first











Sub-Action	Due Date	Owner	Status	Comments
				report to the HWB on 4 <sup>th</sup> June 2015.
6.2.4 Work with partners to improve Child and Adolescent Mental Health Services (CAMHS) provision	31/03/2016	ASCHH		KOOTH online counselling support service (Tiers 1 and 2) for YP (11-18 yrs) started. Joint funded with CCG. Service integration into BF organisations and processes continuing (CAMHS, CSC, AMHS, secondary schools, PRU, GPs, Youthline, Young Carers, Youth Council, YOS).  1st Quarter review meeting scheduled for 22 July.  Multi-agency C&YP Emotional Health and Wellbeing Subgroup established, chaired by CYPL.
<b>6.3 Continue to support the development of a local Healthwatch to provide local patients with a voice</b>				
6.3.1 Conduct regular reviews against the agreed contractual outcomes for local Healthwatch	31/03/2016	ASCHH		Reviews/monitoring has been undertaken, Healthwatch report on website.
<b>6.8 Support health and wellbeing through Public Health</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	31/03/2016	ASCHH		The web-based resources are complete and are being promoted via social media.  The new self-care programme for pre-diabetes is under way and has taken in its first cohort
6.8.2 Maximise the uptake of key health improvement programmes across the population, including health checks, smoking cessation and weight management	31/03/2016	ASCHH		Significant improvements continue to be made in the uptake of smoking, weight management and health check services. The smoking cessation programme won the national Public Health Partnerships Award in June.  The smoking cessation contract ends in March 2016 so work is underway to prepare for a competitive tender process and new service implementation in time for April 2016.
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	31/03/2016	ASCHH		The new Falls Prevention service is now fully underway, including the range of strength & balance classes and work with care homes. A range of events have been held to promote the service and uptake is already high.
6.8.4 Carry out specific and collaborative assessments	31/03/2016	ASCHH		The drug and alcohol needs assessment has been completed, as











Sub-Action	Due Date	Owner	Status	Comments
of the services including a full needs assessment in relation to drugs and alcohol				has an evaluation of the stop smoking service.
<b>6.9 Support people who misuse drugs and/or alcohol to recover by providing appropriate interventions</b>				
6.9.1 Provide drug and alcohol misuse awareness raising to new employees and existing staff	31/03/2016	ASCHH		Three training sessions have taken place and 41 people have attended.
6.9.3 Consider the findings from the DAAT Young People's Service Review to plan future service provision	31/03/2016	ASCHH		The review has been completed and the results are being analysed.
6.9.4 Consider the recommendations arising from the Children Young People & Learning Overview & Scrutiny Panel (O&S) working group	31/03/2016	ASCHH		Report and recommendations have been agreed and were presented to the executive 23 <sup>rd</sup> June.
6.9.5 Undertake a cost comparison analysis of the current DAAT service	31/03/2016	ASCHH		Head of Service has completed this task, and the findings will feed into procurement plans.
6.9.6 Monitor the number of older people being referred to treatment for alcohol misuse	31/03/2016	ASCHH		During the first quarter there have been 19 referrals.
<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 to implement the Better Care Fund Plan	31/03/2016	ASCHH		The Better Care Fund Plan is fully approved, and most of the nine schemes are fully in place. There are some delays in the Respiratory Failure Service implementation, which require further searches for a provider, but this is in hand.
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	31/03/2016	ASCHH		Review of the service is being undertaken; partnership group met on 15 <sup>th</sup> June 2015 to discuss enhancing the service.
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	31/03/2016	ASCHH		Regular meetings have taken place and will continue to take place with the acute trust to reduce number of delays. Out of hours service will commence a review in Q2.
6.10.4 Further develop the integrated care teams with the CCG and BHFT to support people with complex care needs	31/03/2016	ASCHH		Consultation on new ways of working, North and South teams aligned to GP clusters, ended 12 <sup>th</sup> June. This will improve the opportunities for integration.
<b>6.11 Ensure that IT systems continue to be developed to improve the</b>				






Sub-Action	Due Date	Owner	Status	Comments
<b>quality of people's lives and support and assist in business decisions</b>				
6.11.1 Ensure electronic batch matching on the NHS number is completed for a person's social care record	31/03/2016	ASCHH		Project started and on target. Software installed.
<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 Review the range and nature of support services provided by Forestcare for vulnerable people	31/03/2016	ASCHH		Implementation of PNC7 lifeline monitoring system is ongoing. Range of services provided to those leaving hospital is extended.
7.1.2 Refresh the Helping you to stay independent Guide	31/03/2016	ASCHH		2015/16 edition finalised and printed. Electronic version is available through the Self-Care page on the Bracknell Forest Council public website. Planning will commence in September for the 2016/17 edition.
7.1.3 Review implemented winter pressures plans	31/08/2015	ASCHH		Working group have reviewed winter pressure plans thus informing future development of plans for winter 15/16.
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	31/03/2016	ASCHH		A leaflet raising awareness of dementia was sent to all households in the borough. As part of Prevention and Self-Care's outreach work the staffed Self-Care stand was situated at the 'Our Place' - Health and Community and at The Bracknell Show. The Prevention and Self-Care Steering Group have agreed to fund the designing, printing and distribution of a winter messages leaflet to all households. Work will take place around supporting the Urgent Care Centre to be promoted in Sandhurst and Crowthorne.
<b>7.4 Continue to modernise support and include new ways of enabling the delivery of that support</b>				
7.4.1 Introduce the Spectrum Star to people supported by the Autistic Spectrum Disorder (ASD) team and the agencies who support them	31/03/2016	ASCHH		Five people have been supported to work on a spectrum star which has been positive. The team will look at discussing with others in the next quarter
7.4.2 Introduce a new review package for people with ASD and Learning Disabilities (LD) that	31/03/2016	ASCHH		The new review process is in place and being used by Learning Disability and Autistic Spectrum Disorder teams

Sub-Action	Due Date	Owner	Status	Comments
incorporates an updated Direct Payments review and Service review				
7.4.3 Introduce the Life Star to the people supported by the LD team and the agencies that support them	31/03/2016	ASCHH		Practitioners have been informed of the tool and will start using it where appropriate
7.4.4 Develop and publish the Sensory Needs Strategy	31/03/2016	ASCHH		The consultation period has closed and the strategy is being developed.
7.4.5 Refresh the Advocacy strategy and commissioned services subject to evaluation of the impact of the Care Act	31/03/2016	ASCHH		Current services are being evaluated and the strategy development is on target.
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)	31/03/2016	ASCHH		The public health team have been supporting Berkshire Healthcare Foundation Trust to go smoke free with the provision of a tailored stop smoking programme. The quit smoking success rate among people living with mental health needs (60%) has been higher than expected.
7.4.7 Establish a Dementia Action Alliance to promote dementia friendly communities	31/03/2016	ASCHH		DAA has met twice and now has 17 members. 199 people in Bracknell Forest have become dementia friends since 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 Undertake a review of the operational services supporting Clement House extra care scheme	31/03/2016	ASCHH		The service began to accept people into the scheme mid April and the provider that supports the scheme began operational cover from that date. Ongoing monthly monitoring meetings will continue for the next six months.
<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 Embed statutory safeguarding requirements within operational practice	31/03/2016	ASCHH		Arrangements have been put in place to monitor compliance with the safeguarding duties. Monitoring undertaken in Q1 indicates that the Council is meeting its statutory safeguarding duties
7.6.2 Lead the Bracknell Forest Safeguarding Adults Partnership Boards development plan taking into account the boards statutory footing	31/03/2016	ASCHH		The development plan for 2015/2016 has been agreed by the Board, which is being implemented.
<b>7.7 Target financial support to vulnerable households</b>				
7.7.1 Review the Councils support to households in light of the claimant	31/03/2016	ASCHH		Meeting has taken place with UC implementation team to begin negotiation of services that will be

Sub-Action	Due Date	Owner	Status	Comments
commitment / universal credit implementation				offered by the Council to UC customers.
7.7.2 Retender supporting people contracts to provide housing related support to vulnerable people	31/03/2016	ASCHH		Report recommending change in strategy to be presented to July Executive.
7.7.3 Review Social Fund and Discretionary Housing Payment policy to target support to the most vulnerable people	31/03/2016	ASCHH		Review of support pending more information on welfare reform after July budget statement.
7.7.4 Review local council tax benefit scheme to ensure it provides an affordable scheme for the Council and customers	31/03/2016	ASCHH		Report to be presented to July Executive seeking authority to consult on proposed changes on scheme.
7.7.5 Continue redesign of the housing and benefit service to maximise household income and independence	31/03/2016	ASCHH		Service redesign on-going.
<b>7.8 Support vulnerable people through continued provision of out of hours services</b>				
7.8.1 Consult on the Emergency Duty Service (EDS) Joint Review	31/03/2016	ASCHH		Consulted with EDS team Consulted with BHFT Completed PEST & SWOT analysis Completed Action Plan Completed new structure & pathways in line with changes to legislation
<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>				
10.1.8 Review Disabled Facilities Grant process in order to meet the requirements of the Better Care Fund	31/03/2016	ASCHH		Monitored through Better Care Fund steering group on a monthly basis.
10.1.9 Produce Housing Strategy	31/03/2016	ASCHH		Preparatory work on the housing strategy underway.
10.1.10 Produce Homeless Strategy	31/03/2016	ASCHH		Two meetings of the homeless forum working groups have taken place to progress developing the strategy.
10.1.11 Secure additional temporary accommodation for homeless households	31/03/2016	ASCHH		A range of initiatives have been developed to procure additional emergency accommodation. A report is to be presented to July Exec seeking authority to procure accommodation.
10.1.14 Support Housing and Planning for the off-site provision of affordable	31/05/2015	ASCHH		Contracts exchanged on a site to provide the affordable housing obligation stemming from the TRL site.

Sub-Action	Due Date	Owner	Status	Comments
homes from the TRL site in Bracknell Town Centre				
10.1.15 Investigate establishing a Local Housing Company	31/03/2016	ASCHH		Legal advice on establishing LHC received.
<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>				
11.1.4 Ensure IT systems are ready for any statutory and legislative changes	31/03/2016	ASCHH		Preparations in hand for next major systems upgrade due to go live Sept 2015. All new / amended system input form changes have been developed.
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	31/03/2016	ASCHH		Care Accounts will be incorporated within the Adult Social Care management system, LAS, version 7. This is expected later in the financial year. A Care Act working group has been developed and is meeting in July to discuss the proposed new requirements of independent personal budgets. Final guidance from central government is not expected until October 2015.
<b>11.2 Ensure staff and elected members have the opportunities to acquire the skills and knowledge they need</b>				
11.2.8 Deliver a workforce that is fit for purpose under the new legislation of the Care Act 2014	31/03/2016	ASCHH		Consultation is taking place on the new structure of the CR&R and OPLTC workforce with an prospective implementation date of Autumn 2015
<b>11.7 Work with partners and engage with local communities in shaping services</b>				
11.7.2 Continue to support the voluntary sector through the provision of core grants	31/03/2016	ASCHH		Grants to the voluntary sector were agreed on 2 <sup>nd</sup> June 2015 and organisations have been notified.
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	31/03/2016	ASCHH		Links established with Elevate and the Manager of Breakthrough is part of the working party
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	31/03/2016	ASCHH		Urgent Care Boards have met three times in the first quarter and BFC have responded to all requests e.g. winter planning preparation, hospital discharge.

Sub-Action	Due Date	Owner	Status	Comments
11.7.10 Work with partners to implement Carers Commissioning Strategy, ensuring impact of Care Act is incorporated into the delivery plan	31/03/2016	ASCHH		Carers Issues Strategy group met on 23 <sup>rd</sup> March 2015 and Care Act requirements have been included in the strategy.

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

## Annex B: Financial Information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - MAY 2015						
	Original Cash Budget	Virements & Budget C/fwds	Current approved cash budget	Department's Projected Outturn	Variance Over / (Under) Spend	Movement This month
	£000	£000	£000	£000	£000	£000
<b>Director</b>	(118) ✓	91	(27)	127	154	154
	(118)	91	(27)	127	154	154
<b>Adults and Commissioning</b>						
Mental Health	1,795 ✓	12	1,807	1,845	38	38
Support with Memory Cognition	2,342 ✓	1,391	3,733	3,733	0	0
Learning Disability	13,117 ✓	(218)	12,899	12,899	0	0
Specialist Strategy	243 ✓	7	250	341	91	91
Joint Commissioning	604 ✓	0	604	558	(46)	(46)
Internal Services	940 ✓	5	945	936	(9)	(9)
	19,041	1,197	20,238	20,312	74	74
<b>Housing</b>						
Housing Options	348 ✓	49	397	393	(4)	(4)
Strategy & Enabling	270 ✓	(49)	221	168	(53)	(53)
Housing Management Services	(37) ✓	0	(37)	(60)	(23)	(23)
Forestcare	15 ✓	0	15	60	45	45
Supporting People	991 ✓	13	1,004	996	(8)	(8)
Housing Benefits Payments	108 ✓	0	108	108	0	0
Housing Benefits Administration	471 ✓	0	471	492	21	21
Other	(48) ✓	0	(48)	13	61	61
	2,118	13	2,131	2,170	39	39
<b>Older People and Long Term Conditions</b>						
Physical Support	7,938 ✓	(1,190)	6,748	6,665	(83)	(83)
Internal Services	1,131 ✓	(1)	1,130	1,216	86	86
Community Response and Reablement - Pooled Budget	1,903 ✓	(139)	1,764	1,764	0	0
Emergency Duty Team	54 ✓	0	54	54	0	0
Drugs Action Team	4 ✓	0	4	4	0	0
	11,030	(1,330)	9,700	9,703	3	3
<b>Performance and Resources</b>						
Information Technology Team	278 ✓	0	278	279	1	1
Property	103 ✓	0	103	77	(26)	(26)
Performance	210 ✓	0	210	185	(25)	(25)
Finance Team	555 ✓	0	555	456	(99)	(99)
Human Resources Team	190 ✓	0	190	184	(6)	(6)
	1,336	0	1,336	1,181	(155)	(155)
<b>Public Health</b>						
Bracknell Forest Local Team	(19) ✓	40	21	21	0	0
	(19)	40	21	21	0	0
<b>TOTAL ASCHH</b>	<b>33,388</b>	<b>11</b>	<b>33,399</b>	<b>33,514</b>	<b>115</b>	<b>115</b>
<b>Memorandum item:</b>						
Devolved Staffing Budget			13,622 *	13,569	(53)	(53)
<b>Non Cash Budgets</b>						
Capital Charges	343,910	0	343,910	343,910	0	0
IAS19 Adjustments	691,690	0	691,690	691,690	0	0
Recharges	2,793,960	0	2,793,960	2,793,960	0	0
	3,829,560	0	3,829,560	3,829,560	0	0

**Capital Monitoring 2015/16 as at 31 May 2015**

Cost Centre	Cost Centre Description	2014/15 Brought Forward*	2015/16 Budget	Virements Awaiting Approval	Total Virements	Approved Budget	Cash Budget 2015/16	Expenditure to Date	Current Comm'n't s	Estimated Outturn 2015/16	Carry Forward 2016/17	(Under) / Over Spend	Target for Completion
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
	<b>Housing</b>												
YP260	Enabling More Affordable Housing	173.7	0.0			173.7	173.7	0.0	0.0	173.7	0.0	0.0	2015/16
YP261	Help to Buy a Home (Cash Incentive Scheme)	120.4	180.0			300.4	300.4	60.0	0.0	300.4	0.0	0.0	2015/16
YP262	Enabling More Affordable Homes ( Temp to Perm)	46.6	1,653.0			1,699.6	1,699.6	228.2	0.0	1,699.6	0.0	0.0	2015/16
YP304	Mortgages for Low Cost Home Ownership Properties	218.8	0.0			218.8	218.8	0.0	0.0	218.8	0.0	0.0	2015/16
YP316	BFC My Home Buy	332.7	120.0			452.7	452.7	-10.0	0.0	452.7	0.0	0.0	2015/16
YP466	Amber House	500.0	0.0			500.0	500.0	500.0	0.0	500.0	0.0	0.0	2015/16
YP440	Clement House	0.0	0.0			0.0	0.0	0.0	0.0	0.0	0.0	0.0	2015/16
YP441	Rainforest Walk Scheme	0.0	0.0			0.0	0.0	0.0	0.0	0.0	0.0	0.0	2015/16
TBC	Choice Based Letting System	0.0	30.0			30.0	30.0	0.0	0.0	30.0	0.0	0.0	2015/16
	<b>Total Housing</b>	<b>1,392.2</b>	<b>1,983.0</b>	<b>0.0</b>	<b>0.0</b>	<b>3,375.2</b>	<b>3,375.2</b>	<b>778.2</b>	<b>0.0</b>	<b>3,375.2</b>	<b>0.0</b>	<b>0.0</b>	
	<b>Adult Social Care &amp; Health</b>												
YS528	Care Housing Grant	15.4	0.0			15.4	15.4	0.0	0.0	15.4	0.0	0.0	2015/16
YS529	Community Capacity Grant	150.7	201.0			351.7	351.7	0.0	0.0	351.7	0.0	0.0	2015/16
TBC	Older Person Accommodation Strategy	0.0	400.0			400.0	400.0	0.0	0.0	400.0	0.0	0.0	2015/16
YH126	Improving Info for Social Care (Capital Gr)	39.2	0.0			39.2	39.2	0.0	0.0	39.2	0.0	0.0	2015/16
YS418	ASC IT Systems Replacement	258.6	0.0			258.6	258.6	5.5	0.0	258.6	0.0	0.0	2015/16
	<b>Total Adult Social Care &amp; Health</b>	<b>463.9</b>	<b>601.0</b>	<b>0.0</b>	<b>0.0</b>	<b>1,064.9</b>	<b>1,064.9</b>	<b>5.5</b>	<b>0.0</b>	<b>1,064.9</b>	<b>0.0</b>	<b>0.0</b>	
	<b>Total ASCH&amp;H</b>	<b>1,856.1</b>	<b>2,584.0</b>	<b>0.0</b>	<b>0.0</b>	<b>4,440.1</b>	<b>4,440.1</b>	<b>783.7</b>	<b>0.0</b>	<b>4,440.1</b>	<b>0.0</b>	<b>0.0</b>	

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW & SCRUTINY PANEL  
15 SEPTEMBER 2015**

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**BRACKNELL FOREST SAFEGUARDING ADULTS PARTNERSHIP BOARD  
ANNUAL REPORT 2014/15  
Director of Adult Social Care, Health and Housing**

**1 PURPOSE OF REPORT**

- 1.1 This report introduces the attached Bracknell Forest Safeguarding Adults Partnership Board Annual Report 2014/15 for the Panel's consideration.

**2 RECOMMENDATION(S)**

- 2.1 **That the Adult Social Care and Housing Overview and Scrutiny Panel consider the Bracknell Forest Safeguarding Adults Partnership Board Annual Report 2014/2015.**

**3 REASONS FOR RECOMMENDATION(S)**

- 3.1 To enable the Panel to consider the Bracknell Forest Safeguarding Adults Partnership Board 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  
21<sup>ST</sup> JULY 2015

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**BRACKNELL FOREST SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL  
REPORT**

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

**1 PURPOSE OF REPORT**

- 1.1 To inform the Executive of the work of the Bracknell Forest Safeguarding Adults Partnership Board during 2014-2015.

**2 RECOMMENDATION**

- 2.1 **That the Executive notes the report.**

**3 REASONS FOR RECOMMENDATION**

- 3.1 The Care Act 2014 states that each the local Safeguarding Adults Partnership Board (SAPB) must publish an annual report detailing what the SAPB has done during the year to achieve its main objectives, and what each member organisation has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews (previously known as Serious Case Reviews) and subsequent action.
- 3.2 This report details the breadth of activity undertaken by Board members and identifies the achievements against the Boards development plan for year.
- 3.3 The Board's development plan for 2015-2016 is contained within the report and sets out the planned developments for the coming 12 months. In line with the requirements set out in the Care Act the Board will develops its strategic objectives and consult with the public during the coming year.
- 3.4 Ensuring there is a local Safeguarding Adults Partnership Board and that the Board is effective is a statutory duty for the Council; as such it is important that the executive are sighted on the work of the Board.

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 Not applicable

**5 SUPPORTING INFORMATION**

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

Unrestricted

Contact for further information

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**Bracknell Forest Safeguarding  
Adults Partnership Board**

# **Bracknell Forest Safeguarding Adults Partnership Board Annual Report**

**April 2014 – March 2015**

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## Foreword

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

Much of the Board's focus this year has been on preparing for the Care Act, and ensuring the Board is well placed to meet its new duties. With this purpose in mind the Board commissioned a peer review. The review focused on the current working arrangements as well as identifying how well placed the Board is to meet the new duties set out in the Care Act. The review identified that the Board is on a firm footing, as well as the shared commitment from the Board to continue to develop local arrangements for the benefit of local residents with care and support needs. The review indicated that the Board should consider having an Independent Chair as this may support the Board to become independent of its constituent organisations. It would also ensure that the Board is well placed both to hold each member organisation to account for its own safeguarding arrangements and ensure organisations are working together to promote the welfare of those adults affected by abuse.

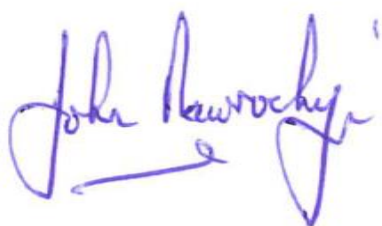
In light of the review the Board has committed to having an Independent Chair and Business Manager, these posts will support the Board in meeting its new duties and strategic objectives. To enable these posts to be created, Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group, have committed to contribute to fund these posts. This is further evidence of shared commitment to adult safeguarding.

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

Whilst the Board is not complacent about the need to continue the development of our approach and responses to adult safeguarding issues, this report evidences the commitment and strength of partnership working in Bracknell Forest.

The Board has developed its business plan for the 2015-2016, which is contained within the main body of this report.

I hope you find this report both informative and reassuring.



**John Nawrockyi**  
**Chair of the Bracknell Forest Safeguarding Adults Partnership Board**

## **1. Introduction**

- 1.1 The Care Act 2014 states that each the local Safeguarding Adults Partnership Board (SAPB) must publish an annual report detailing what the SAPB has done during the year to achieve its main objectives, and what each member organisation has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews (previously known as Serious Case Reviews) and subsequent action.
- 1.2 This report details the breadth of activity undertaken by the Board's members and identifies the achievements against the Boards business plan for year.
- 1.3 The Board's development plan for 2015-2016 is contained within the report and sets out the planned developments for the coming 12 months. In line with the requirements set out in the care act the Board will develops its strategic objectives and consult with the public during the year.

## **2. Executive Summary and Key Messages**

### **Summary**

- 2.1 This report highlights the work of the member organisations of the Board as well as the work undertaken by the Board as a whole. The Board has spent much of the period of the year working towards implementation of the Care Act. The Board commissioned a peer review to ensure that there was an independent view as to the Board's effectiveness. The outcomes of the peer review have been incorporated into the boards' development plan for 2015/2016.
- 2.2 It is pleasing to note that the Making Safeguarding Personal approach that has been adopted locally forms the basis for safeguarding work in the Care Act. This approach builds on the implementation of personalisation in Bracknell Forest.
- 2.3 This report identifies that there has been a 24% increase in the number of safeguarding alerts received by Bracknell Forest Council Adult Social Care, Health and Housing compared to the previous year, but there has been a 14% decrease in the number of alerts that required a safeguarding assessment. Whilst it is not possible to say with certainty why there continues to be an increase in the number of alerts, it is thought that the continued training activity undertaken by statutory and non statutory agencies have contributed to this increase.
- 2.4 It is pleasing to note that although the number of safeguarding alerts continues to rise the number of substantiated or partially substantiated concerns (80) remains at a relative low level when compared to the number of people with care and support needs who Bracknell Forest Council have supported during the year (circa 1500).
- 2.5 Bracknell Forest Council has seen a 2000% increase in the number of Deprivation of Liberty Safeguards (DoLS) applications, and is due to the landmark Supreme Court ruling regarding what constitutes a Deprivation of Liberty.



## **Key Messages from this report**

### **For members of the public**

- Adult abuse is wrong and people do not have to accept it.
- If you are concerned for yourself or someone else, in an emergency contact the emergency services via 999 (emergency only) or 101
- If it not an emergency but you would like to speak to some for help or advice contact Adult Social Care on 01344 351500

### **For all staff and volunteers who come into contact with adults with care and Support Needs.**

- Remain vigilant to the signs of abuse.
- Ensure that you know how to raise safeguarding concerns within your own organisations and to outside agencies where appropriate.
- Make sure people are supported in line with their wishes, unless this would put them or others at risk of harm.

### **For Managers**

- Make sure that your staff have appropriate safeguarding training and that it is kept up to date
- Make sure your staff are aware of the Mental Capacity Act and implement it in their everyday work.
- Ensure your service is aware of the Care Act and its implications.
- Ensure your service follows the safer recruitment practice checklist from the Board's website.
- Ensure your complaints and disciplinary processes are linked to your safeguarding policy so that issues don't 'fall through the gaps'
- Ensure you develop and maintain a culture in your service whereby the people you support are aware of what safeguarding is and staff are confident about raising concerns.

### **For Organisations that commission Health and Social Care Services**

- Ensure that your contracts include specific clauses on safeguarding
- Your contracts include reference to the Mental Capacity Act (where appropriate) and that you monitor the services compliance with the Act.
- Ensure that contract monitoring activity includes seeking the views of the people who use the service and or informal carers.
- Ensure you have robust quality assurance systems that take account of adult safeguarding and mental capacity.

## **3. The Care Act 2014**

- 3.1 The Care Act heralds a major change in the legislative framework for Adult Social Care. At the heart of the Act is a focus on prevention, promotion of wellbeing and ensuring that care and support is delivered in a person-centred way. The safeguarding elements of the Act came into force on the 1<sup>st</sup> April 2015, alongside the majority of the other care related elements of the Act. The financial reforms for adult social care are planned to come into effect on the 1<sup>st</sup> April 2016.
- 3.2 Local Authorities will be under a duty to make safeguarding 'enquiries' where they suspect that an adult living in their area:

Has care and support needs (regardless of who commissions the support to meet those needs)

**And**

Is experiencing, or at risk of, abuse or neglect.

**And**

As a result of their care and support needs, is unable to protect themselves?

- 3.3 The Local Authority could ask someone else to make enquiries on their behalf, but they must ensure that they are informed of the outcome of the enquiry.
- 3.4 The purpose of the enquiry is to identify what action (if any) may be required and by whom. The focus of the enquiry is to promote the adult's wellbeing.
- 3.5 There is a clear duty placed on partner organisations to co-operate and to share information to support the Board in discharging its duties (this will include making enquiries to protect an adult at risk).
- 3.6 The Act has also placed adult SAPBs on a statutory footing. The Board has 4 core functions:
- Produce and publish a strategic plan which sets out the priorities for the Board, in addition to this the Board must publish an annual report which sets out the boards achievement in meeting its strategic objectives.
  - Monitor the effectiveness of local safeguarding arrangements
  - Undertake Safeguarding Adults Reviews (SARs) where required
  - Hold partner agencies to account for their safeguarding arrangements
- 3.7 The membership of the Board must comprise of the Local Authority, The Clinical Commissioning Group, the Police and any other organisation the Board deems appropriate. Members of the Board may pool financial resources (or resources in kind) to support the Board in delivering its core functions.
- 3.8 The Board **must** arrange for a Safeguarding Adults Review where there is reasonable cause for concern about how the Board, members of it, or other persons with relevant functions worked together to safeguard the adult, and:
- (a) The adult has died, and the SAPB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).
- Or
- (a) The adult is still alive, and the Board knows or suspects that the adult has experienced serious abuse or neglect.
- 3.9 The Board may arrange a Safeguarding Adults Review in other circumstances it deems appropriate.
- 3.10 Each member of the Board must co-operate in and contribute to the carrying out of Safeguarding Adults Reviews with a view to
- a) Identifying lessons to be learnt from the review
  - b) Applying those lessons to future work.

3.11 The local authority must make independent advocacy available to adults subject to safeguarding enquires or a Safeguarding Adult Review, where they will have substantial difficulty in engaging in the safeguarding process or Safeguarding Adults Review.

#### **4. Peer review**

4.1 In anticipation of the Care Act in the summer of 2014 the Board agreed to commission a peer review. The review used the Association of Directors of Adult Social Services (ADASS) peer review model. There were two main foci to the review:

- The Board's current performance against its current powers
- The Board's performance against its new duties

4.2 The Review was led by colleagues from Hampshire County Council, with support from Brighton and Hove Council, and South East ADASS.

4.3 The review highlighted the strengths of the Board and local partnership working, but also identified areas for the Board to consider ensuring that it remains effective in discharging its new duties. As a result of the peer review the Board has agreed to fund an Independent Chair and Business Manager post. These posts will support the Board in becoming independent of its member organisations and developing its approach to holding partner agencies to account for their safeguarding practice.

4.4 The peer review report can be found as annex A of this report.

#### **5. Membership of the Board**

5.1. The Board is currently chaired by the Interim Director of Adult Social Care, Health and Housing, however as previously stated in this report the Board will be appointing an Independent Chair. The Board has determined that it can meet on a quarterly basis rather than Bi-monthly. The Attendance record for the Board is set out in annex B. The Board's member organisations are currently:-

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

- 5.2. The Board has reviewed its membership during the year, as a result of the review the following organisations have been invited to join the Board:
- Involve (formally Bracknell Forest Voluntary Action)
  - Bracknell Forest Healthwatch
  - NHS England.
- 5.3. The Board's member organisations have undertaken a range of safeguarding activity during the period of this report which are summarised in the following section:

## **6. Developments by partner agencies during 2013-2014**

### **6.1 Bracknell Forest Council, Adult Social Care and Health**

- 6.1.1 The department has focused much of its work over the period of this report in ensuring it is able to meet its new statutory duties as set out in the Care Act 2014. There has been significant work undertaken by the department in training the workforce on the new legal framework for adult social care as well as working with local providers and the 3<sup>rd</sup> sector in ensuring the key messages of the Act are communicated to local stakeholders.
- 6.1.2 The departmental Adult Safeguarding Practice Guidance has been reviewed to ensure it is compliant with the Care Act. A training programme has been developed and delivered to ensure that staff across the department are aware of the Act and its implications for practice.
- 6.1.3 The department completed the implementation of Making Safeguarding Personal (MSP) during the year. The MSP approach is a core element of the Care Act, it is therefore positive that Bracknell Forest Council was an early adopter of this approach.
- 6.1.4 With regards to the Mental Capacity Act the department has revised its practice guidance for front line practitioners to further support them in supporting support people with care and support needs in line with their wishes and the Mental Capacity Act.
- 6.1.5 In response to the landmark judgement by the Supreme Court in March 2014 regarding the Deprivation of Liberty Safeguards (DoLS) the department has reviewed its operational model for responding to Dols applications. As a result of the review additional capacity has been created to ensure timely responses to DoLS applications. Annex C provides statistical analysis of DoLS applications received during the year.
- 6.1.6 The Safe Places scheme was re-launched in early 2015. The Scheme is now open to a wider group of people. Further information on the scheme can be found via the following link: <http://www.bracknell-forest.gov.uk/safeplace>

## **6.2 Bracknell and Ascot Clinical Commissioning Group (CCG)**

- 6.2.4 The CCG has continued to work with its providers to enable it to undertake its responsibility for ensuring that the organisations from which they commission services provide a safe system that safeguards vulnerable adults. Bracknell CCG has done this through strengthening contractual requirements and working closely with the Safeguarding leads.
- 6.2.5 Development of the safeguarding dashboard in anticipation of the Care Act implementation has assisted in analysis of safeguarding activity and provider status of safeguarding adult assurance; particularly for training, DOLs, Mental capacity act training, prevent and alert notifications. This has resulted in increasing awareness of the need to detect abuse as early as possible and encourages multiagency collaboration.
- 6.2.6 Close liaison between the deputy director of nursing (safeguarding) and provider safeguarding leads has established specialised supervision pathways and support for innovation in safeguarding as a firm part of provider planning. Swift notifications and liaison regarding concerns between the CCG and providers have meant timely interventions to keep people safer.
- 6.2.7 Primary care has an increased awareness of adult safeguarding responsibilities which will be further supported 2015/16.
- 6.2.8 The continuing healthcare team has undertaken specialised prevent training and MCA training updates. The deputy director of nursing (safeguarding) offers safeguarding supervision on a regular basis which has resulted in more consideration of a potential safeguarding issue and resulting actions.
- 6.2.9 Successfully winning a bid for funds to develop an MCA train the trainers programme across Berkshire and a Berkshire wide MCA conference will further assist in awareness of adult safeguarding across the health economy.

## **6.3 Berkshire Care Association (BCA)**

- 6.3.1 BCA is a representative association for care providers across Berkshire. The association remains committed to safeguarding people with care and support needs. During the period of this report the association facilitated a learning workshop. The workshop focused on the learning from the Orchid View serious Case review. The independent author of the SCR attended the workshop and spoke about review and the key learning points for providers and commissioners. The workshop was well received by attendees, with a number of local providers reflecting on their own provision in light of the recommendations from the Serious Care Review.

## **6.4 Bracknell Forest Community Safety Partnership**

- 6.4.1 The Domestic Abuse Service Co-ordination (DASC) project has been in operation for the period of this report. As stated in the development plan for 2014/2015 the project has been supported by Cambridge University. During the year the project has been subject to evaluation by the University. The outcome of the evaluation is that the project is able to demonstrate a positive impact in regards to reducing repeated domestic incidents and that

the project should continue and a further evaluation will take place within the next year.

## **6.5 Berkshire Healthcare Foundation NHS Trust**

- 6.5.1 The Trust continues to focus on ensuring its workforce is appropriately skilled and trained on adult safeguarding and is able to work in partnership with local partners. The Trust hosts the pan Berkshire adult safeguarding meeting, which provides an opportunity for LA and NHS safeguarding leads to meet to discuss common issues.

## **6.6 Frimley Park NHS Foundation Trust**

- 6.6.1 Frimley Park NHS Foundation Trust merged with Heatherwood and Wexham Park NHS Foundation Trust on the 1<sup>st</sup> October 2014 to become Frimley Health NHS Foundation Trust.
- 6.6.2 The work undertaken during the period of this report has led to a greater understanding of adult safeguarding across the Trust; this has resulted in an increase in the number of referrals being made as well as an increased quality in terms of the information provided within the referral. Staff are now confident of the referral pathway and when to seek advice from the dedicated lead.
- 6.6.3 Half of the Trust consultants have received training in safeguarding, MCA and DOLS in the past 4 months.
- 6.6.4 Publicity material has been made available across the Trust that details the safeguarding leads for adults and children and how to contact them.

## **6.7 Heatherwood and Wexham Park NHS Foundation Trust**

- 6.7.1 Heatherwood and Wexham Park NHS Foundation Trust merged with Frimley Park NHS Foundation Trust on the 1<sup>st</sup> October 2014 to create Frimley Health NHS Foundation Trust the Heatherwood and Wexham Park sites of the Trust focused their work on improving the quality of care experienced by patients and therefore prevent neglect and abuse.
- 6.7.2 The Trust has improved joint working arrangements to ensure that local safeguarding arrangements are effective, responsive and co-ordinated. This work means that Adults with care and support needs that are in-patients have greater protection from abuse.
- 6.7.3 There continues to be a training programme for staff to ensure increased awareness and knowledge of the safeguarding adults' framework to respond in a more timely appropriate way to concerns.
- 6.7.4 The Trust has participated in Serious Case Reviews (SCR) and Serious Incidents Requiring Investigations (SIRI) which have resulted in learning for the Trust. Whilst none of the circumstances that led to the Serious Case Review or SIRIs related to Bracknell Forest residents the learning will be of benefit to Bracknell Forest residents who use the services at either the Heatherwood or Wexham Park sites.

## **6.8 Royal Berkshire Fire and Rescue Service (RBFR)**

6.8.1 RBFRS have dedicated considerable time developing local working relationships between their service and the Board, with an aim of ensuring that the key documents referred to in the 2014/2015 development plan become the foundation of ongoing partnership working.

## **6.9 Thames Valley Police**

6.9.1 A continued “It’s never ok” domestic abuse awareness campaign has been carried out throughout the year, with a focus over the Christmas two week period utilising social media. The web site has been reviewed. Leafleting has continued with partner involvement and leaflets given out at all domestic abuse incidents attended by the police in Bracknell Forest.

6.9.2 All local officers have attended a briefing session on adult safeguarding. The session has led to increased awareness of adult safeguarding and local partnership arrangements. In turn this has led to an increase in engagement in safeguarding meetings.

## **6.10 National Probation Service**

6.10.1 The National Probation Service is a new organisations that took over the work of the local probation Trust. The former Trust for the Bracknell Forest area was the Thames Valley Probation Trust. The Trust is represented on the Board by a senior probation officer who is familiar with local arrangements. The senior Probation Officer also co-chairs the Local MAPP (Multi Agency Public Protection Arrangements) with a senior representative from Thames Valley Police.

6.10.2 Much of the work undertaken during the year has been focused on establishing the new organisation and ensuring that partnership arrangements are in place and effective.

## **6.11 West London Mental Health Trust (Broadmoor Hospital)**

6.11.1 During the course of the year the hospital has implemented Mental Capacity procedures and training programme as planned. In addition to West London Mental Health Trust’s policy on The Mental Capacity Act, the Hospital has developed a local protocol to aid staffs awareness and familiarisation with undertaking capacity assessments.





6.11.2 In this initial year of implementation there have been a total of 8 capacity assessments undertaken, with three cases being referred to The Court of Protection and two cases involving an IMCA. As we continue to promote full adherence to the Mental Capacity Act, it is envisaged that there will be a substantial increase in capacity assessments.

6.11.3 To date the hospital has run a total of four half day training sessions on the Mental Capacity Act at Broadmoor Hospital, with further training dates to be scheduled throughout 2015 and 2016. And all departments in the hospital have been provided with a ‘quick guide’ on the MCA. This is in addition to distributing inflation leaflets on the key elements of the MCA.





- 6.11.4 In June 2014, the Department of Health published the enquiry report concerning Jimmy Savile and Broadmoor Hospital. It was positive to note that the report highlights the significant developments in relation to safeguarding at the hospital in recent years. However the report made recommendation “the arrangement that separates local authority responsibility for safeguarding from the provision of social workers should be reviewed within the next year, and that a risk assessment and appraisal of alternative options should be carried out.”
- 6.11.5 Following the Savile Enquiry report, the Trust then commissioned an external review to analyse and inspect current Governance arrangements. This report was completed and distributed in March 2015.
- 6.11.6 Throughout 2014-2015, briefing sessions on safeguarding were provided at all ward community meetings, to further develop patient awareness.
- 6.11.7 The Hospital will maintain a transparent approach to safeguarding, where patients and staff can report concerns either internally, via Bracknell Forest Council or to the Care Quality Commission. We continue to have Bracknell Forest Council representation on our safeguarding adult panel meetings held every two months and we invite the Care Quality Commission to these meetings.


















## 7. Progress against the objectives set out in the 2013/2014 Annual Report







Status Legend	
Where there may be delay in achieving the action.	
Where the action has started, is not yet completed, but is on schedule	
Where the action has been completed (regardless of whether this was on time or not)	
Where the action is no longer applicable for whatever reason	







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Developments	Year End Update	Status
<b>Bracknell and Ascot Clinical Commissioning Group (CCG)</b>		
The CCG will undertake Prevent training	The Deputy Director of Nursing has undertaken prevent 'train the trainer' training and will be rolling out the training before year end.	
The CCG will undertake FGM training	Relevant leads have undertaken training	
Will update its suite of policies to ensure they cover MCA/DoLS and Prevent	Complete	
Maintain adult safeguarding training as 90% by end 2015	Achieved	









Developments	Year End Update	Status
Develop a safeguarding page on intranet which provides updates of safeguarding adult activity and policy	Complete	
Develop a dash board of safeguarding adult data for internal Board reporting	This has been developed and is reported to the internal quality committee.	
Continue to work collaboratively with Bracknell Safeguarding Adults Board and subgroups	Attending meetings and working on shared agenda- Orchid view action plan.	
Extend and recruit to safeguarding team to support the safeguarding lead	Additional capacity within the safeguarding team has been created.	
Continue to support safeguarding adult updates as part of primary care training	Due to present at BASE six monthly.	
<b>Berkshire Care Association (BCA)</b>		
Safeguarding will continue to be a core theme of all provider meetings	This continues to be the case.	
BCA will host a conference in Oct 2014, adult safeguarding will feature as an element of the conference agenda and workshops were appropriate.	A Joint conference was held in November on the learning outcomes from the orchid View SCR. This event was organised in partnership with the 3 LA for the East of Berkshire.	
<b>Bracknell Forest Community Safety Partnership</b>		
Implement the outcome of the DASC evaluation.	The evaluation of the DASC project by Cambridge University was completed in January 2015. Early findings indicate that the project is effective at reducing harm caused to victims of domestic abuse. The recommendations of the review are currently being implemented and the project is being extended to allow further evaluation by Cambridge University.	




Developments	Year End Update	Status
An additional Domestic Abuse perpetrator intervention will be developed.	A new perpetrator service, Straight Talking, has started in Bracknell Forest to take referrals which fall outside the criteria DAPS and DASC. However numbers of referrals continue to be low.	
The E-safety group will continue to review the training and publicity material to ensure it reflects new technologies, risks and guidance	E-Safety training and publicity material has been updated a number of times throughout the year to ensure it reflects new technologies, risks and guidance.  Workforce training has been delivered to members of the local workforce who work with adults at risk and other vulnerable groups. Awareness raising sessions have also been delivered directly to vulnerable adults and their carers.	
<b>Bracknell Forest Council Adults Social Care, Health and Housing</b>		
Pilot and implement the revised departmental Quality Assurance Framework.	The pilot has been completed and the new framework is now operational.	
Implement the learning from the Making Safeguarding Personal project across the department	The learning from the pilot is being rolled out across the department. To support the roll out the department has joined the LGA/ADASS MSP project for a second year.	
Revise the mental capacity best practice guidance.	The guidance has been revised and has been rolled out across the department.	
Undertake a scoping exercise regarding the possible development of a Multi-Agency Safeguarding Hub; this is a joint action with TVP	Following meetings with police it has been determined that at this time there is not sufficient demand for a Multi-Agency Safeguarding Hub in Bracknell Forest.	
Review the Bracknell Forrest Safeguarding Adults Partnership Board in light of the statutory changes brought about by the Care Bill	The Board had a peer review in December 2015, the outcome of the review feed into the Boards' away day in February 2015 with the Board agreeing its new structure.	

Developments	Year End Update	Status
Lead on the implementation of the operational safeguarding elements of the Care Bill	A programme Board has been formed overseeing all elements of the Care Act. Safeguarding is a work stream within the implementation plan. All safeguarding elements have been delivered in time for the 1 <sup>st</sup> April 2015.	
On behalf of the Board lead on the strategic safeguarding elements of the Care Bill	The Board agreed its membership at its away day in February 2015.	
Develop a strategy jointly with CCG in response to the Cheshire and Chester West Judgement by the Supreme Court.	The department's strategy for responding to the increase demand post Cheshire and Chester West was developed in consultation with the CCG. The CCG continues to be part of the Pan Berkshire MCA/DoLS group.	
<b>Bracknell Forest Council Learning and Development</b>		
Update the East Berkshire Safeguarding Adults workforce strategy	BFC Learning and Development contributed to a multi-agency workshop led by Slough Borough Council to update the strategy. The revised strategy will continue to be incorporated into relevant safeguarding training during 2015-16.	
Develop a range of workshops/events to enable staff to develop a better understanding of working with people with dementia	A three tiered dementia training programme was commissioned for family carers, care workers and senior carers and managers supporting people with dementia. This training was provided by Peter Kaye Associates and overall participant feedback was positive. Dementia training provision will be reviewed during 2015-16.	
Introduction of an assessment of participants' understanding of level 1 safeguarding training undertaken.	Since the introduction of the assessment in June 2014 over 97% of attendees have passed the assessment on their first attempt. This strongly indicates that the learning objectives of the level 1 safeguarding course are being conveyed effectively.	






Developments	Year End Update	Status
Review the current approach to measuring the impact of safeguarding training during 2014/2015 with a proposed new methodology being piloted before March 2015.	Unfortunately the response rate to the safeguarding level 1 impact survey continued to remain low (9%). The new approach introduced in February 2015 sees the online impact survey for Safeguarding Level 1 training being sent directly to managers from the Head of Adult Safeguarding and practice development. Feedback from the Level 2/3 Safeguarding being sought informally and collated by the Safeguarding Development Workers.	
<b>Bracknell Forest Safeguarding Adults Partnership Board</b>		
The Board will seek to engage with the National Probation Service, and clarify its commitment to adult safeguarding work and the work of the Board.	The National Probation Service is represented on the Board and has contributed to the work of the Board.	
<b>Berkshire Healthcare Foundation NHS Trust</b>		
Continue to explore strategies for increasing individual involvement and participation in safeguarding adults policies and procedures	Work is currently underway to develop materials to raise awareness for Patients and carers of Safeguarding Adults across services in BHFT. There is a link to Bracknell safeguarding leaflets on the BHFT website.	
Work with the BHFT audit team to develop internal safeguarding audits to ensure best practice is being used	The audit tool has been completed and audits are now undertaken.	
To monitor training delivery and ensure that all staff are trained at an appropriate level across services	As of February 2015 compliance for Safeguarding Adults Level 1 Training was 94% in Bracknell with 76 Senior practitioners trained at level 2.	
Develop a Mental Health Safeguarding Adult champions group across the Trust	This action has been reviewed and rather than develop specific Mental Health Safeguarding Champions, a series of workshops have been held using the Listening into Action model to support staff in identifying what will support their practice and ensure that good safeguarding practice is adhered too.	





Developments	Year End Update	Status
Ensure the policy is updated to reflect any local or national changes	The Safeguarding Adult Policy was reviewed and re-issued in March 2015 to reflect changes due to impact of Care Act. It is reviewed annually and amended as and when there are significant local or national changes.	
Support the delivery of the MCA and DOLS training across the Trust	<p>The MCA &amp; DOLS training strategy that was implemented in January 2014 continues to be rolled out to staff across the Trust with a good uptake and an additional day has been added to the Trust induction programme to ensure that all identified staff are trained in MCA and DOLS when they start with the Trust.</p> <p>We are currently working with CCG to develop a train the trainer course due to start in July 2015.</p>	
Continue to deliver HealthWRAP to identified staff groups	<p>The safeguarding Adults team exceeded the projected 400 staff target and actually achieved 540 staff trained in HealthWRAP during 2014/15. This is in addition to the staff that attended awareness sessions through induction or safeguarding refresher training. The majority of identified MH Practitioners have been trained and the HealthWRAP target group for 2014/15 is staff working in Learning Disability services and CAMHS staff.</p> <p>BHFT has a dedicated PREVENT lead that takes all PREVENT concerns and liaises directly with the CHANNEL co-ordinator at SECTU.</p>	
Continue to chair the Berkshire wide safeguarding adults group	The safeguarding Adult Partnership group continues to be hosted and Chaired by the BHFT safeguarding Adults team on a quarterly basis.	

Developments	Year End Update	Status
<b>Frimley Park NHS Foundation Trust</b>		
The Trust will appoint a new Safeguarding Lead for the organisation.	Post successfully recruited to.	
Further training on the Mental Capacity Act to ensure the principles are embedded into practice.	Training Needs Analysis has been developed, staff identified and training now taking place.	
Full improvement plan on key aspects of training, Mental Capacity Act, Deprivation of Liberty Safeguards, and Prevent.	Training strategy reviewed and updated to include MCA and DOLS. Work on Prevent currently underway.	
Closer scrutiny of complaints.	Safeguarding Lead working with complaints manager and complaints team to review complaints to ensure safeguarding elements are identified and investigated as per agreed processes.	
Implementation of the Care Act 2014	Initial preparatory work has been undertaken and detailed implementation plan will be developed when the government consultation ends and the results are published.	
Review and update of falls prevention strategy	Review currently underway.	
Further increase use of hospital passports and 'This is Me'	'This is me' now being used in all areas (were relevant) across the hospital.	
<b>Heatherwood and Wexham Park NHS Foundation Trust</b>		
Ensure that our staff have the required training for their specific roles	The Trust Level 1 Safeguarding Adult training package has been updated to focus on raising awareness and informing staff of the process of how to make a safeguarding alert, in partnership with Slough Social Services. This has been incorporated in the Trust Induction and Essential training programmes.	

Developments	Year End Update	Status
	<p>Level 2 training has been introduced as part of Trust's Safeguarding Adults training programme this year for band 7 and above clinical staff.</p> <p>A Safeguarding Adults Training Improvement Plan has been devised and implemented to facilitate staff and volunteers in completing the required level of training necessary for them to effectively recognise and work within the Safeguarding Adults framework. The delivery and monitoring of this is undertaken by the Trust Safeguarding Adults Group which reports to the Patient Safety Group.</p>	
Further develop and embed the framework provided by the Mental Capacity Act throughout the Trust;	Trust Level 1 Training has been updated for all staff to have an understanding of the MCA. Level 2 training is now available to senior staff to obtain greater understanding of the legislation.	
Develop our work with patients who may need to have restrictions and restraints on their behaviours in their best interests	<p>Level 2 Safeguarding Adults Training now for all bands 7 and above clinical staff to provide further education on DOLS.</p> <p>DOLS co-ordinators have presented at Matrons Meetings and Senior Nurse meetings to raise awareness.</p> <p>From this education and training the number of DOLS applications that the Trust makes has significantly increased.</p>	
Develop work with our health and social care partners to achieve consistency around the safeguarding thresholds, particularly in relation to care concerns and ineffective discharge	The Trust Safeguarding Adults Group meets bi-monthly and is chaired by the Associate Director of Nursing (Patient Safety) with multi-agency membership. This is supported by a sub group that focuses on operational issues which meets on a monthly basis to identify themes, trends and training needs.	



Developments	Year End Update	Status
Improve the content of the Intranet and Internet pages for the Trust around safeguarding	The Trust's Safeguarding Adults Intranet page has now been updated and a separate section for DOLS information has been created. The Trust's external website will be updated following the acquisition process with Frimley Park, and the new Trust is operational.	
<b>Royal Berkshire Fire and Rescue Service (RBFR)</b>		
Creation and use of a Memorandum of Understanding and Information Sharing Protocol regarding home safety checks and wider adult safeguarding issues.	Fire Safety Guide for Adults at risk and accompanying MOU developed in draft but shared with SAPB's across Berkshire and presentations being provided to safeguarding forums and provider groups	
Confirmation of the Fire Service 'offer' will support further those at risk of and from fire.	As above and in addition a demonstration of a portable sprinkler system highlighted in the fire safety guide as a system to protect the most vulnerable in a fire situation has taken place within Bracknell Forest.	
<b>Thames Valley Police</b>		
Undertake a scoping exercise regarding the possible development of a Multi Agency Safeguarding Hub; this is a joint action with Adult social care.	Initial partnership MASH meetings have taken place. Further meetings are planned with a view to clarifying what local arrangements will be post 1 <sup>st</sup> April 2015.	
Implement the refreshed domestic abuse publicity campaign	The "It's Never OK" domestic abuse campaign and website has been launched. <a href="http://www.itsneverok.co.uk">www.itsneverok.co.uk</a> . Comprehensive media campaign to launch site was put in place, including online, newspaper and radio. Leaflets have been produced and are now being distributed.	

Developments	Year End Update	Status
<b>West London Mental Health Trust (Broadmoor Hospital)</b>		
To fully implement the Trust's Mental Capacity Act policy. Once this is fully operational it will be subject to evaluation and review.	The policy is now implemented.	
Further develop patient involvement in their safeguarding process as well as consultation within any associated areas of policy development	The hospital has convened safeguarding case conferences involving patients. A patient leaflet is in its final developmental stages. Patients safeguarding plans are discussed with them within the Clinical Team Meetings. A briefing to patient representatives was undertaken in relation to safeguarding procedures.	
Provide Carer Safeguarding training, the first session scheduled for May 2014.	A training session for carers was delivered with limited engagement. There will be plans to undertake further training sessions for Carers this year.	
The Trust will implement PREVENT training and will employ a full time Named Practitioner for Safeguarding Adults and a full time Safeguarding Adult Advisor / Trainer.	The Director of Safeguarding is now driving forward the PREVENT initiative. This is also in conjunction with the security department within the hospital. Broadmoor has accredited trained staff to deliver PREVENT. The Trust will also be advertising for a Safeguarding Adult Training Lead and Project Development Lead in due course. Funding has been agreed but as yet the posts have not been advertised.	

## **7 Bracknell Forest Safeguarding Adults Forum**

7.1 The forum provides meets on a quarterly basis and is an information sharing and consultation forum, which supports local stakeholders to remain engaged in the safeguarding agenda.

7.2 79 (70 people in 2013/2014) people have attended the group over the past year including representatives from:-

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

Speakers at the forum have included:-

- Community Safety Manager
- Care Act Programme Lead
- Domestic Abuse Co-ordinator
- Head of Adult Safeguarding and Practice Development
- Safeguarding Development Workers

## **8 Care Governance Board (CGB)**

8.1 Bracknell Forest Council's Adult Social Care has an established approach to monitoring the quality of care and support (Care Governance) arrangements it directly provides or commissions from the private independent or voluntary sector. The full care governance policy and procedures are available via the following hyperlink.

<http://www.bracknell-forest.gov.uk/care-governance-policy-and-procedures.pdf>

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

## 9 Training provided by Bracknell Forest Council

Table 1

Course	Total Attendance (of which PIV)	% of places filled
Safeguarding Level 1	200 (PIV 90)	89%
Safeguarding Level 2/3	14 (PIV 0)	50%
Adult Safeguarding Best Practice Seminar	136 (PIV 17)	81%
Introduction to Domestic Abuse	61 (PIV 18)	65%
Mental Capacity Act Masterclass	16 (PIV 5)	33%
Mental Capacity Act Safeguards	86 (PIV 9)	89%
Mental Capacity Act Refresher	10 (PIV 0)	63%
Mental Capacity Assessment and DOLS Ruling	100 (PIV 6)	91%
DOLS and MCA Masterclass	8 (PIV 3)	44%
Safer Recruitment – Adult Social Care Workforce	4 (PIV 1)	29%

- 9.1 Table 1 sets out the breadth of training opportunities made available to local stakeholders during 2014/2015 the Learning and Development team have attempted to seek from delegate's managers the impact of their staff attending safeguarding training. The response rate has been disappointingly low (7% for staff attending level 1 and 5% for staff attending levels 2 and 3). Therefore the current approach will be reviewed during 2014/2015 with a proposed new methodology being piloted.

## 10 Mental Capacity Act

### Adult Social Care IMCA referrals

Referring Team/Service*	2012/2013	2013/2014	2014/15
Mental Health – Older People	2	1	2
Mental Health*	2	2	1
Learning Disabilities	15	13	7
Older Persons Teams	10	6	2
Safeguarding	1	2	1
Supervisory Body, (ref. DoLS)	3	2	20
<b>Total</b>	<b>33</b>	<b>26</b>	<b>33</b>

### NHS/Private Health referrals Berkshire wide

Referring Team/Service**	2012/2013	2013/2014	2014/15
Continuing Health Care	1	1	3
Dental Services	2	1	4
Podiatry	1	0	2
Prospect Park Hospital (Provided by BHFT)	2	3	7
Royal Berkshire Hospital NHS Foundation Trust	3	6	22
St Marks Hospital	2	1	0
Supervisory Body ( ref. DoLS)	3	0	6
Thornford Park Hospital (private)	1	2	3
Wokingham Hospital / Barkham Day Hospital	1	2	4
Frimley Health NHS Foundation Trust	0	4	11
<b>Total</b>	<b>16</b>	<b>20</b>	<b>62</b>

- 10.1 There has been an increase of 7 referrals (26%) for an IMCA by adult social care during the year. All social care teams are aware of the specific circumstances where an IMCA referral MUST be made, however an ongoing training programme is in place to ensure staff remain aware of and put into practice, the requirements of the mental capacity act.

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

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

- 10.2 There was an increase of 42 (210%) in the number of IMCA referrals made by the NHS, both across Berkshire and specifically for Bracknell Forest residents (15) referrals related to Bracknell Forest residents, compared to five the previous year).
- 10.3 To further develop understanding of and compliance with the MCA, Bracknell and Ascot Clinical Commissioning Group and Bracknell Forest Council's Adult Social Care Department were successful in a bid for innovation funding from NHS. The one off funding will be used to develop a train the trainer programme for staff working across the NHS and Adult Social Care. The tailored training package will then be rolled out to enable staff to deliver the training package within their organisation.
- 10.4 The Supreme Court set out in March 2014 what circumstances amount to a deprivation of liberty; this is often referred to as the 'acid test'. This has resulted in a 2000% increases in the number of Deprivation of Liberty Safeguards applications from care homes and hospitals. In making this ruling the Court also held that the 'acid test' applies in domestic settings as well as care homes and hospitals. However where someone is being deprived of their liberty in domestic settings only the Court of Protection can authorise this. As a result of this court of protection has established a 'streamlined' process for making deprivation of Liberty applications. This revised process was confirmed in the later part of 2014. In response to the streamlined process Adult Social Care, Health and Housing has now established a robust plan of action to ensure that where the department is supporting someone in their own home and the acid test applies practitioners are able to appropriately make applications to the court.
- 10.5 It should be noted that the streamlined process for court authorised deprivation of liberty is subject to a legal challenge and therefore may change.

## 11 Development plan for 2015 -2016

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Agency	Actions
<b>Berkshire Healthcare NHS Foundation Trust</b>	<ul style="list-style-type: none"> <li>➤ Continue to support the work of Bracknell SAPB working closely with all agencies to improve adult safeguarding practice.</li> <li>➤ To ensure that staff targets for MCA/ DOLs and adult Safeguarding training are met. Develop a train the trainer course for MCA/DOLS to further support staff knowledge of the principles of the MCA and apply the principles in practice.</li> <li>➤ Wrap training dates on the training slate of the intranet for staff to access for 2015.</li> <li>➤ Continue to chair the Adult Safeguarding Partnership Group</li> </ul>
<b>Berkshire Care Association.</b>	<ul style="list-style-type: none"> <li>➤ This years annual Conference in Oct 2015 will have Safeguarding as major theme.</li> <li>➤ Berkshire Care Association has appointed a development officer to work with care providers in raising standards with particular emphasis on safeguarding issues.</li> </ul>

Agency	Actions
<b>Bracknell and Ascot Clinical Commissioning Group</b>	<ul style="list-style-type: none"> <li>➤ New safeguarding lead to work with Deputy Director of Nursing (safeguarding) April 2015.</li> <li>➤ Agreement to make a financial contribution to the running of the Bracknell Forest Safeguarding Adult Board on behalf of local NHS organisations.</li> <li>➤ To remain a key and active member of the Board and appropriate subgroups.</li> <li>➤ Self-assessment tool adult safeguarding tool will be developed and rolled out to providers and analysed by the CCG safeguarding team for gap analysis/improvement planning.</li> <li>➤ Led by the Deputy Director of Nursing, development of MCA train the trainers programme for health and social care providers; including ongoing support for the trainer pool.</li> <li>➤ Working with West Berkshire CCGs plan and implement a MCA cross Berkshire conference.</li> <li>➤ Ongoing monitoring of provider safeguarding activity at the CCG Quality Committee.</li> <li>➤ Primary care safeguarding BASE training with emphasis on the Care Act implications prevents training, MCA/DOLs and lessons from national and Berkshire serious case reviews.</li> </ul>
<b>Bracknell Forest Adult Social Care</b>	<ul style="list-style-type: none"> <li>➤ Adult Social Care will review its operating model for responding to safeguarding concerns in light of the Care Act.</li> <li>➤ To embed the making safeguarding personal approach across all services.</li> <li>➤ To review the safeguarding performance monitoring information to ensure that it captures both qualitative and quantitative information</li> </ul>



Agency	Actions
<b>Bracknell Forest Community Safety Partnership</b>	<ul style="list-style-type: none"> <li>➤ Maintain a programme of training around relevant community safety issues, such as Domestic Abuse (including MARAC and DASH, Stalking and Harassment Awareness and Honour Based Violence and Forced Marriage), E-Safety and Prevent.</li> <li>➤ Develop a programme of E-Safety awareness raising sessions for community groups working with vulnerable adults.</li> <li>➤ Implement actions from the MARAC Action Plan and learning from local and national Domestic Homicide Reviews.</li> <li>➤ Maintain and develop new publicity campaigns to raise awareness of Domestic Abuse and E-Safety.</li> <li>➤ Further develop the DASC project, taking in to account the recommendations made by Cambridge University.</li> </ul>
<b>Bracknell Forest Council Learning and Development Team</b>	<ul style="list-style-type: none"> <li>➤ Review and update all safeguarding training to ensure they are commensurate with the Care Act and the associated statutory guidance.</li> <li>➤ Redesign the safer workforce training to reflect feedback from providers and ensure compliance with the Care Act.</li> <li>➤ Monitor and evaluate the success of the new approach to impact evaluation and review this again if necessary.</li> </ul>
<b>Bracknell Forest Safeguarding Adults Partnership Board</b>	<ul style="list-style-type: none"> <li>➤ Recruit and Independent Chair and Business Manager.</li> <li>➤ Develop the board safeguarding strategy in consultation with Healthwatch.</li> </ul>

Agency	Actions
Frimley Health NHS Foundation Trust	<p><b>Learning and Development</b></p> <ul style="list-style-type: none"> <li>➤ Current safeguarding adults training to be reviewed to meet the needs of the new organisation, Frimley Health NHS Foundation Trust.</li> <li>➤ Training for level 1 and 2 are now in place and will continue to be delivered in order to reach the target of 95% over three years.</li> <li>➤ Level 3 training is now in place and has been opened up to include all trained professionals from band 6 and above.</li> <li>➤ Level 3 training is now in place and has been opened up to include all trained professionals from band 6 and above.</li> <li>➤ Share good safeguarding adults practice across the whole of the new organisation to improve outcomes for patients</li> <li>➤ To facilitate further Prevent training Trust wide.</li> <li>➤ To facilitate further Mental Capacity Act training for clinical staff.</li> </ul>

Agency	Actions
<b>Frimley Health NHS Foundation Trust</b>	<p><b>Organisational Developments and Governance</b></p> <ul style="list-style-type: none"> <li>➤ Ensure the formal links between the safeguarding leads and the complaints team are effective in ensuring that all complaints that come in to the Trust are reviewed to see if there are any safeguarding concerns within the complaint</li> <li>➤ Develop effective partnership working between the two Safeguarding Adult Leads in the new organisation Frimley Health NHS Foundation Trust.</li> <li>➤ To implement the legislative guidance that will be mandated following the Care Act</li> <li>➤ To complete the Annual Safeguarding Adults Self Assessment and Assurance Framework Tool and monitor progress against the agreed actions.</li> </ul>
<b>National Probation Service</b>	<ul style="list-style-type: none"> <li>➤ The DIVERT Scheme will continue as there is clear evidence of its success</li> <li>➤ The personality disorder project will continue to operate in Bracknell with the assistance and intervention of the Forensic Psychologist.</li> </ul>
<b>Royal Berkshire Fire and Rescue service</b>	<ul style="list-style-type: none"> <li>➤ Continue to develop stronger links with the Adult Safeguarding Partnership Board as a result of very good progress during 2014/15 with the aim of further improving awareness of services provided by RBFRS which can support the Boards objectives</li> <li>➤ RBFRS intends to reduce the number of fire deaths and injury from fire and to work closely in partnership to learn where incidents do occur.</li> </ul>

Agency	Actions
Thames Valley Police	<ul style="list-style-type: none"> <li>➤ To continue to be active participants in the Board</li> <li>➤ To continue the campaign to raise greater awareness of the support that is available and to encourage victims to report incidents of domestic abuse.</li> </ul>
West London Mental Health Trust	<ul style="list-style-type: none"> <li>➤ Work will be progressed to embed the Care Act into practice.</li> <li>➤ The current safeguarding adult's guidance pack will be revised in the next three months to ensure that we have incorporated Care Act provisions and Duties and a more generic threshold definition.</li> <li>➤ The Safeguarding Adult training package which is delivered on a monthly basis will be updated throughout the year to ensure the training represents all recent developments, national and local, including PREVENT. Within 2014-2015 we had an overall 97% staff completion rate.</li> <li>➤ The Trust is recruiting two Safeguarding Adult posts, the first being a Safeguarding Adult Development post and the second a Trainer position. These are full time posts and the functions will be able to support Broadmoor Hospital in continuing to develop its safeguarding procedures and ensure staff and patient awareness.</li> <li>➤ The hospital Social Workers are currently undertaking a modular programme on the Care Act 2014, which includes a full one day training session on the Care Act and Safeguarding.</li> <li>➤ We are developing a short briefing session on the Mental Capacity Act, where the Social Workers will brief staff and patients within the structure of the wards' community meetings. Work will also progress to make the Mental Capacity Act training a mandatory training package. Training on mental capacity is also being delivered across the whole of West London Mental Health Trust.</li> <li>➤ We are in the process of creating patient leaflets on safeguarding adults.</li> <li>➤ Wall charts providing detailed process mapping on The Mental Capacity Act, Mental Health Act and Deprivation of Liberty Safeguards are being obtained to be displayed in ward areas.</li> </ul>



## **Bracknell Forest Safeguarding Peer Review 17th and 18th December 2014**

### **Summary**

The review team found that the Bracknell Forest Safeguarding Adults Partnership Board (SAPB) is well managed, chaired and is addressing the main concerns that place people at risk within the Borough. The Board is underpinned by a very effective, approachable value driven local authority safeguarding team which is highly regarded, both within the Council and with partners, ensuring the delivery of a good operational response.

Partners were keen to ensure that all stakeholders and partners should contribute to improving adult safeguarding arrangements and saw the review as key to this, feeding into the away day planned for early February.

Political leadership was seen as a key component to the how safeguarding is seen across the Borough, giving continuity and a clear vision, with an Elected Member who has an excellent understanding of safeguarding. The Chief Officer Adults and Joint Commissioning and the Head of Adult Safeguarding and Practice Development also provide strong safeguarding leadership.

Much of the activity to support the partnership depends on the Adult Social Care. Whilst other partners are clearly active in addressing risks and ensuring safety in their own services, they appear to let the ASC pick up most of the work associated with the partnership. Inevitably, meetings and agendas are therefore dominated by the ASC agenda and what ASC has the capacity to do. Partners need to become more active contributors if the partnership is to be fit for the new Care Act arrangements and:

- better reflect that Adult Safeguarding is everyone's business
- achieve more transparency about what all agencies are doing in respect of Safeguarding
- be confident that communication between partners and ownership of SAPB work is as good as it can be
- gain synergies and added value for individuals and the community of cross agency working

The review team was told that all partners would welcome the appointment of an Independent Chair provided there are resources to support this and necessary support arrangements. It was recognised that statutory partners would be asked to provide support if this were to be agreed. The review team would suggest that alongside this:

- The resources necessary to support the SAPB (an Independent Chair if agreed and support arrangements) are identified and statutory partners should formally agree how much they will each contribute.
- Partners should identify ways of pooling their training resources to cover an agreed programmed of training each year.
- membership of the Board should be reviewed so that it includes a wider range of organisations (especially GPs) and the right level of decision makers
- There is a distinction between voting members and people who are dealing with specific issues or reporting on agreed actions (a memorandum of agreement may be useful in formalising and supporting this).
- The inclusion of the carers and service user voice should be reviewed to ensure that it is directly linked to the Board.

Other suggested areas for consideration are identified within the body of this report.

## **Introduction and background**

As part of the South East Directors of Adult Social Services (SE ADASS) sector led improvement initiative, Bracknell Forest agreed to a review of safeguarding, supporting the improvement of services and performance whilst not straying into regulatory territory.

Following discussions with the DASS and Head of Adult Safeguarding and Practice Development it was agreed that the review would address the following key areas of enquiry:

### **Focus:**

- The Board's current performance against its current powers
- The Board's performance against its new duties

### **Outcomes:**

- To provide a report for the Board that details what could make the Safeguarding Adult Board more effective

### **The review team comprised:**

- Ruth Dixon (Deputy Director, Hampshire County Council)
- Michelle Jenkins (Head of Safeguarding, Brighton & Hove Council)
- Jane Duncan (Assistant Director, Integrated Delivery, Hampshire County Council)
- Jane Simmons (SE ADASS Sector Led Improvement lead)

The Head of Adult Safeguarding and Practice Development for Bracknell Forest, Alex Bayliss, provided support prior to and during the review.

A questionnaire was sent to partners on the SAPB and the results, plus a range of information about the SAPB was provided to the team prior to the visit.

The team held a number of interviews and focus groups with members of the SAPB (or representatives). In total people were seen from:

- 12x Bracknell Forest, ASC staff
- 7x local providers of social care services
- 5x Board members
- 5x Commercial care providers
- 3x Bracknell Forest Housing, Community Safety and Learning and Development staff
- 1x Health watch
- 1x Councillor

Bracknell Forest sits within the County of Berkshire. The six Councils co-operate closely and have developed multi-agency procedures. There are four separate safeguarding Boards, of which Bracknell Forest is one. A number of agencies work across numerous Councils the Police cover Thames Valley and are required to attend seven Boards. Other organisations for example, the NHS are also required to attend a number of Boards. This has resulted in Bracknell Forest Council dominating the Partnership Board.

The Bracknell Forest Safeguarding Adults Partnership Board currently meets six times per year but will be moving to quarterly meetings in 2015/2016 and has representatives from:

**Adult Safeguarding – Everybody's Business**

- Bracknell Forest Council
- Berkshire Care Association
- Bracknell and Ascot CCG
- Berkshire Healthcare Foundation Trust
- Frimley Health NHS Foundation Trust
- Thames Valley Police
- Bracknell Forest LSCB
- National Probation Service
- West London Mental Health Trust (Broadmoor Hospital)
- London Borough of Ealing
- Local Safeguarding Children's Board
- CQC (l x p.a)
- South Central Ambulance Trust

## **How the Board works**

### **1.1 Strengths:**

#### **1.1.1 Overall**

- All those people interviewed suggested that the current chairing was good and the SAPB well supported
- All partners were committed to actively engage with the safeguarding agenda within their own organisations and were keen to ensure that the work of the Board led the safeguarding agenda across the Borough.
- The SAPB relationships and partnerships across the whole system were seen to be good there was clearly a willingness to move forward and problem solve issues to improve the Board.
- Most people responding to the questionnaire understood who in their organisation was responsible for safeguarding, knew who sat on the SAPB from their organisation.
- Glyn Jones/Alex Bayliss are seen as having primary responsibility for safeguarding within the Borough rather than this being a shared responsibility.
- Board members were asked what its strengths were. These included:
- Membership and participation from across all partners agencies
  - Provided good leadership
  - Good place to share information, learn from issues facing each individual organisation and look at examples of best practice
  - Is quick to take action when necessary and delivers what is required with regard to performance
- All respondents to the questionnaire reported that they contributed to the agenda setting of the Board and that it receives reports from all partners including the LSCB Annual report. There appeared to be links to other agencies governance arrangements including Patient Safety and Quality Groups and the Community Safety Partnership.

#### **1.1.2 Membership and attendance**

- Although dominated by the Councils, membership of the Board has been well thought through and enables representation from across most of the safeguarding partnership system.
- Attendance is good from most organisations on the Board, although when organisations do not attend there was no evidence from the minutes seen that they were providing updates on activity or actions.



### **1.1.3 Communications and campaigning**

- The SAPB and the Councils Safeguarding Team have led on some basic communication exercises and there is a Communications Plan which has been led by Bracknell Forest Council.

### **1.1.4 Agenda setting**

- The agendas appear to be heavily dominated by Adult Social Care and the Council

### **1.1.5 Training, development**

- The SAPB (and Bracknell Forest Council) were seen to be providing some excellent training and development opportunities for partners. Staff valued the training provided (levels 1, 2 and 3) and the positive impact of the Safeguarding Forums and Best Practice Seminars.
- SAPB partners promote safeguarding through induction programs, team briefing opportunities, using the training available
- All Council elected members have safeguarding as part of their induction programme and are provided with regular updates where appropriate

### **1.1.6 Sub groups**

There are four sub-groups to the Board:

- Care Governance
- Pan-Berkshire Procedures Group
- Workforce Development Group
- Safeguarding Forum

Other groups, including the Mental Health and the Learning Disability Partnership Boards also included safeguarding on agendas, so making use of the widest possible reach for the safeguarding message.

## **1.2 Areas for consideration:**

### **1.2.1 Overall:**

- The SAPB was seen, particularly by Bracknell Forest Council, as being under resourced in comparison to children's safeguarding.
  - Most people interviewed felt that some consideration should be given to balancing the resources provided by the statutory partners.
  - There was a unanimous view that the current chairing was good, but meetings were dominated by the Council. This was compounded by the minutes which all appeared to have the Bracknell-Forest Council logo on them rather than the Board logo.
- A number of people saw that an independent or rotating chair was a way of ensuring that the Board not dominated by the Council *"having someone completely independent would be better....independent chair would provide more challenge"*. *"My experience of an independent chair ...challenges, particularly the culture"*. One person, however, questioned whether *such arrangements would make a fundamental difference outcomes for people* " *will it make a difference to the person...resident"*
- Partners were concerned that they were required to sit on a number of Safeguarding Boards, and for statutory partners, provide resources. Statutory partners were concerned that they did not have the resources to do this, and would like to agree a way forward that reflects their agencies geographical spread.

### **1.2.2 Membership and attendance:**

- The SAPB reflects those agencies working across Bracknell-Forest, but a number of people wanted to ensure that people attending should be decision makers within their own organisations
- There are a number of notable exceptions to the membership:
- GPs, Pharmacists and Dentists. This group are not represented either in their own right, through NHS England who currently commission these services or through an agreement between the CCGs and NHS England. Given Primary Care's crucial role in spotting and supporting people within the community, including in residential settings, it is suggested that this is addressed.
- Bracknell Forest has good links with the voluntary sector and citizen groups. It is not clear how these groups input into safeguarding and it would be helpful to articulate this.
- It would be helpful to establish clear links to the Royal Berkshire Fire Service who have in other areas become crucial to safeguarding in other areas.
- Some commercial providers were not aware that they had a 'representative' on the SAPB. Where organisations represent a 'group' of others such as this, there needs to be clarity about how organisations carry out their 'representative role', feeding back issues to member organisations, raising sector wide issues etc. (again a memorandum of agreement could formalise expectations).

### **1.2.3 Communications and campaigning:**

- The Board has a developing communication plan led by the Council. When the Board development is discussed this may be an area for more development, especially a campaigning plan about reducing adult abuse.

### **1.2.4 Agenda setting and papers:**

- Many people felt that the agenda was dominated by ASC and would like to see the agenda reflect a more balanced approach. This would include regular updates from all partners about activity and actions.
- There was a view that debate about more challenging issues should be encouraged more.
- Safeguarding performance data from individual partner organisations did not appear to be routinely shared e.g. SUIs
- The Board's role in prevention was unclear to some and a discussion about the Board and partners roles could be clarified.
- Although the Board has four sub-groups, updates on activity are not routinely reported on and it did not appear that the groups undertake work determined by the Board. It may be helpful for the Board to consider how these groups report in and work on the Board's work plan.

### **1.2.5 Training, development and support:**

- One person was not clear about how the training for the voluntary sector could be accessed and it may be helpful to re-state how this can be accessed.
- Some people would like to see safeguarding training to be accredited which would enable staff to have transferable qualifications.

### **1.2.6 Governance**

- It was unclear how partners are providing feedback on safeguarding issues to their 'home' organisations Boards. It might be helpful if an assurance system was put in place.
- The Chief Executive of the Council will from April have key responsibility for safeguarding. Again it would be helpful for there to be some consideration given to how this would work.

## **2. Decision making processes**

### **2.1 Strengths:**

#### **2.1.1 Use of evidence.**

- Minutes of the Board detail that look at key issues including the Saville Report, Domestic Homicide Reviews and Deprivation of Liberty Safeguards.

#### **2.1.2 Accountabilities**

- Elected members have a clear line of sight for safeguarding. Actions associated with the Board are reported to the Councils Executive and is included in the Leaders report to full Council. Safeguarding is also regularly discussed at the controlling groups meetings with back benchers.

### **2.2. Areas for consideration:**

#### **2.2.1 Use of evidence**

- To put in place an audit process that provides data and evidence before decisions are made and to ensure that that the SAPB can point to decisions that had improved practice.
- Performance information is key to improving services and provides a way for to improve understanding of partners issues. Section 11 provides this framework for Children's Safeguarding Boards and the Board might want to consider how it can replicate a similar process within adult services. This would also enable an independent view of activity to be made.

#### **2.2.1 Accountabilities:**

- There are clear links within the Council for decision making, but these arrangements need to be reconsidered in light of the Care Act and the CEOs new responsibilities.
- The Lead Cllr would want to consider lines of accountability for any independent Chair, if appointed. Particularly how they would be held to account and would like there to be some consideration given to this being the Health and Wellbeing Board.
- There is an aspiration that the Board should report into the HWBB as this could ensure that by working together it will "*remove many of the impediments to working together*"
- Partners have in place some procedures to 'go back' to their home organisations when decisions relating to policy or procedures were required. this links to both whether Board members are empowered to make decisions for their organisations and how these are fed back to their home agencies
- Ensuring that all partners corporate governance structures have clear links to the Board

## **3. Ownership and leadership**

### **3.1 Strengths:**

- The ASC Safeguarding Team is very well regarded, providing clear ownership and leadership for safeguarding across the Borough.
- Independent chairing for safeguarding Case Conferences by safeguarding team members was welcomed, although one person questioned whether they were independent of the social work teams.
- The Board was seen as key to ensuring that safeguarding keeps a high profile.

### **3.2 Areas for consideration:**

#### **3.2.1 Chairing and membership of the SAPB:**

- Clear view that it is time to appoint an Independent Chair, in partnership with another Council or solely for Bracknell-Forest. This was not seen as a reflection of the current chairing but an acknowledgement that partners are likely to feel that there is more responsibility on them to contribute if the SAPB is not led and chaired by ASC, however there was a strong view that *“partners need to buy into and therefore fund any new arrangement”*
- The introduction of an independent chair, if agreed could provide a catalyst to reviewing the Board membership and support arrangements.
- When reviewing membership and Board arrangements the following points might want to be considered:
  - how the voice of users and voluntary sector might be strengthened
  - How can the SAPB *“add value (and) what would make a difference?”*
  - ensuring that all participants have adequate authority to take decisions
  - ensure that there are up to date role descriptions for Board members
  - agreement about who needs to attend from the different statutory partners
  - who needs to be a voting member and who is ‘in attendance’
  - the Board is seen to be dominated by ASC staff and it is suggested that this could be reduce
  - ensure all partners are clear about how they are expected to link ‘back’
  - ensure that the Board is a shared responsibility and each member is a champion for safeguarding
  - how to ensure that service users/carers are represented, and how this links with the various other service users/carers groups
  - any changes to the Board needs to ensure that the authority of social care and its statutory requirements placed on it as part of the Care Act is not lost

#### **3.2.2 Resources:**

- Statutory partners should be asked to make a contribution to the whole running of the Board.
- Resourcing was not just seen as funding a Independent Chair and associated costs but also:
  - joint training costs
  - ensuring that Board members took more of a leadership role and for example lead campaigns I

#### **3.2.3 Communication:**

- This was seen as a key component of ensuring that *“safeguarding is everyone’s responsibility”*.
- Partner communications arrangements could be used to ensure that all partners and stakeholders are aware of and contribute to safeguarding.

### **4. Partnership working**

#### **4.1 Strengths:**

4.1.1 The Council’s safeguarding team is highly regarded, both within the Council and with partners, being seen as an *“approachable and value driven team”*. The review team were told of the good operational work across the Borough and that partnerships were person centered.

4.1.2 The safeguarding team had led the Bracknell Forest input to the development of Berkshire multi-agency procedures which were seen as an excellent example of cross agency and cross

Council working. One person said that the it is a “*streamlined process not complicated (but) person centered*”.

4.1.3 The review team were also told about the tripartite agreement regarding Broadmoor Hospital has helped to clarify safeguarding relationships and it was felt has ensured greater co-operation between the agencies.

4.1.5 Staff across all agencies value the ethos of Trust in each other’s professional judgment that has built up. Some people attribute this to the way in which the Board operates - staff feeling “*valued and respected*” for the work they do.

4.1.4 Links to other Bracknell Forest council services was seen to be good, with a range of services represented on the Board and strong links made with children’s safeguarding and community safety. There also appeared to be clear links through to the MARAC and DASH.

## **4.2 Areas for consideration**

There is a need to recognise the limited resources of some key partners who are also supporting ASPBs across Berkshire and beyond – more use could be made of subgroups such as the Serious Case Review subgroup that could be run on a whole Berkshire or East Berkshire basis.

## **5. Conclusion**

As part of the review the team looked at what might be expected from a new Board. The following areas might be helpful to the Board when considering how to re-establish its focus in light of the Care Act:

### **5.1 Board chairing and resourcing:**

- Agree whether the Board should have an independent chair and what support arrangements would be needed.
- Once this is agreed with the statutory partners there needs to be a discussion about how this will be resourced

### **5.2 Board membership:**

- Have decision makers on the SAPB at a level that they can hold each other to account for implementing agreed actions
- SAPB members to have clear role descriptions and have identified responsibilities and develop clear governance structure for the Board. (Memorandum of Understanding)
- Ensure each has processes to report into its own governance structure and for the Council, how, and to who the CEO will report

### **5.3 All members:**

- Develop a clear statement of purpose and vision to include a focus on prevention
- Actively contribute to the agenda setting, and work of the Board
- Ensuring that the work is inclusive in the way that it involves carers, users and stakeholders
- Involving all stakeholders in plans for change
- Agreed continuous improvement plan reviewed 6 monthly

- Agreed communications strategy which reaches as many partners and stakeholders as possible (including staff)
- Board members to lead and champion safeguarding work within their own organisations and ensure that appropriate structures and resources are in place to ensure effective responses
- A learning culture, which supports the development of Trust between partners, where challenge is seen as helpful.

**BRACKNELL FOREST SAFEGUARDING ADULTS PARTNERSHIP BOARD ATTENDANCE 2013 - 2014**

<b>Organisation</b>	<b>2011/12 attendance</b>	<b>2012/13 attendance</b>	<b>2013/14 attendance</b>	<b>2014/2015 attendance</b>
LSCB	0%	50%	40%	80%
South Central Ambulance Service	0%	0%	0%	0%
Heatherwood & Wexham Park NHS Foundation Trust	0%	0%	40%	40%
Bracknell Forest Council – Learning and Development	25%	50%	80%	20%
BFC - Housing Strategy & Needs	25%	33%	100%	100%
W. London Mental Health Trust (Broadmoor Hospital)	25%	67%	40%	40%
National Probation Trust (formally Thames Valley Probation Trust)	50%	33%	40%	60%
Berkshire Care Association	75%	67%	60%	80%
Berkshire Healthcare NHS Foundation Trust	75%	83%	60%	80%
Director of Adult Social Care, Health and Housing - BFC	75%	67%	100%	80%
Bracknell Forest Council - Community Safety Team	75%	83%	100%	80%
Thames Valley Police	75%	67%	80%	40%
Bracknell Forest Council – Legal Services	75%	33%	60%	40%
Bracknell Forest Council – Adult Social Care	100%	100%	100%	100%
Frimley Park Hospital	N/A	33%	80%	60%
Bracknell and Ascot CCG	N/A	100%	80%	100%

## Detailed statistical analysis of safeguarding activity during 2012/2013

### 1. Introduction

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

### 2. Alerts

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

- 2.1 During 2014/2015, Bracknell Forest Council received 738 safeguarding alerts; this was an increase of 24% compared to 2013/2014. Whilst it is not possible to say what has contributed the increase, there continued to be an increase in alerts raised by Social Care Staff (38% increase), i.e. staff from care homes, domiciliary care providers and staff in the councils adult social care teams and Health Staff (22% increase) i.e. primary or secondary health staff, nursing staff working in nursing homes. The increase in alerts is seen as a positive as it gives agencies the opportunity to provide information and advice and where appropriate support to the adult.
- 2.2 Table 1 identifies that 118 (16%) of the alerts received during the reporting period met the threshold for intervention under the safeguarding procedures; this is a 14% decrease in the proportion of alerts that required intervention under the safeguarding procedures compared to 2013/2014. The decrease is thought to be attributed to inappropriate safeguarding alerts incorrectly being recorded on the councils Adult Social Care IT system as an alert, when in reality the alert is a request for an adult social care assessment. Additional training will be provided to the councils Adult Social Care staff in respect of this.

<b>Table 1</b>	<b>12 / 13</b>	<b>13 / 14</b>	<b>14 / 15</b>
<b>Alerts</b>	452	562	738
<b>Referrals</b>	181	168	118

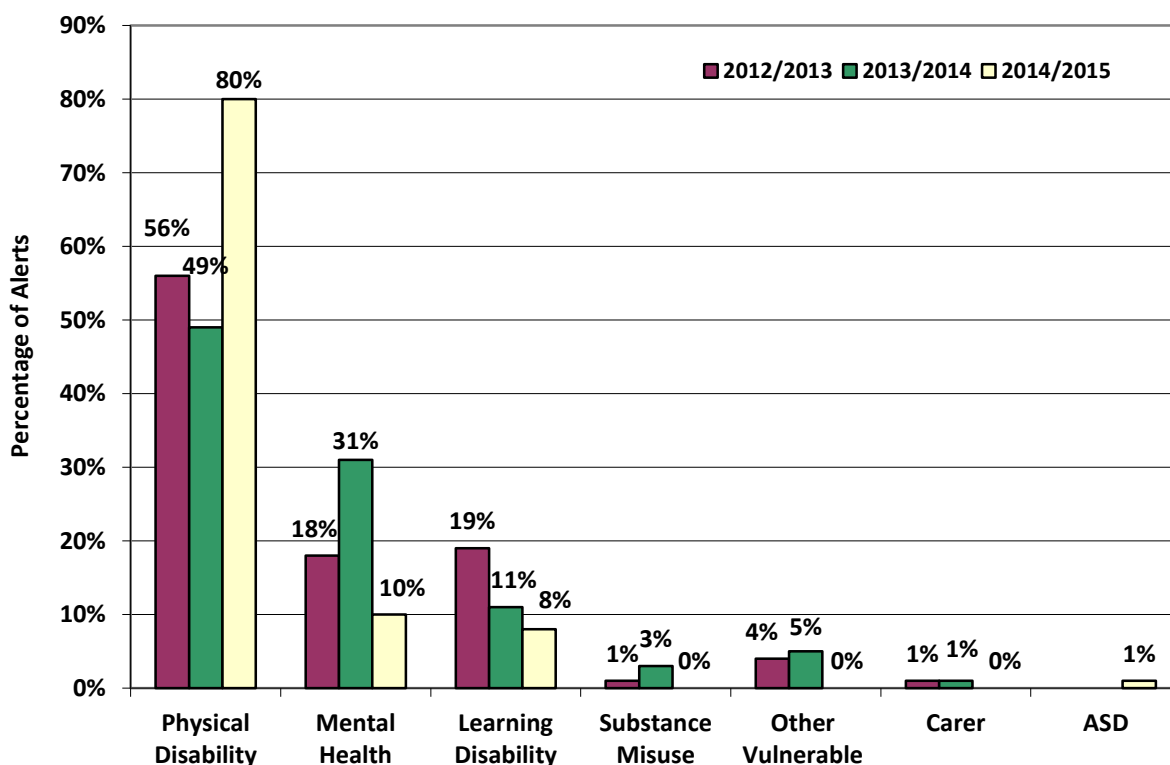
- 2.3 Chart 2 identifies the percentage of all alerts by care group. The care groups that have seen the largest increase in the number of alerts was Physical Disability, (+31%). Monthly monitoring takes place within the councils Adult Social Care department to ensure that any changes in trends are identified and where necessary appropriate action is taken.

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



**Chart 2**

**Percentage of all Alerts by care group for 2014/15 compared against 2012/2013 and 2013/2014**



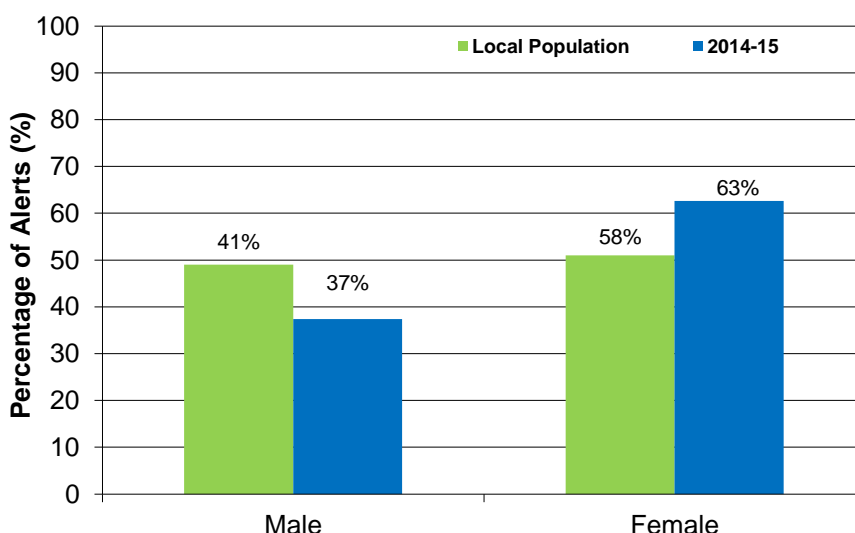
2.4 Table 3 identifies by care group the number of and percentage of alerts that required intervention under the safeguarding procedures and therefore progressed to a safeguarding referral.

2.5 Given the small numbers of safeguarding referrals within each group any analysing of variations should be treated with caution. Analysis is undertaken on a monthly basis to identify any variance and to understand the reasons behind the variations. The analysis undertaken during the 2014/15 has not identified any areas of concern.

<b>Table 3</b>	<b>Number of alerts</b>	<b>Number progressed to Referral</b>	<b>percentage</b>
Physical Disability	596	56	9%
Mental Health	74	25	34%
Learning Disability	58	28	48%
Autistic Spectrum Disorder	10	9	90%
<b>Total</b>	<b>738</b>	<b>118</b>	<b>16%</b>

Chart 4

Percentage of alerts received in Bracknell in 2014/15 by gender. Compared to the gender profile of the local population – taken from ONS 2011 Mid-Year Estimates



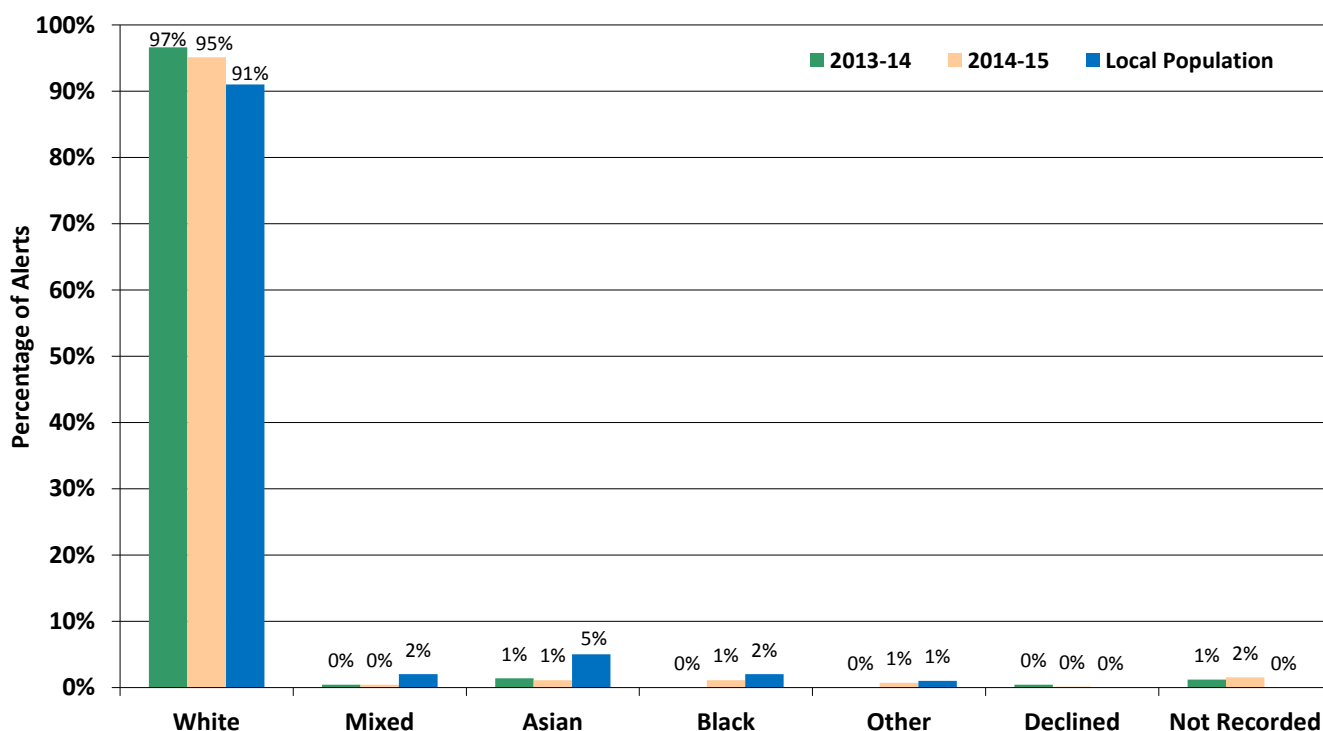
- 2.7 Chart 4 identifies that 63% of people subject to a safeguarding alert were female. When this is compared the local population it appears that women are over represented. However the difference is not statistically significant when compared to the local population.
- 2.8 Table 5 identifies that the three main statutory agencies within Bracknell Forest, in safeguarding terms (Adult Social Care, the NHS and Thames Valley Police) raised 519 alerts (70% of the total). This is an increase of 13 alerts raised by these agencies compared to 2013/2014. This suggests that the training that these organisations have undertaken in the last year has had a positive impact. Furthermore 87 alerts (12%) came from members of the public (self referral, family, friends etc.) this compares to 107 in the previous year.
- 2.9 With regard to the percentage of alerts that progress to referral, again the three main statutory agencies contribute to 51% of this total with members of the public contributing 33% to the total.
- 2.10 Where an alert does not meet the threshold for intervention under the safeguarding procedures, support and advice will be offered to the person raising the alert and where appropriate the individual at the centre of the alert will be offered an assessment of their social care needs.

<b>Table 5</b>	<b>No. of Alerts (% of all alerts)</b>	<b>Number of referrals (% of all)</b>	<b>%age of alerts progressing to referral</b>
Education / Training / Workplace	3 (0.4%)	1 (0.8%)	<b>33%</b>
Family Member	56 (8%)	14 (12%)	<b>25%</b>
Friend / Neighbour	7 (0.9%)	2 (2%)	<b>29%</b>
Health Staff	206 (28%)	16 (14%)	<b>8%</b>
Housing	11 (1.5%)	2 (2%)	<b>18%</b>
Other i.e. leisure services, probation.	118 (16%)	14 (12%)	<b>12%</b>
Another Adult at Risk	2 (0.3%)	0 (0%)	<b>0%</b>
Police	77 (10%)	3 (3%)	<b>4%</b>
Self Referral	22 (3%)	11 (9%)	<b>50%</b>
Social Care Staff	236 (32%)	55 (47%)	<b>23%</b>
<b>Total</b>	<b>738</b>	<b>118</b>	

2.11 Chart 6 compares the ethnicity of people who were the subject of a safeguarding alert compared with the local population. The figures identify that the ethnicity of those subject to an alerts are broadly in line with the local population. Where there are differences they are not statically significant due to the relatively low number of alerts.

Chart 6

**Percentage of all alerts by ethnic category in 2014/15 and 2013/14 Compared to the local population**



### 3. Repeat Referrals

3.1 Table 7 identifies that only 7% of referrals are repeat referrals (where the person concerned has two or more safeguarding referrals about their circumstances within the year). An analysis of the 8 repeat referrals (relating to 4 people) indicated that the subsequent issue was not predicted.

<b>Table 7</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Number of referrals	168	147	118
Number of repeats	8	8	8
<b>Bracknell Total</b>	<b>5%</b>	<b>5%</b>	<b>7%</b>

#### 4. Outcome of the safeguarding assessment

4.1 Table 8 identifies that:

- 80 (68%) safeguarding assessments concluded that abuse was substantiated or partially substantiated. This is an increase of 13 (20%) when compared to 2013/2014.
- There were 13 (11%) referrals where abuse was not substantiated, this is a decrease of 33 (21%).
- 4 individuals requested that the safeguarding assessment cease before it had been completed.

<b>Table 8 - Outcomes</b>	<b>Physical Disability</b>	<b>Mental Health</b>	<b>Learning Disability</b>	<b>Autistic Spectrum Disorder</b>	<b>TOTAL</b>
Substantiated	32	14	12	5	<b>63</b>
Partially substantiated	7	5	5	0	<b>17</b>
Not substantiated	9	2	0	2	<b>13</b>
Inconclusive	14	4	3	0	<b>21</b>
Ceased at Individuals Request	1	1	0	2	<b>4</b>
<b>TOTAL</b>	<b>63</b>	<b>26</b>	<b>20</b>	<b>9</b>	<b>118</b>

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

5.1 Table 9 and identifies that on 59% of occasions where abuse was substantiated or partially substantiated, this took place in the person's own home. There was a decrease of 5 occasions (compared to 2013/2014) where the safeguarding assessment was substantiated or partially substantiated relating to an individual living in a care home or a care home with nursing. It should be noted that the 16 people living in a care home setting where abuse was substantiated or partially substantiated represents 4% of all people living in a care home in the Borough. Given the number of high profile exposes regarding abusive care in care homes it is positive to note that this is not evidence from the safeguarding information held locally.

<b>Table 9</b>	<b>Totals for 2012/2013</b>	<b>Total for 2013/2014(%)</b>	<b>Total 2014/2015(%)</b>
Alleged Perpetrator's Home	<b>4 (6%)</b>	<b>4 (6%)</b>	<b>5 (6%)</b>
Care Home	<b>5 (7%)</b>	<b>13 (19%)</b>	<b>11 (14%)</b>
Care Home with Nursing	<b>6 (9%)</b>	<b>8 (12%)</b>	<b>5 (6%)</b>
Hospital	<b>0</b>	<b>1 (1%)</b>	<b>0</b>
Other	<b>4 (6%)</b>	<b>6 (9%)</b>	<b>6 (8%)</b>
Own Home	<b>45 (64%)</b>	<b>34 (51%)</b>	<b>47 (59%)</b>
Public Place	<b>6 (9%)</b>	<b>0</b>	<b>3 (4%)</b>
Supported Accommodation	<b>1 (1%)</b>	<b>1 (1%)</b>	<b>2 (3%)</b>
Day Centre	<b>0</b>	<b>0</b>	<b>1 (1%)</b>
<b>Total</b>	<b>70</b>	<b>67</b>	<b>80</b>

## 6. Relationship between the adult at risk and perpetrator

6.1 Table 10 shows that:

- On 16 (20%) occasions the person who caused harm (where this was substantiated or partially substantiated) was either the partner, family member or a neighbour/friend of the individual.
- In 43 (53%) occasions the person who caused the harm was a member of the health or social care workforce. However it should be noted the Bracknell Forest Council supports approximately 1500 people with social care needs at any one time.
- The remaining 22 (27%) occasions the person who caused the harm with either another adult with care and support needs, a stranger, other (this would include a volunteer) other professional or it was not possible to identify the person thought to have caused the harm was not able to be identified.

<b>Table 10</b>	<b>Total (%) 2012/2013</b>	<b>Total (%) 2013/2014</b>	<b>Total (%) 2014/2015</b>
Health Care Worker	6 (9%)	8 (11%)	7 (9%)
Neighbour / Friend	5 (7%)	6 (9%)	5 (6%)
Not Known	3 (4%)	2 (3%)	4 (5%)
Other	11 (16%)	14 (20%)	9 (11%)
Other Family Member	13 (19%)	13 (19%)	8 (10%)
Other Professional	5 (7%)	4 (6%)	4 (5%)
Other Adult in need of care or support	3 (4%)	2 (3%)	5 (6%)
Partner	7 (10%)	3 (4%)	3 (4%)
Social Care Staff	14 (20%)	17 (25%)	36 (45%)
Stranger	3 (4%)	0 (0%)	0
<b>TOTAL</b>	<b>70</b>	<b>69</b>	<b>81*</b>

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

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

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

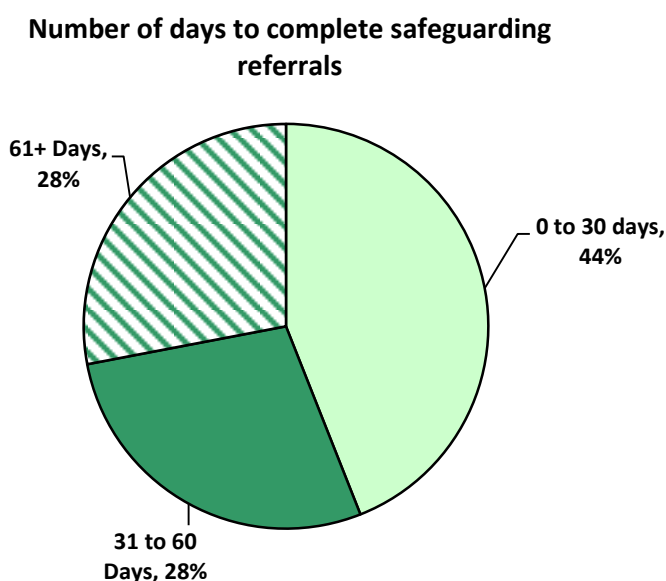
<b>Table 11</b>	<b>Total (%) 2012/2013</b>	<b>Total (%) 2013/2014</b>	<b>Total (%) 2014/2015</b>
Neglect	36 (39%)	38 (44%)	46 (49%)
Discriminatory	1 (1%)	1 (1%)	1 (1%)
Institutional	0 (0%)	2 (2%)	1 (1%)
Physical	18 (19%)	18 (21%)	16 (17%)
Sexual	4 (4%)	0 (0%)	2 (2%)
Emotional	17 (18%)	10 (11%)	10 (11%)
Financial	17 (18%)	18 (21%)	17 (18%)
<b>Total</b>	<b>93</b>	<b>87</b>	<b>93*</b>

## 8. Timeliness of response

8.1 Chart 12 identifies the length of time it takes to conclude the safeguarding assessment. Whilst there is no national baseline against which to compare local practice, it is best practice to conclude the safeguarding assessment at the earliest opportunity, taking account of the individual's wishes, any reliance on partner agencies in the completion of the assessment, criminal or civil proceeding etc.

- In 79 (72%) occasions the safeguarding referrals were completed within 60 days of the alert being raised.
- The remaining assessments were unable to be completed within 60 days due to one of more of the following:
  - awaiting criminal or civil investigation
  - waiting for the employer to conclude a management investigation,
  - the individual requires further time to fully engage in the safeguarding assessment.
- All safeguarding referrals that took longer than 60 days have been reviewed. The review confirmed that the referral was completed at the earliest opportunity.

Chart 12



8.3 Table 13 identifies that of the 729 (96%) safeguarding alerts received since 1<sup>st</sup> April 2014 have been concluded within the year.

Table 13

Number of alerts received	738
Number completed in year	729
<b>Percentage</b>	<b>99%</b>

## 9. Qualitative feedback

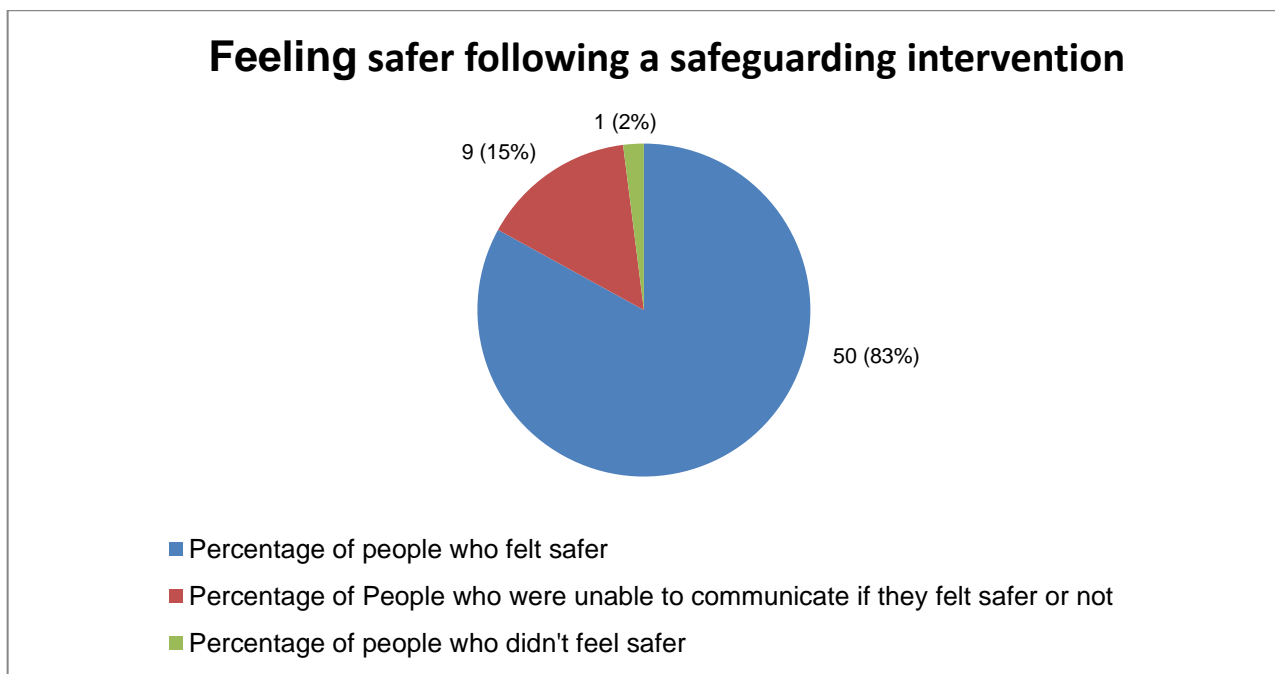
9.1 In order to have a rounded view of performance and practice in adult safeguarding work, it is important to use qualitative information in addition to quantitative information. Therefore Adult Social Care has developed a questionnaire which people are supported to complete (if they wish to). The individual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

9.2 Chart 14 shows that

- 83% of people (50 people) subject to a safeguarding referral (regardless of outcome) and who were able to comment stated that they felt safer as a result of the intervention.
- 9 people (15%) people were unable to communicate their views.
- One person (2%) reported not feeling safer as a result of the safeguarding intervention. However it should be noted that the individual choose not to take the advice of the safeguarding assessor.

9.3 Where a person was unable to communicate their views the practitioner has worked with a family member, advocate or IMCA to ascertain the views, however that person would not have been able to indicate if the person felt safer or not.

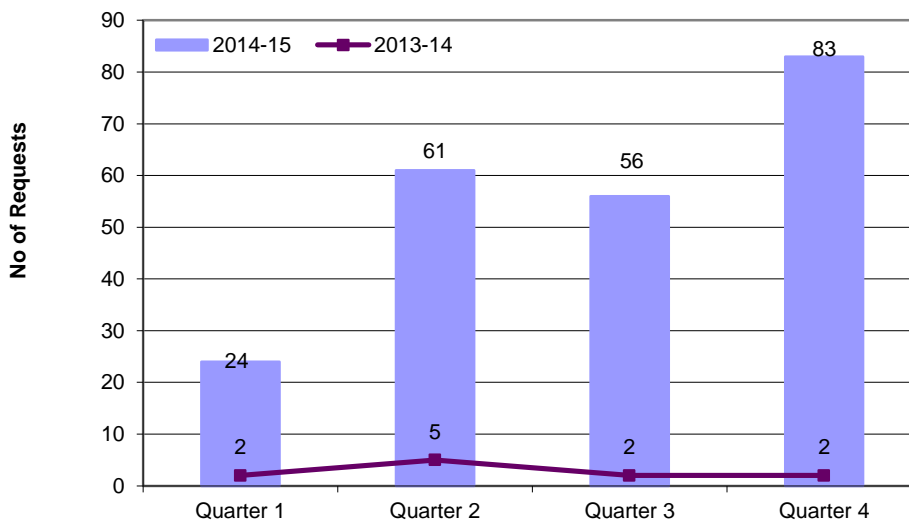
Chart 14



## 10 Deprivation of Liberty Safeguards (DoLS)

10.1 There was a 2000% increase in the number of DoLS applications received during 2014/2015 compared to the previous year. This is attributed to a Supreme Court Judgement in March 2014, which substantially lowered the threshold of which circumstances may amount to a deprivation of a person liberty. There was a total of 224 DoLS applications received during 2014/2015. Chart 15 identifies the rate of applications by quarter and compares to 2013/2014

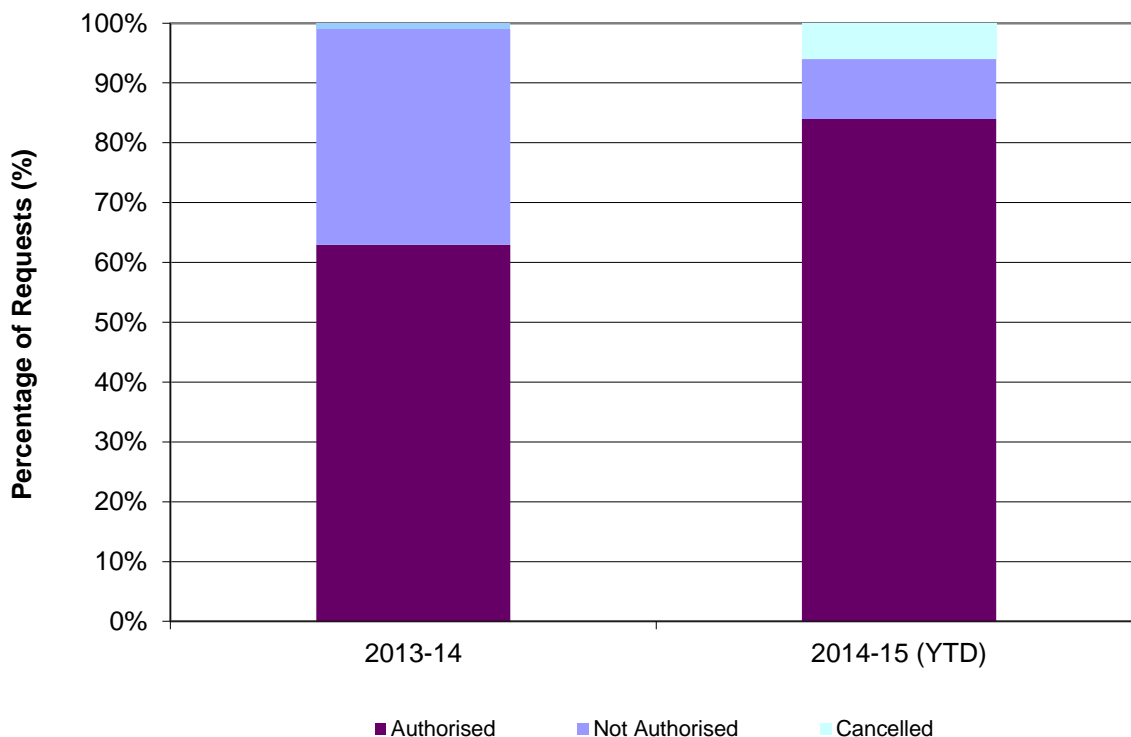
Chart 15





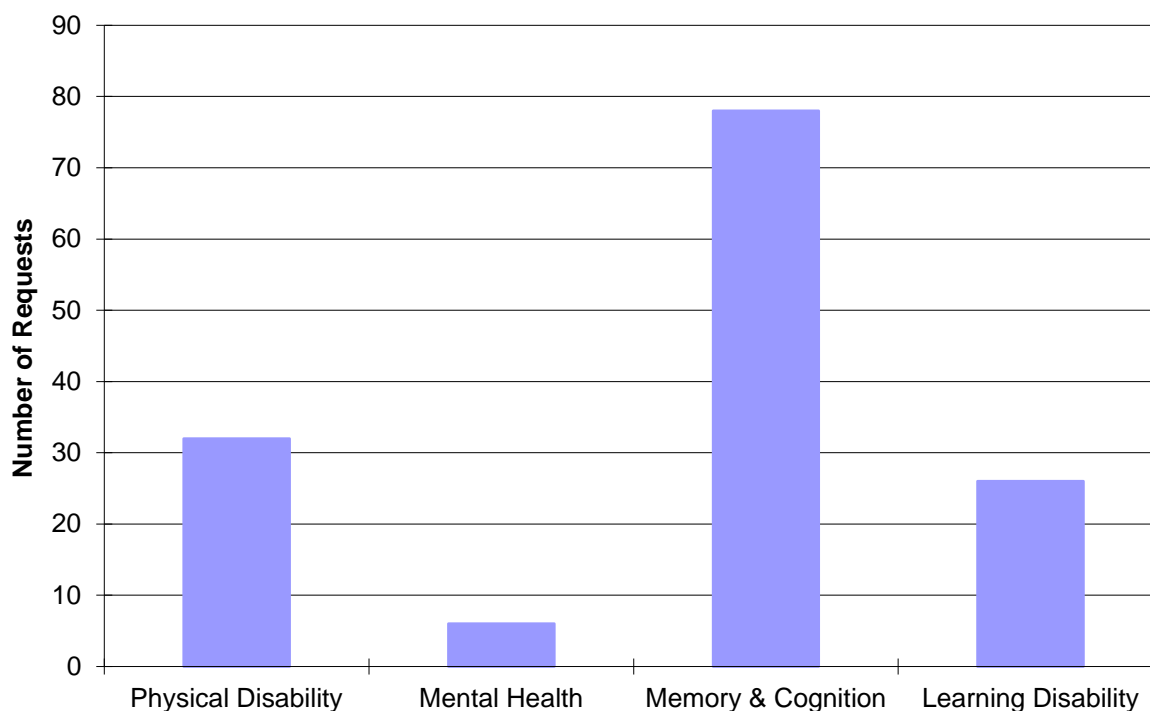
10.2 Chart 16 shows that 183 (81%) of applications were granted during 2014/2015. This compares to 6 (55%) in 2013/2014. The increase in percentage of applications granted is due to the lower threshold as set out by the Supreme Court in 2014. On 14 (6%) occasions the assessment was cancelled this was due to the person either passing away or being discharged before the assessment was concluded or the person being detained under the Mental Health Act and therefore Dols did not apply. On 22 (10%) occasions the assessment was not progressed this was where the assessment process had been completed but the person did not meet one of the criteria therefore i.e. the person was assessed as having capacity or the best interest element of the assessment process was not met.

Chart 16



10.3 Chart 17 identifies that of the 219 applications that have been concluded 78 (36%) related to people whose primary reason for support were issues with their memory or cognition. 32 (15%) applications related to people whose primary support reason was a physical disability but this was always coupled with memory or cognition issues. 26 Applications (12%) related to people with a learning disability with 6 (3%) applications relating to people with mental health issues.

Chart 17



10.4 Chart 18 identifies that of the 224 applications received during the year 197 (88%) related to a person living in a residential or Nursing Home. Of the 197 applications 162 (82%) were granted.

Chart 18

Managing Authority type	Total Requests	Granted	% Progressed
Residential Homes	81	71	87.7%
Nursing Homes	116	91	78.4%
Hospitals	27	21	77.4%

10.5 At the 31<sup>st</sup> March 2015 there were 119 people currently subject to a DoLS authorisation.

**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL  
15 SEPTEMBER 2015**

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## **WORKING GROUP UPDATE REPORT Working Group Lead Member**

### **1 PURPOSE OF REPORT**

- 1.1 This report sets out the progress achieved to date by the Working Group of the Panel reviewing the Council's Homelessness Strategy.

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

- 2.1 **That the Panel notes the progress achieved to date by its Working Group reviewing the Council's Homelessness Strategy.**

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

- 3.1 To keep the Panel up to date regarding the activities of its Working Group reviewing the Council's Homelessness Strategy.

### **4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 None.

### **5 SUPPORTING INFORMATION**

- 5.1 A Working Group of the Panel, comprising Councillors Mrs Angell (Lead Member), King, Mrs McCracken, Ms Merry, Peacey and Mrs Temperton, was established to contribute to the Council's emerging Homelessness Strategy.
- 5.2 The Working Group has met on one occasion to date. It received an introductory presentation concerning the Homelessness Strategy and two homelessness case studies as examples of scenarios the Council may face when determining the priority need of people presenting as, or being threatened with, homelessness. Members were invited to consider their responses to the cases. The Working Group subsequently attended a meeting of the Homelessness Forum Board owing to its involvement in developing the Homelessness Strategy.
- 5.3 Future work of the Working Group is expected to include visit(s) to some of the homelessness accommodation utilised by the Council, meeting representatives of organisations involved in supporting people with housing and homelessness issues and also consideration of, and contribution to, the draft Homelessness Strategy.

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

- 6.1 Not applicable.

Background Papers

None.

Contact for further information

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL  
15 SEPTEMBER 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>	I055757
<b>TITLE:</b>	Carers Services
<b>PURPOSE OF REPORT:</b>	To approve the procurement plan for the Carers Service.
<b>DECISION MAKER:</b>	Director of Adult Social Care, Health & Housing
<b>DECISION DATE:</b>	21 Sep 2015
<b>FINANCIAL IMPACT:</b>	To be incorporated into the report
<b>CONSULTEES:</b>	Internal teams within Adult Social Care who are part of the project team, a large number of organisations across Berkshire who had expressed an interest in potentially delivering the service, the current provider of the service, carers currently using the service.
<b>CONSULTATION METHOD:</b>	Series of market shaping events

<b>REFERENCE:</b>	I054669
<b>TITLE:</b>	Council Tax Penalties and Sanctions
<b>PURPOSE OF REPORT:</b>	The Executive is asked to consider the introduction of a policy to impose penalties and sanctions where customers fail to tell us of a change in their circumstances that affects their council tax liabilities without justifiable reasons.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	22 Sep 2015
<b>FINANCIAL IMPACT:</b>	Within available resources
<b>CONSULTEES:</b>	Customers of Council Tax Scheme, general community and interested agencies
<b>CONSULTATION METHOD:</b>	Online/meetings and via correspondence

Unrestricted

<b>REFERENCE:</b>	I055450
<b>TITLE:</b>	Proposed Consultation on the Future Provision of Adult Care Services
<b>PURPOSE OF REPORT:</b>	<p>There has been a change in the type of support that best meets people's needs resulting from the following successful initiatives:</p> <ul style="list-style-type: none"> <li>• Personalisation, individualised support and choices</li> <li>• People being supported to remain living in their home with more intensive support for complex needs</li> <li>• Developments in Older People Accommodation e.g. Extra Care Housing</li> <li>• Assistive technology</li> <li>• Implementation of the Care Act</li> </ul> <p>Therefore it is proposed that a consultation be carried out to inform the future provision of services.</p>
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	20 Oct 2015
<b>FINANCIAL IMPACT:</b>	Revenue savings anticipated
<b>CONSULTEES:</b>	<p>Community  Individuals  Families &amp; relatives  Staff  Partners</p>
<b>CONSULTATION METHOD:</b>	<p>Letter  Meeting(s) with interested parties</p>



Unrestricted

<b>REFERENCE:</b>	I055948
<b>TITLE:</b>	Smoking Cessation Procurement
<b>PURPOSE OF REPORT:</b>	To seek a decision for approval of the chosen provider after the procurement has been completed. The Smoking Cessation contract went to competitive tender in August 2015 with a 'chosen' provider to be identified by 9th October 2015.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	17 Nov 2015
<b>FINANCIAL IMPACT:</b>	Within existing budget
<b>CONSULTEES:</b>	Public and Stakeholders
<b>CONSULTATION METHOD:</b>	Public and stakeholder consultations were carried out for the smoking cessation procurement in May 2015 The consultation was carried out through events and using the Bracknell Forest Consult software for an online survey. The results of this consultation informed the procurement process.

<b>REFERENCE:</b>	I056053
<b>TITLE:</b>	Draft Homeless Strategy
<b>PURPOSE OF REPORT:</b>	To consider a draft of the Homeless Strategy 2015/2020.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	15 Dec 2015
<b>FINANCIAL IMPACT:</b>	Contained within available resources
<b>CONSULTEES:</b>	Residents, stake holder organisations.
<b>CONSULTATION METHOD:</b>	Via meetings and correspondence

Unrestricted

<b>REFERENCE:</b>	I056052
<b>TITLE:</b>	Council Tax Reduction Scheme
<b>PURPOSE OF REPORT:</b>	To consider proposals to change the existing Council Tax Reduction Scheme for 2016/17.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	15 Dec 2015
<b>FINANCIAL IMPACT:</b>	Within existing resources.
<b>CONSULTEES:</b>	Residents and participating authorities
<b>CONSULTATION METHOD:</b>	Via web based consultation portal Via correspondence and meetings

<b>REFERENCE:</b>	I055429
<b>TITLE:</b>	Drug & Alcohol Recovery Services
<b>PURPOSE OF REPORT:</b>	Following a formal tender exercise to agree to the awarding of a contract to a Prime Provider for the Drug & Alcohol Recovery Services.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	15 Dec 2015
<b>FINANCIAL IMPACT:</b>	To be incorporated into the report
<b>CONSULTEES:</b>	The Project Board including representatives from Thames Valley Police, Probation Service, National Treatment Agency, National Health Service and also people who use the services.
<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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