



NOTICE OF MEETING

Adult Social Care and Housing Overview & Scrutiny Panel

Tuesday 28 March 2017, 7.30 pm

**Council Chamber, Easthampstead House, Town Square, Bracknell,
RG12 1AQ**

To: ADULT SOCIAL CARE AND HOUSING OVERVIEW & SCRUTINY PANEL

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

cc: Substitute Members of the Panel

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

ALISON SANDERS
Director of Corporate Services

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Tuesday 28 March 2017, 7.30 pm
Council Chamber, Easthampstead House, Town Square,
Bracknell, RG12 1AQ

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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 17 January 2017.

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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 third quarter of 2016/17 (October to December 2016) relating to Adult Social Care and Housing. An overview of the fourth quarter of 2016/17 will also be provided.

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

OVERVIEW AND POLICY DEVELOPMENT

7. CHARGING OPTIONS FOR CARE AND SUPPORT AT HOME

To consider possible options for charging for care and support at home.

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8. DOMICILIARY SUPPORT SERVICE PROCUREMENT PLAN

A briefing in respect of the Domiciliary Support Service Procurement Plan will be provided.

9. WORKING GROUP UPDATE REPORT

To receive an update in respect of the Working Group of the Panel reviewing the Housing Strategy and an aspect of housing flowing from it.

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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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11. EXCLUSION OF PUBLIC AND PRESS

To consider the following motion:

That pursuant to Section 100A of the Local Government Act 1972, as amended, and having regard to the public interest, members of the public and press be excluded from the meeting for the consideration of the following item which involves the likely disclosure of exempt information under the following category of Schedule 12A of that Act:

- (3) Information relating to the financial or business affairs of any particular person (Item 12).

12. OPTIONS FOR JOINT COMMISSIONING OF ELDERLY MENTALLY INFIRM CARE HOME BEDS

To consider development options for the provision of new care home beds in the Borough.

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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 13 June 2017.

**ADULT SOCIAL CARE AND HOUSING
OVERVIEW & SCRUTINY PANEL
17 JANUARY 2017
7.30 - 9.50 PM**



Present:

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

Executive Members:

Councillor D Birch

Also Present:

Andrea Carr, Policy Officer (Overview and Scrutiny)
Mark Gittins, Business Intelligence Manager
Neil Haddock, Chief Officer: Commissioning and Resources
Simon Hendey, Chief Officer: Housing
Dave Phillips, Safeguarding Adults Partnership Board Manager
Councillor Leake

Apologies for absence were received from:

Councillors Mrs Angell, Finnie and Mrs McKenzie
Gill Vickers, Director of Adult Social Care, Health & Housing

25. Apologies for Absence/Substitute Members

Councillor Mrs Mattick attended as substitute for Councillor Mrs Angell and Councillor Brossard attended as substitute for Councillor Finnie.

26. Minutes and Matters Arising

RESOLVED that the minutes of the meeting of the Panel held on 19 October 2016 be approved as a correct record and signed by the Chairman.

27. Declarations of Interest and Party Whip

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

28. Urgent Items of Business

There were no items of urgent business.

29. Public Participation

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

30. **Bracknell Forest Safeguarding Adults Partnership Board (BFSAPB) Annual Report 2015/16**

The Panel considered a report presenting the Bracknell Forest Safeguarding Adults Partnership Board Annual Report April 2015 to March 2016. Dave Phillips, the Board Manager, introduced the report which detailed the activities undertaken by Board members and the achievements against the Board's development plan for the year.

During 2015/16, the Board had implemented all actions to address the areas for development that had been identified in the peer review carried out in the previous year. Personalisation remained a focus for safeguarding within Bracknell Forest and the feedback from residents confirmed that the approach to making safeguarding person-centred was ensuring that people were feeling safer as a result of the enquiries they had been involved in. The Annual Report contained the aims and objectives of the Board's new strategic plan covering 2016-2019, which had been developed through analysis of data and discussions with partner agency representatives, and in accordance with the requirements of the Care Act. The realisation of the objectives would require significant contributions from all partner organisations. Implementation of the strategic plan aims and objectives would be co-ordinated by Sub-Groups for:

- Safeguarding Adult Review
- Quality Assurance
- Learning and Development

as well as a Communications task and finish group.

The Panel commented and asked a number of questions from which the following arose:

- Neglect was the most commonly alleged type of abuse in Bracknell Forest (which included non-intentional neglect) and work continued to be undertaken into the circumstances surrounding such cases.
- The increase in Deprivation of Liberty Safeguards (DoLS) cases had increased substantially following the Supreme Court ruling in 2014, resulting in a heavy impact on the Mental Capacity Advocacy service, but had brought about a better understanding of the subject and process for assessments of persons lacking mental capacity.
- There were some issues around sharing information between partners but these were being worked on and tackled by closer attention to the risks of each agency and the indicators by which these could be recognised.
- Following the work of a task and finish group, systems were in place to raise awareness of those at risk of Female Genital Mutilation (FGM), the appropriate referral processes, and role of the Police and Crime Commissioner.
- Although attendance at BFSAPB meetings was a bit patchy by some partners, there was a high level of engagement on enquiries, on collaboration to prevent abuse and neglect and on participation in the Sub-Groups.

The Panel thanked Dave Phillips for his informative presentation of the Annual Report and commented most favourably on the inclusion of the case studies, which were very helpful in understanding the work of the Board.

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

The Panel considered the latest trends, priorities and pressures in terms of departmental performance as reported in the QSR for the second quarter of 2016/17 (July to September 2016) relating to Adult Social Care and Housing.

The Chief Officer: Commissioning and Resources introduced a presentation to the Panel commencing with an update on the development and delivery of the Transformation Plan for Adult Social Care. The main focus of activity over the next three months would be to:

- Work with staff to identify ways to transform care practice to make it more person-centred.
- Get the operational tools such as the FACE resource allocation system and the online care marketplace in place.
- Work with local organisations and the voluntary sector to develop a broader range of community care opportunities to connect people to.

The Panel viewed a transformation roadmap illustrating an approach based on a more informed understanding of customer needs, a plan for delivering culture change, together with the expected outcomes and success indicators. It was explained how this would be implemented. A major project within Adult Social Care was the ongoing work with care providers and stakeholders to develop the new domiciliary care framework. Tenders were due to be invited from providers on 1 February 2017 with the new service due to come into operation in September 2017.

Highlighted from the housing service was the extension of the Forestcare responder service to vulnerable people who have had falls. The next Council tax discount scheme was due to be implemented and the disabled facility grant and flexible home loan scheme provision would be integrated into the housing service.

The Panel noted from the Public Health headlines the completion of the first 'Year of Self Care' and the success and achievements of the online counselling service (KOOOTH), the Falls Free 4 Life service and the 'Back to Fitness' programme.

The Panel then received a demonstration of an on-screen "dashboard" being developed that would provide a simple to use tool to give an up to date view of performance and progress on Adult Social Care and Housing services and projects. Navigation around the resource was shown as well as the means to drill down into different displays to see data of a more detailed nature. The Panel was impressed by the content available through the "dashboard" but had questions about the access to it for members and the appropriate devices that would be compatible with easy readability of the information displayed. The Executive Member undertook to discuss this further with the Director as the development of the "dashboard" was taken forward.

The Panel sought clarification and asked questions about aspects of the QSR and presentation, from which the following was noted:

- The indicator L178, showing the number of nights in bed and breakfast accommodation, had improved significantly. This had been assisted by the provision of accommodation for homeless households at the Council run Tenterden Lodge. It was proposed to introduce a new indicator that would differentiate between persons accommodated in bed and breakfast and those placed in Council run homeless accommodation.
- Indicator L179 (% of homeless or potentially homeless customers who the Council helped to keep their home or find another one) which was showing

red in the QSR had risen to 80% in the last couple of months and was expected to reach the target of 88% by the year end.

- Indicators L277 (Number of people who received falls risk assessments) and L279 (Number of young people who actively engaged with KOOTH) contained targets of 40 and 115 respectively, both of which were being exceeded. Members requested information as to how these targets had been set.
- Areas that were a challenge to improve included delayed transfers of care and permanent admissions for people aged 65+. The Panel noted that Frimley Health admitted a much higher percentage of patients from A&E which led to a much higher throughput for patients requiring a transfer of care.
- Concern was expressed about the high number (38) of vacant posts in the Department. Much of this was due to normal turnover of staff.

32. 2017/18 Draft Budget Proposals

The Chief Officer: Commissioning and Resources presented a report on the key themes and priorities for Adult Social Care and Housing as outlined in the draft budget proposals for 2017/18, which the Executive had approved for consultation.

The Panel noted the draft revenue budget pressures for the Department totalling £751,000 for 2017/18, of which the most significant were an additional £292,000 due to capacity in the local care home market and the rising cost of residential and nursing placements, and £250,000 for demographic pressures and a rising demand for adult social care services. However, there were offsetting savings proposed amounting to £710,000, including £250,000 through NHS continuing healthcare funding and £180,000 from managing the cost of Adult Social Care packages. The budget report also included details of the proposed 2017/18 fees and charges for the Department and the Capital Programme for the Department.

Arising from comment and questions, the Panel noted:

- The proposed saving at Clement House would arise through Bracknell Forestcare providing the emergency social care response, avoiding the use of multiple providers at the site.
- The automation of Blue Badge applications and renewals through the Government website was expected to produce a saving through stricter application of the eligibility criteria.
- An explanation was made as to how the charges for lifeline rental and monitoring and care calls would operate.

A cultural change was required to implement the redesign and delivery of packages of care, with the domiciliary care providers to focus on providing only the essential personal care, with other services such as shopping, odd jobs etc to be covered by the voluntary sector.

33. Working Group Update Report

The Panel received an update on the progress of the Working Group reviewing the Council's draft Housing Strategy and housing supply.

The Group had met on two occasions to date, with two further meetings planned for February 2017, including a session with Downshire Homes. A number of details remained to be settled before scoping for the review could be finalised.

34. Work Programme 2017/18

The Panel considered its Work Programme for 2017/18.

It was considered that the current Housing Strategy/ housing supply review should be completed before commencing another. However, it was proposed that interested members could participate in a joint Working Group review with the Health Overview & Scrutiny Panel to look at the Frimley Health Sustainability and Transformation Plan, which was of interest to both Panels. Councillors Peacey and Mrs Temperton expressed an interest in joining this Working Group and the Chairman asked that Panel members not present be emailed and asked to indicate if they had any interest.

35. Overview & Scrutiny Progress Report

The Panel received and noted the Overview and Scrutiny bi-annual progress report setting out the activity and developments over the period June to November 2016.

36. Executive Key and Non-Key Decisions

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

CHAIRMAN

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QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH & HOUSING

Q3 2016 - 17
October - December 2016

Executive Member:
Councillor Dale Birch

Director:
Gill Vickers






Date completed: 6 February 2017

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

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Key

Actions

	Action is on schedule		Action has been completed
	Action may fall behind schedule		Action is no longer applicable
	Action is behind schedule	-	Not yet updated

Performance indicators

	On, above or within 5% of target
	Between 5% and 10% of target
	More than 10% from target

Section 1: Where we are now

Director's overview

Quarter 3 was a period of significant activity for the Department both in terms of work undertaken on the Department transformation programme and decisions made by the Executive.

A programme management resource is now in place to develop the transformation programme and support delivery of the first stage of the plan. The programme delivery governance arrangements have been defined and agreed by DMT and a programme delivery board chaired by the Director has been formed to oversee the work programme.

A programme plan overview document, including indicative savings assumptions, has been produced and was presented to Corporate Management team 23 November 2016. The current focus is on the production of the strategic business case, documentation of individual project plans for each of the main work programmes, agreement and communication of the plan approach and alignment of plans and mapping of dependencies to the other programmes in the Council transformation programme such as the Citizen and Customer Contact programme. The main focus of plan activity over the next three months to the end of March will be to:

- Work with staff to identify ways to transform care practice to make this more person centred, less bureaucratic and create more opportunities for staff to use their skills and expertise
- Get the operational tools such as the FACE resource allocation system (RAS) and online care marketplace in place to support more personalised assessment and care and support planning
- Work with local organisations and the voluntary sector to develop a broader range of community care opportunities to connect people to

In other areas, in October the Executive noted the Bracknell Forest Safeguarding Adults annual report. Feedback from residents and views of practitioners confirms that the approach to making safeguarding personal ensures that people are feeling safer as a result of enquiries they have been involved in. The number of substantiated or partially substantiated concerns is low (51), and lower than the previous year (80).

Also in October, the Executive approved the Council's homeless strategy. Work has taken place with agencies and the Council's Adult Social Care and Housing Overview and Scrutiny Working Party over the last twelve months to develop the strategy, and has included a review of homeless demand, the services that are currently available to meet demand and consultation with partners and service users.

During quarter 3, adult social care have been working with care providers and stake holders to develop the new domiciliary care framework for clients which will be outcome-based, flexible and provide people with more choice. There is a strong emphasis on providers supporting individuals to regain or maintain their independence. Providers will be expected to show how they can add value by partnering with the voluntary sector to encourage the

use of community based support to tackle issues like social isolation. The anticipated contract commencement date is September 2017.

Highlights and remedial action

Good performance

Progress against actions and indicators within the Department continues to be strong. In quarter3, of the 45 actions for the Department, 41 actions (or 91.1%) are on target or were completed on or ahead of schedule. Of the 21 actions completed, 12 actions (or 57.1%) have completed ahead of schedule.

Of the Departments 14 indicators, 11 were completed on target (78.6%).

In other areas, Forestcare is extending its' responder service to vulnerable people who have fallen by initially providing the service for a free trial period funded by the Better care fund. The welfare service will implement the next Council tax discount scheme, which will include proactively targeting the hardship scheme for those who will lose discount and find it hard to cope. The disabled facility grant and flexible home loan scheme provision will be integrated into the service following the transfer from Environment culture and communities and the sustainable energy service will also be integrated so that customers can be advised of the best way to maximise their income by reducing fuel costs.

There has been an improvement in the indicator L178 Number of household nights in non self contained accommodation which is now achieving target and has a green status. This is well below the quarter target of 810 nights (it is currently 397 nights in quarter 3) and emphasises the projected saving in B&B costs and home to school transport cost of £ 250k in total this year. This has been achieved by providing a better quality service to homeless households by accommodating them in emergency accommodation in the borough. This is provided by the Council at either Tenterden Lodge or York Town Road as well as the Council's housing company Downshire Homes Ltd which is purchasing 15 properties to provide accommodation for homeless households and five properties for people with learning disabilities or who are on the Autistic spectrum disorder.

Public Health has completed the 2016 "year of self care", an initiative which promotes a different aspect of self care each month and has been 'owned' by the whole community, including the voluntary sector and local businesses. The initiative has been received very positively and people from all backgrounds have been involved, including younger and older residents. The evaluation report (published in January) will show how people have engaged in the year of self care to become physically active, manage their weight, stop smoking or improve their mental health. The reach of the work online is also well documented and has surpassed expectations. The year of self care initiative was presented at a national conference in October and several other council areas will be adopting the idea for 2017. In Bracknell Forest, the second year of self care will start in January and residents' feedback will help to ensure that it is as great a success.

The Public Health team have also embarked on a "community asset" development programme. Community assets are those small groups and clubs in our local area that are run by residents for residents. The programme identifies, supports and grows these groups to strengthen the whole community through promoting the group or club's activities, advice on using information technology, recruiting new members or generating funding. The programme is also inspiring new assets to emerge, thus building on the range of local resources people can turn to.

Areas for improvement

There are two actions which have a status of amber (potentially delayed) in quarter 3.

1.7.01 Implement savings as identified for 2016-17 is showing as amber.

Savings required from the cost of social care packages unlikely to be achieved in the financial year due to other cost pressures, most notably increasing residential and nursing prices due to limited capacity in the market. One-off sources of funding have been identified in 16/17 (Better Care Fund and departmental reserves) which should mitigate any overspend, but further work is required to realise the savings in future years. This is the aim of the departmental transformation programme.

4.4.03 Review current provision and undertake tenders for Intermediate Care Clinical service is also showing as amber.

A review of the current Intermediate Care service has been completed and a decision is awaited from commissioners.

There is one indicator that has a status of red (more than 10% away from target) and two indicators which have a status of amber (between 5% and 10% away from target) in quarter 3.

L030 Number of lifelines installed in the quarter (Quarterly) is showing as red.

As mentioned in the previous quarterly report, an additional adviser/ assessor has been recruited and started in post at the end of October. Obviously, the impact of the new post was not made across the whole quarter but given the additional work undertake it is expected that the target will be achieved in the next quarter.

L179 The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly) is showing as amber

Although this indicator is amber in quarter 2, it has improved significantly from a red status in quarter 2. Homeless prevention activity now includes the award of discretionary housing payments which had not been included previously.

Indicator NI181 (Time taken in number of actual days to process Housing Benefit or Council Tax Benefit new claims and change events) is narrowly missing target and is showing as amber

Staff resources have been ringfenced for a dedicated period of time to address the fact that this indicator is slightly below target at this point in the year.

Actions not required

Two actions are no longer required. These are 4.6.04 Develop and publish an Older People's Strategy and 4.7.01 Develop a strategy for providing information and advice on how carers and people in the community who may need support, can maximise their independence. The reason that both of these actions are not required is that they will both be this will be addressed by the Department's Transformation Plan.

Audits and Risks

There were no significant audit findings in the audits carried out in the quarter.

Every quarter the department reviews its risks in the light of events. Due to fragility in the market with regard to EMI residential provision (4 care homes red flagged and one closure) the cost of placing people with EMI needs has virtually doubled from £650 per week to circa £1,200 per week. In order to manage the market and reduce costs, we have agreement with one East Berkshire authority and the three East Berkshire CCGs to jointly commission a trusted provider. The intention is to use an identified Council building to be upgraded by pooled investment which will then be rented to a provider, at a peppercorn rent, in order to peg the placement costs for a number of years. Soft market testing has suggested this could be attractive to providers and we are currently developing a detailed specification.

The risk of provider failure continues to have a significant impact on spend for care home placements, with one more home closing in the last quarter. As noted in the quarter 2 return, plans are in place to address supply in the market, although this will not yield an immediate impact.

Occupational Therapy and Physiotherapy staff are in short supply for health and social care in this region of the country as is no exception in the Bracknell area. Despite frequent advertisements, the team continues to run with 50% vacancies. These posts are then filled with more expensive locum workers. Workforce is a key theme within the integration agenda as is being worked on via the New Vision of Care work stream.

Between now and July 2017, 7 young adults will require housing once coming into Adult Social Care. Should the Department not be able to obtain the housing provision, this will mean that residential placements will need to be sourced due to challenging behaviours of the individuals. The financial pressures of these are currently around £2-£3k per week. Housing needs are being addressed with Downshire Homes and there are regular meetings to identify the needs at least 12 months prior to the housing requirements.

There is also a risk to the department budget for people from external providers who have a member of staff sleep-in their homes (known as the "chip shop test"). Currently this is charged at a nightly rate. The risk is that there will be an increase of charges for sleep-ins supported by external providers. A current project is being undertaken to identify where assistive technology can be used instead of a physical staff presence. The project is in partnership between adult social care, Just Checking and Dimensions.

Budget position

Revenue Budget

The forecast is an underspend of £0.561 million as at Month 9. This includes one-off funding of £0.75 million secured from the Better Care Fund to protect social care services. In addition a focus on reviewing care packages that may be eligible for NHS Continuing Health Care funding has started to yield results. In the previous month four cases have been concluded, resulting in the NHS agreeing to fund costs. As well as a reduction in future costs, this has resulting in a significant element of backdated funding (£0.5 million) which is one-off. Further cases are still under review and it is estimated could result in an additional £0.25 million before year end.

However, it should be recognised that the items above that have led to a forecast underspend are mostly one-off and without these there would be an overspend. Although there may be further successes with CHC funding, it is certain that there will not be sufficient funds next year in the Better Care Fund to provide a similar level of support.

There continues to be a pressure on Adult Social Care from high cost residential and nursing placements, caused by reducing supply and rising demand. In addition, an ordinary residence claim has re-emerged from the London Borough of Brent which could result in backdated costs of £0.5 million if it is not concluded in the Council's favour.

Capital Budget

The most significant capital budget in the department relates to loans to Downshire Homes, the Council owned housing company. The budget has been mostly utilised, with 20 properties purchased by the company. There remains the possibility that a further property may be purchased before year end.

The Community Capacity Grant has now been earmarked to part-fund this final Downshire Homes property and to fund the re-development of Stoney Lodge into accommodation for Learning Disability clients.

Section 2: Strategic Themes

Value for money


















1: Value for money			
Sub-Action	Due Date	Status	Comments
1.2 The cost, quality and delivery mechanism of all services will be reviewed by 2019			
1.2.03 Review the contract arrangements for Clement House support service	31/05/2016		The waiver extension to the contract has been agreed.
1.2.04 Review and retender the housing related support contract for single homeless people	31/03/2017		A project Plan for the retendering of the housing related support contract for single homeless people is in place. A Procurement Plan will be in place with the required authorisations by 1 March 2017
1.3 We charge appropriately for services and seek opportunities to generate additional income			
1.3.02 Revise local council tax reduction scheme to be based on income bands	30/11/2016		Public consultation closed 29 November. All responses summarised to December Executive. Local Council Tax Discount Scheme for working age to be referred to Council on the 18 January 2017 for adoption.
1.7 Spending is within budget			
1.7.01 Implement savings as identified for 2016-17	31/03/2017		Savings required from the cost of social care packages unlikely to be achieved in the financial year due to other cost pressures, most notably increasing residential and nursing prices due to limited capacity in the market. One-off sources of funding have been identified in 16/17 (Better Care Fund and departmental reserves) which should mitigate any overspend, but further work is required to realise the savings in future years. This is the aim of the departmental transformation programme.
1.7.06 Agree financial plans with the CCG to submit to the Department of Health in respect of the Better Care Fund	31/04/2016		The 2016/17 Better Care Fund Plan has been agreed with the CCG and submitted and accepted by the Department of Health.







People live active & healthy lifestyles













4: People live active and healthy lifestyles			
Sub-Action	Due Date	Status	Comments
4.3 Comprehensive Public Health programmes aimed at adults and young people, including smoking cessation, weight management and sexual health in place			
4.3.01 Enhance the emotional health and wellbeing of children and young people through the commissioning of online counselling, structured sessions in schools and interactive social media projects	31/03/2017		Building Resilience project started. 11 anti-stigma sessions booked and poetry challenge launched in secondaries. Arts challenge in primaries to be launched in Jan. All work will provide new opportunities to co-produce resources with children and young people for social media output and sharing across all schools
4.3.02 Develop a web-based self-care guide for adults and older people focusing on smoking, Falls Prevention Programme, a Strength & Balance Programme and Befriending Services	31/03/2017		The action has been completed ahead of schedule. Please see http://jsna.bracknell-forest.gov.uk/self-care-guide
4.3.03 Improve health outcomes for children and young people through the commissioning of school nursing, health visiting and targeted programmes on health related behaviour	31/03/2017		New contract for health visiting service signed by both parties and mobilisation underway. Contract will run until 31st March 2018 (with optional 9-month extension). Initial consultations with key partners about future of health visiting and school nursing services post March 2018 started.
4.4 Personal choices available to allow people to live at home are increased			
4.4.01 Review current provision and undertake tenders for the Advocacy service	31/10/2016		Completed ahead of schedule. Contract aware and handover to new provider has been completed. New provider started their provision of the Advocacy service on 01/09/16
4.4.02 Review current provision and undertake tenders for the Support with Confidence service	31/10/2016		Completed ahead of schedule. The existing provider was awarded the contract and performance will be monitored on an ongoing basis.
4.4.03 Review current provision and undertake tenders for Intermediate Care Clinical service	31/12/2016		Review of current Intermediate Care service has been completed. Awaiting decision from commissioners.
4.4.04 Review current provision and undertake tenders for the Local Healthwatch	31/04/2017		A waiver has been completed to extend the Local Healthwatch contract with the current provider on a 2+1 contract from 1st April 2017. This arrangement maintains quality and delivers savings.
4.4.05 Register Forestcare with the Care Quality Commission to provide emergency personal care	30/06/2016		The service is now registered with the Care Quality Commission (CQC)

4.4.06 Promote the use of mobile lifeline technology through Forestcare	31/03/2017		Forestcare continue to promote lifeline technology through the Councils website and attending events in the area.
4.4.07 Work with partners to implement Carers Commissioning Strategy, in line with the requirements of the Care Act	31/03/2017		The joint commissioning strategy remains a live document and all actions are on target.
4.4.08 Implement new ways of working that promote independence and wellbeing by transferring and integrating the short term and long term care teams to provide a co-ordinated response to individuals	31/03/2017		Completed ahead of schedule. The Community Team for Older People and Long Term Conditions is now one integrated team.
4.4.12 Forestcare responder service to be extended to provide emergency personal care	30/06/2016		The service is registered with the Care Quality Commission. The emergency personal care service started on the 1st November 2016.
4.5 Preventative activities such as falls prevention are increased			
4.5.01 Develop Falls Risk assessment service to be provided by Forestcare	31/07/2016		The service is able to offer falls risk assessments.
4.5.02 Develop a department wide approach to prevention including primary care engagement, reablement and intermediate care	30/06/2016		The community Intermediate Care Services are currently under review with an aim to providing 7 day services. This will feed into the work being undertaken within the STP to deliver Integrated care services.
4.6 Integration of council and health services care pathways for long term conditions is increased			
4.6.01 Review the model of providing DAAT services and implement any improvement identified	31/03/2017		Completed ahead of schedule. Service will be delivered in house from 1st April 2017
4.6.02 Review the effectiveness of the Breaking Free online element of the DAAT service by monitoring the number of people accessing the service in this way and the outcomes achieved	31/03/2017		A total of 28 people have registered with Breaking Free online.
4.6.03 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	31/03/2017		During the third quarter of 2016/17. The following campaigns and projects have been carried out on behalf of the Bracknell Forest Prevention and Self-Care Board: • Helping You Stay Independent Guide 2017/18 • Atrial Fibrillation Campaign • Bowel Cancer Screening Campaign • Self-Care Week 2016 • P&SC Digital Awareness Campaigns • P&SC Outreach • P&SC Funding – ASD Yoga classes pilot All previous Prevention and Self-Care Project initiatives and resources including the recently published Self Care Week 2016 Report are available and regularly updated on the Healthwatch Bracknell Forest website, Bracknell and Ascot Clinical Commissioning Group member's and public websites and the Bracknell Forest Council public website.

4.6.04 Develop and publish an Older People's Strategy	31/03/2017		Action no longer required as this will be addressed by the Department's Transformation Plan.
4.6.05 Host a peer review of the operational effectiveness of the Health and Wellbeing Board	31/03/2017		Completed ahead of schedule. Health and Wellbeing Peer Review Completed
4.6.06 Contribute to the development of the outcomes set by the three Urgent Care Boards and support the delivery of services which promote independence, reduce delayed transfers of care and develop hospital avoidance schemes	31/03/2017		Winter resilience plans have been implemented and have proven to be successful during this quarter in supported the hospitals and the community. Staff representation will continue within the A&E Delivery Boards to ensure a local focus is achieved.
4.6.07 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	31/03/2017		New model of Intermediate Care evidences changes which will support people to leave hospital at an early opportunity. Although new model is not in operation yet, work is underway with health colleagues to ensure services are seamless
4.6.08 Further develop the integrated care teams with the Clinical Commissioning Group and Bracknell Healthcare Foundation Trust to support people with complex care needs	31/03/2017		Completed ahead of schedule. The cluster groups continue work effectively.
4.6.09 Review the implemented winter pressures plans	31/03/2017		Plans in place.

4.7 Accessibility and availability of mental health services for young people and adults is improved

4.7.01 Develop a strategy for providing information and advice on how carers and people in the community who may need support, can maximise their independence	31/03/2017		Action no longer required as this will be addressed by the Department's Transformation Plan.
4.7.03 Expand and enhance the Early Intervention in Psychosis service for Mental Health, making access and assessment quicker	31/03/2017		Completed ahead of schedule. The Early Intervention in Psychosis Team is now fully staffed and operational. The EIP Team in Berkshire have been able to evidence a high number of people accessing employment or education as part of their recovery. Targets are being met in terms of access to treatment within two weeks and access to Cognitive Behavioural Therapy and Family Interventions
4.7.04 Deliver a new service model in the Community Team for Mental Health for Older Adults to ensure a smoother journey through care, support and treatment based upon everyone having a single identified Support Co-ordinator	31/03/2017		Completed ahead of schedule. The new service model has been implemented and people who use our service have an identified support coordinator
4.7.05 Undertake a review of the Mental Health Service and implement the findings	31/12/2016		Completed. Staffing structure has been reviewed and changes implemented to mitigate against the single points of failure

4. People live active and healthy lifestyles					
Ind Ref	Short Description	Previous Figure Q2 2016/17	Current figure Q3 2016/17	Current Target	Current Status
OF1c.1a	Percentage of people using social care who receive self directed support (Quarterly)	100.0%	100.0%	98.0%	
OF1c.1b	Percentage of carers who receive self directed support (Quarterly)	100.0%	100.0%	98.0%	
OF1c.2a	Percentage of people using social care who receive direct payments (Quarterly)	21.9%	22.8%	No target	
OF1c.2b	Percentage of carers who receive direct payments (Quarterly)	64.8%	41.7%	No target	
L030	Number of lifelines installed in the quarter (Quarterly)	164	168	200	
L031	Percentage of lifeline calls handled in 60 seconds in the quarter (Quarterly)	95.08%	95.70%	97.50%	
L217 ¹	Percentage of people who engaged with the Stop Smoking Service in the quarter who quit smoking for at least 4 weeks (Quarterly)	80.9%	Not yet available	60.0%	
L218 ¹	Number of people in the quarter who started the specialist weight management treatment programme (Quarterly)	204	Not yet available	100	
L277	Number of people who received Falls Risks Assessments in the quarter (Quarterly)	83	108	40	
L278	Percentage of adult social care records in the Adult Social Care IT System that contain the person's NHS number (Quarterly)	97.4%	97.7%	90.0%	
L279	Number of young people who actively engage with KOOTH in the quarter (Quarterly)	172	420	115	
L280	Percentage of young people who engaged with KOOTH who received a response within 24 hours in the quarter (Quarterly)	100.0%	100%	95.0%	

¹ Status reflects quarter 2 performance since quarter 3 data not yet available




A clean, green, growing and sustainable place

5: A clean, green, growing and sustainable place			
Sub-Action	Due Date	Status	Comments
5.2 The right levels and types of housing are both approved and delivered			
5.2.01 Procure 31 units of accommodation to provide homes for care leavers, homeless households and people with learning disabilities	31/03/2017		29 properties have been purchased.
5.2.04 Establish Downshire Homes as a viable company providing homes for rent for homeless families	31/03/2017		15 homeless households are living in properties purchased by Downshire Homes










5. A clean, green, growing and sustainable place					
Ind Ref	Short Description	Previous Figure Q2 2016/17	Current figure Q3 2016/17	Current Target	Current Status
NI155	Number of affordable homes delivered (gross) (Quarterly)	1	0	0	
NI181 ¹	Time taken in number of days to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	9.8	9.8	9.0	
L178	Number of household nights in non self contained accommodation (Quarterly)	800	397	793	
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	70.00%	80.00%	88.00%	




Strong, safe, supportive and self-reliant communities

6: Strong, safe, supportive and self-reliant communities			
Sub-Action	Due Date	Status	Comments
6.4 Safeguarding structures to safeguard children and vulnerable adults are well-established			
6.4.02 Lead the Bracknell Forest Safeguarding Adults Partnership Board's development plan taking into account the board's statutory footing	31/03/2017		The Board's sub groups and task and finish groups have been established. A quality assurance framework has been approved by the board along with a partner self assessment audit tool to provide assurance that partner systems and procedures are in line with the care act. The quality assurance sub group has now begun to work within the framework to monitor performance that will provide assurance to the Board . A broader set of partnership performance indicators are in development. The partnership risk framework policy and communications strategy have been produced in draft

Section 3: Operational Priorities

7: Operational			
Sub-Action	Due Date	Status	Comments
7.1 Adult Social Care, Health & Housing			
7.1.01 Embed the new structure of the Older People & Long Term Conditions service, following the Workforce Development project	31/03/2019		Action has been completed ahead of schedule
7.1.02 Develop the Adult Safeguarding Programme following the appointment of an independent chair and business support for the board to enhance capacity all round	01/04/2019		Maintain a programme of training linked to the national competency framework for safeguarding adults which will include: • Induction • Level 1 • level 2 & 3 (with separate courses for practitioners and external partners)
7.1.03 Enhance the Intermediate Care at home service in order to facilitate less reliance in future on bed based services and allow more people to go directly home	02/04/2019		Plans have been submitted to commissioners and awaiting decision.
7.1.04 Implement Homeless Strategy Action Plan	31/03/2017		There are a number of actions. Actions that have been completed in quarter three including designing a satisfaction survey that will be undertaken annually with service users and introducing Homeless Forum case conferences to problem solve complex cases.
7.1.05 Enter into new partnership agreement with Department of Work & Pensions to support households moving onto Universal Credit	30/04/2016		Partnership agreement signed for 2016/17.
7.1.06 Commission and maintain a triage of high value health improvement services	03/04/2019		Year of Self Care (YOSC) and all subsequent health improvement services are functional and delivering at or above expectations.
7.1.07 Commission a range of effective health improvement services aimed at improving outcomes such as smoking, obesity and physical activity	03/04/2019		All commissioned health improvement services are currently active and performing at or above target. This includes but is not limited to; smoking cessation (smoking), Weight Management (Obesity) & Back to Fitness (Physical activity). Bracknell Forest Council has been nominated for Get Berkshire Active's 'Workplace of the Year' and was a finalist the Comms2point0 national collaborative communications award.
7.1.08 Recover overpayment of housing benefit for those people no longer in receipt of benefit, to be achieved via attachment of earnings	31/05/2017		Completed ahead of schedule. Policy implemented to recover overpaid housing benefit via attachment of earnings.
7.1.09 Develop the Electronic Time Monitoring System (ETMS) by introducing new modules that will allow family members to track home care visits in real time, and provide key quality	31/03/2017		Completed ahead of schedule. The Family Portal is now live.

information on providers' performance			
7.1.10 Use monthly budget monitoring reports to identify and address any emerging overspends promptly	31/03/2019		Budget monitoring is on track

Section 4: People

Staffing levels as at 31 December 2016

	Total Staff in Posts	Total Staff in Post		Total Posts FTE	Vacant Posts	Vacancy Rate %
		Full Time	Part Time			
DMT	12	10	2	11	0	0
Adult Social Care	225	138	87	187.62	32	12.45
Commissioning & Resources	49	39	10	43.78	1	2
Housing	66	51	15	59.75	8	7.4
Public Health Shared	10	7	3	8.42	2	16.6
Public Health Local	5	5	0	5	0	0
Department Totals (Q3)	367	250	117	315.57	43	10.49

Staff Turnover

For the quarter ending	31 December 2016	0.82%
For the last four quarters	1 January – 31 December 2016	8.67%

Comparator data	
Total voluntary turnover for BFC, 2015/16:	14.3%
Average UK voluntary turnover 2015:	16.1%
Average Local Government England voluntary turnover 2014/2015:	13.5%

Source: XPerthR Staff Turnover Rates and Cost Survey 2015 and LGA Workforce Survey 2014/15

Comments:

HR continues to work with managers to ensure that change policies including redeployment are used as effectively as possible in light of pending changes. Q3 has seen a downturn in leavers, the impact of which is reflected in the turnover rates shown above.

Staff sickness

Section	Total staff	Number of days sickness	Quarter 3 average per employee	2016/17 annual average per employee
DMT	12	6.5	0.54	1.28
Adult Social Care	225	671	2.98	10.96
Commissioning & Resources	49	37	0.76	4.71
Housing	66	243	3.68	11.63
Public Health Shared	10	5.5	0.55	3.53
Public Health Local	5	1	0.2	2.00
Department Totals (Q3)	367	964	2.63	
Totals (16/17)	367	3,605		9.6

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 15/16	5.9 days
All local government employers 2015	9.9 days
Average Local government England Sickness 2014/15	8.5 days

Source: Chartered Institute of Personnel and Development Absence Management survey 2015 and LGA Workforce Survey 2014/15

Comments:

Adult Social Care

There were five cases of Long Term Sickness during Q3. Out of these cases, one has now returned to work, three cases are still to return, and one was signed off by the Occupational Health Doctor for Tier 1 Ill Health Retirement. All cases have been reviewed by Occupational Health.

Housing

There were four cases of Long Term Sickness during Q3, one has returned, three are still to return but all four are being monitored by Occupational Health.

Section 5: Complaints

Compliments

A total of 52 compliments were received by the Department in quarter 2.

Adult Social Care compliments

30 compliments were received for adult social care in the quarter. 25 compliments were for the Adult Community team, 4 were for the Learning Disabilities team and 1 was for the Direct Payments team.

Corporate compliments

22 compliments were received by Housing Service. 11 were received for Forestcare and 11 for Welfare & Housing Service.

Complaints Received

There were a total of 6 complaints were received by the Department during the quarter, 1 by Housing and 5 by Adult Social Care. No complaints were received by Public Health.

Adult Social Care Statutory Complaints

5 complaints were received this quarter in Adult Social Care and all were dealt with using the statutory procedures. No complaints were dealt with using corporate procedures.

Stage	New complaints activity in Q2	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	5	18	9 complaints were not upheld 5 complaints were partially upheld 1 complaint was upheld 3 complaints were ongoing within agreed timescales
Corporate procedures	~	1	Complaint was not upheld
Local Government Ombudsman	~	~	~

Nature of complaints, actions taken and lessons learnt:

The nature of complaints received included standard of care and support provided, signposting issues, and DoLS. There was a learning point regarding the partially upheld. Members of the team were reminded of the importance in responding to relatives communications so that they are kept fully informed where appropriate.

3 complaints were received by the 2 Mental Health teams, 1 was for the Adult Community team and 1 was not associated with a team.

Corporate complaints - Housing

1 complaint was received in Housing this quarter for the Welfare and Housing Service.

Stage	New complaints activity in quarter	Complaints activity year to date	Outcome of total complaints activity year to date
Stage 2	1	5	2 complaints were upheld 3 complaints were partially upheld
Stage 3	~	~	~
Local Government Ombudsman	~	~	~
TOTAL	~	~	~

NOTE: The table excludes 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.

Nature of complaints, actions taken and lessons learnt:

The stage two complaint concerned the behaviour of a member of staff working on reception. A customer had been kept waiting for a response from the service and had not been advised for the reason why and how long they could expect to wait. The member of staff has been reminded of the importance of ensuring that customers' time with the service is respected and that they are advised if there is delay in dealing with customers in a timely way.

Annex A: Financial information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - DECEMBER 2016							
	Original Cash Budget	Virements & Budget C/fwds	Current approved cash budget	Spend to date %age	Department's Projected Outturn	Variance Over / (Under) Spend	Movement this quarter
	£000	£000	£000	%	£000	£000	£000
Director	(338)	974	636	57%	635	(1)	(22)
	(338)	974	636		635	(1)	(22)
Adult Social Care							
Community Mental Health Team	1,974	(35)	1,939	67%	2,006	67	(121)
Community Mental Health Team for Older Adults	3,695	69	3,764	128%	5,364	1,600	(58)
Internal Services: Glenfield	201	21	222	52%	279	57	0
Community Team for People with Learning Disabilities	13,431	(622)	12,809	56%	10,990	(1,819)	(763)
Internal Services: Waymead	761	(15)	746	62%	613	(133)	20
Older People and Long Term Conditions	6,419	126	6,545	103%	7,005	460	(425)
Assistive Equipment and Technology	343	0	343	68%	473	130	52
Internal Services: Heathlands	636	(439)	197	68%	138	(59)	(21)
Community, Response & Reablement	1,778	(801)	977	69%	978	1	17
Emergency Duty Service	58	6	64	79%	64	0	0
Safeguarding	254	9	263	105%	298	35	(24)
	29,550	(1,681)	27,869		28,208	339	(1,323)
Housing							
Housing Options	170	43	213	78%	208	(5)	(2)
Housing Strategy	224	72	296	65%	247	(49)	8
Housing Management Services	(40)	(1)	(41)	30%	(60)	(19)	(4)
Supporting People	952	(83)	869	56%	741	(128)	2
Housing Benefits Administration	612	(111)	501	52%	605	104	(13)
Housing Benefits Payments	108	(102)	6	72%	(203)	(209)	69
Other Housing	18	0	18	38%	18	0	0
Forestcare	31	68	99	75%	-16	(115)	(54)
	2,075	(114)	1,961		1,540	(421)	6
Commissioning & Resources							
Drug & Alcohol Action Team	3	2	5	64%	5	0	0
Joint Commissioning	562	425	987	65%	652	(335)	(22)
Information Technology Team	279	5	284	76%	265	(19)	(10)
Property	73	(8)	65	44%	46	(19)	(19)
Performance & Complaints	183	(5)	178	63%	141	(37)	0
Finance & Appointeeships	562	(8)	554	70%	478	(76)	(33)
Human Resources Team	192	(1)	191	78%	199	8	8
	1,854	410	2,264		1,786	-478	(76)
Public Health							
Bracknell Forest Local Team	(18)	2	(16)	30%	(16)	0	0
	(18)	2	(16)		(16)	0	0
TOTAL ASCHH	33,123	(409)	32,714		32,153	(561)	(1,415)
Memorandum item:							
Devolved Staffing Budget			14,037	77%	14,037	0	0
Non Cash Budgets							
Capital Charges	368	0	368		368	0	0
IAS19 Adjustments	1,194	0	1,194		1,194	0	0
Recharges	2,865	0	2,865		2,865	0	0
	4,427	0	4,427		4,427	0	0

Capital Budget

Cost Centre Description	Budget £'000	Expenditure to Date £'000	Estimated Outturn £'000	Carry forward to 2016/17 £'000	(Under) / Over Spend £'000	Current Status
HOUSING						
Enabling more affordable housing	2,340.5	2,336.8	2,336.8	3.7	0.0	Purchased 9 properties in 2016/17.
Help to buy a home (cash incentive scheme)	240.0	2.0	120.0	120.0	0.0	Two cases (£60k each) likely to be completed by 31 March. One further cases may be completed by year end or may be next financial year, with £60k a definite carry forward.
BFC My Home Buy	347.5	157.1	307.4	40.1	0.0	One properties has been completed, a second is likely by year-end.
Waymead flats	580.0	14.3	14.3	0.0	565.7	Scheme is not proceeding so capital budget to be returned, expenditure to be written off to revenue.
Downshire Homes	6,466.0	6,334.2	6,466.0	0.0	0.0	20 properties purchased. One more to be purchased which will be part funded by Community Capacity Grant.
Tenterton Guest House	65.0	6.6	6.6	58.4	0.0	Budget needs to be carried forward to 2017/18 as works on the roof for Tenterton will now need to be spent out of revenue and this money will be used on capital projects on other council
TOTAL HOUSING	10,039.0	8,851.0	9,251.1	222.2	565.7	
Percentages		88.2%	92.2%		5.6%	
ADULT SOCIAL CARE						
Care housing grant	15.4	0.0	15.4	0.0	0.0	Professional fees for Heathlands Dementia Care Unit.
Community capacity grant	506.9	43.6	269.1	0.0	237.8	Approximately £250k to be granted to Downshire
Improving information for social care	39.2	0.0	0.0	0.0	39.2	To be used for LAS upgrade. Timing is dependent on other factors including implementation of new RAS and so budget is to be carried forward.
IT systems replacement	208.4	40.5	40.5	0.0	167.9	To be used for LAS upgrade. Timing is dependent on other factors including implementation of new RAS and so budget is to be carried forward.
TOTAL ADULT SOCIAL CARE	769.9	84.1	325.0	0.0	444.9	
Percentages		10.9%	42.2%		57.8%	
TOTAL CAPITAL PROGRAMME	10,808.9	8,935.1	9,576.1	222.2	1,010.6	
Percentages		82.7%	88.6%		9.3%	

Annex B: Annual indicators not reported this quarter

Council Plan indicators

Ind. Ref.	Short Description	Quarter due
4. People live active and healthy lifestyles		
OF1e	The number of adults with learning disabilities in paid employment as a % of adults with learning disabilities who received a long-term service (annual)	Q1 2017-18
OF1f	The number of adults with a mental health problem in paid employment a % of adults in contact with secondary mental health services (annual)	Not known

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
28 MARCH 2017**

**CHARGING OPTIONS FOR CARE AND SUPPORT AT HOME
Director of Adult Social Care, Health and Housing**

1 PURPOSE OF REPORT

- 1.1 This report introduces the attached report to the Executive concerning consultation on options for charging for Adult Social Care and support at home.

2 RECOMMENDATION(S)

- 2.1 **That the Adult Social Care and Housing Overview and Scrutiny Panel considers the attached report and expresses any views on options for charging for Adult Social Care and support at home for forwarding to the Executive as part of the consultation.**

3 REASONS FOR RECOMMENDATION(S)

- 3.1 To give the Panel an opportunity to respond to the consultation regarding options for charging for Adult Social Care and support at home.

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
24 JANUARY 2017

CHARGING OPTIONS FOR CARE AND SUPPORT AT HOME
Director of Adult Social Care, Health & Housing

1 PURPOSE OF REPORT

- 1.1 To seek approval to consult on potential changes to the Charging Policy for Adult Social Care Services (non residential services), aligned to transformation in the provision of the support offer at night.

2 RECOMMENDATIONS

- 2.1 That the Executive notes the transformation of the support offer at night.
- 2.2 That the Executive agrees to consult on the following option for charging:

That the Council when financially assessing someone in receipt of Adult Social Care fully takes account of the income received by people receiving the higher rate of benefit from Attendance Allowance, Disability Living Allowance, and Personal Independence Payments.

3 REASONS FOR RECOMMENDATIONS

Night time support transformation

- 3.1 There is limited provision of support at night in someone's home in Bracknell Forest. A number of people do have live-in carers, and a further small cohort have scheduled night time visits from a care home provider. This leaves a gap for people who may need occasional support, but do not need regular support. Most of these individuals will have been assessed by the DWP as being in need of night term support, and therefore eligible for the night time component of one of the benefits listed in paragraph 3.10 below, but have not been assessed by Adult Social Care as being eligible for support, as the thresholds are different.
- 3.2 Forestcare would be able to offer a charged for pop in service, for those occasions when people need attending to. If people utilise this service, the fee they pay would be completely taken into account in the new financial assessment proposed above.
- 3.3 There is a strong preventative element to this set of proposals, which are outlined below. A lack of uptake or provision of night time care services is likely to increase admissions to long term residential care. Research into the determinants of permanent admission to residential care has identified incontinence related issues to be a major predictor. It is night time care services that are the best place to support these issues and hence delay or even to prevent admission from becoming necessary. The twin proposals outlined in this paper encourage people to take responsibility for their own care and support, as their night time benefit income would be taken into account in assessing their affordability to contribute towards the costs of their support, and their contribution will be reduced if they are paying for the

night term support offer, from Forestcare, or any other willing provider that may choose to offer this service.

- 3.4 Following on from CQC Registration, Forestcare are now able to offer emergency personal care to individuals at any time of day or night. Forestcare provides emergency cover 24 hours a day, seven days a week, 365 days a year. Our out of hours service is tailored to the convenience of our customers. For a small weekly fee, they can be re-assured that they/their loved ones needs can be promptly responded to.
- 3.5 Each emergency care situation is different, but some common scenarios we regularly give immediate support to include:
- Rapid response for an unplanned discharge from hospital.
 - Emergency support when another agency has let a family down.
 - Help when unforeseen circumstances occur and a family has other commitments.
 - Assistance with personal care
 - Falls
 - Prescription Collection
- 3.6 Forestcare Responder Service means that there is always a way of dealing with life's uncertainties. As circumstances unfold, customers can be reassured that they will receive the best emergency home care and thorough professionalism from the Forestcare emergency support team who will endeavour to attend within 45 minutes of being contacted.
- 3.7 All of our Emergency Response Officers are First Aid and Moving and Handling trained to assist them to help. Following an initial assessment, if it is safe and the individual is unhurt, we will lift them using the latest lifting technology.
- 3.8 The basic charge for this service is:
- £8.70 per week (plus basic lifeline rental) – 1 call out per month
 - £15 per week (plus basic lifeline rental – 2 call outs per month
 - Additional visits £31.00/£46.50 Bank Holidays including Christmas and New Year.

Where people are paying for this service, and they are separately making a contribution towards the costs of their social care package, it is likely to constitute "Disability Related Expenditure" in their financial assessment. What this means in practice is that their assessed charge for social care support is likely to reduce by the same amount that they are paying for the service outlined above. This is relevant to sections 3.10ff below.

- 3.9 Calls can be accumulated but not used in advance. All customers who sign up to the Responder Service receive a full support plan and risk assessment.

Proposed charging amendments

- 3.10 The Care Act 2014 imposes powers and duties on Local Authorities in relation to these matters from April 2015, with further ongoing changes to some of the detailed requirements.

The Care Act 2014 states that there are a number of benefits that may be **fully** taken into account when considering what a person can afford to pay towards their care from income, which the Council currently does not, where the person is receiving the higher rate:

- Attendance Allowance, including Constant Attendance Allowance and Exceptionally Service Disablement Allowance
- Disability Living Allowance (Care component)
- Personal Independence Payment (Daily Living component)

The Care Act had stipulated that no-one should be made worse off by the reforms, and changing the policy to be in line with the Care Act would have had a negative impact on people's finances. As such, previous policy decisions on charging presented to the Executive have not addressed this aspect of the Care Act, as it was believed that the regulations would be changed. Whilst there have been some minor amendments to the Care Act in this regard, the Council does not fully take into account the benefits listed above. It is proposed that the Council consults on this.

- 3.11 When there is a decision to charge, the LA must have regard to the **2014 Regulations**.

Reg 15 states:

In a case where the adult has needs for care and support other than the provision of accommodation in a care home, or the carer has needs for support, a local authority may in carrying out the calculation of the adult or carer's income for the purposes of the financial assessment, disregard such other sums the adult or carer may receive as the authority considers appropriate.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 There is no alternative to implementing the requirements of the Care Act however there are decisions to be made regarding the detail of local implementation.

5 SUPPORTING INFORMATION

- 5.1 The Executive received a report in November 2015 recommending a number of changes to the Charging Policy to bring the Council into line with other duties and powers in the Care Act 2014. However, this area was not addressed, as it was anticipated that the legislation would be changed. That is no longer the case.
- 5.2 The current policy fully takes into account income from benefits for the middle or lower rates of Attendance Allowance, Disability Living Allowance and Personal Independence Payments, but does not take the income fully into account if the person is on the higher rates of those benefits. The policy also fully takes into account income from the higher rates of benefit when someone receives night care arranged by the local authority.
- 5.3 A significant number of people in receipt of support do receive these benefits at the higher level, and could be impacted by a simple change of fully taking into account the income from the particular benefit, as follows:

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	Numbers of People That Are:			Total
	Worse Off	Better Off	No Change	
Attendance Allowance	104	4	36	144
DLA Care - Higher	70	0	99	169
PIP: Daily Living (Enhanced)	14	0	20	34
Total	188	4	155	347

- 5.4 The average potential impact for those that are negatively impacted is £25 per week, with most worse off to the tune of £27.20 per week. A number of people will be impacted by a lower amount because they will be paying the full cost of their care whilst still retaining some of the benefit income.
- 5.5 The potential reduction in the net cost of funding support for people via these changes could be £230,000 in a full year once fully implemented. However, the new night time support offer – or any alternatives that people are able to source from other providers – is one that the Council would encourage people to take up, as it is likely to help them maintain their independence for longer. To the extent that this cohort of people do take up this offer, it will reduce the amount of money that the Council is able to raise in charges. If people take up the service offered by Forestcare, whilst this will increase the amount of income that Forestcare is able to earn, this additional income will only cover the additional costs to Forestcare of expanding the service. Therefore, the change in policy is unlikely to achieve the full potential income figure.
- 5.6 An individual's financial assessment into what they can afford to contribute towards their social care support takes into account additional expenditure they incur directly due to their disability. If an individual arranges their own private night time support, this cost would need to be taken into account if the policy on the extent to which benefits are taken into account is modified.
- 5.7 It is noted that the Council is also consulting on changes to its Housing Allocations Policy and the Local Council Tax discount scheme, and it might be perceived that this will impact on the same people as the proposed changes above. Neither of these two potential changes will impact on the same people as the proposed changes to the adult social care charging policy. All working age people with an adult social care support plan currently eligible for an 80% council tax discount are classified as "Vulnerable People", and will continue to receive the same discount.
- 5.8 As these potential changes:
- Have a potentially significant impact,
 - Are not mandatory,

it is advisable to consult on them.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

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

Borough Treasurer

- 6.2 The costs of consultation are relatively low, and can be met from within existing resources.

Equalities Impact Assessment

- 6.3 Equality for all people being supported will be considered at all stages in the process.

7 CONSULTATION

Principal Groups Consulted

- 7.1 None at this stage, this paper seeks permission for a Public Consultation on options in respect of charging.

Method of Consultation

- 7.2 N/A

Representations Received

- 7.3 N/A

Contact for further information

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Equalities Screening Record Form

Date of Screening:	Directorate: ASCH&H	Section: Commissioning & Resources
1. Activity to be assessed	To consult on proposals to take into account DWP benefits received for night time care and support in the financial assessment of what people need to contribute towards the cost of their care.	
2. What is the activity?	X Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input type="checkbox"/> Service <input type="checkbox"/> Organisational change	
3. Is it a new or existing activity?	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	
4. Officer responsible for the screening	Neil Haddock	
5. Who are the members of the EIA team?		
6. What is the purpose of the activity?	To consult on proposals to take into account DWP benefits received for night time care and support in the financial assessment of what people need to contribute towards the cost of their care	
7. Who is the activity designed to benefit/target?	People who are assessed as needing social care support, who receive benefits to help pay for needs related to their disability at night.	
8. a Racial equality - Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.	N	
8. b What evidence do you have to support this? E.g equality monitoring data, consultation results, customer satisfaction information etc.	People's eligibility for services is assessed on the basis of need. Equality monitoring suggests there is no bias on the basis of race in the outcome of assessments.	
9. a Gender equality - Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.	Y	People's eligibility for services is assessed on the basis of need. Equality monitoring suggests there is no bias on the basis of gender in the outcome of assessments. However, as the majority of people who need support are older people, and women live longer than men, women are more likely to be eligible for the services that the proposed financial assessment policy would apply to.
9. b What evidence do you have to support this?	Statistics on the numbers of people supported by the Council indicate that a majority of people who receive adult social care services are women.	
10. a Disability equality - Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.	Y	People's eligibility for services is defined by the impact that that individual's disability or health condition has on them.
10. b What evidence do you have to support this?		
11. a Age equality - Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.	Y	People's eligibility for services is assessed on the basis of need. Equality monitoring suggests there is no bias on the basis of age in the outcome of assessments. However, the majority of people who need support are older people.
11. b What evidence do you have to support this?	Statistics on the numbers of people supported by the Council indicate that the majority are defined as older people.	

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12. a Religion and belief equality - Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.		N	People's eligibility for services is assessed on the basis of need. In Bracknell, numbers of people with different religions or beliefs are too low to test for bias on the outcome of assessment. However, equality monitoring suggests there is no bias on the basis of race, gender, or age in the outcome of assessments, and it is therefore assumed that this is true across all protected characteristics.
12. b What evidence do you have to support this?			
13. a Sexual orientation equality - Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.		N	People's eligibility for services is assessed on the basis of need. In Bracknell, numbers of people with different sexual orientation are too low to test for bias on the outcome of assessment. However, equality monitoring suggests there is no bias on the basis of race, gender, or age in the outcome of assessments, and it is therefore assumed that this is true across all protected characteristics.
13. b What evidence do you have to support this?			
14. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carer's/ex-offenders) and on promoting good community relations.	The proposal would negatively impact on the income levels of people who receive DWP disability benefits for night time support needs, and who do not use that money for any form of night time support. Mitigation will take the form of phasing in the changes, as well as in considering what the appropriate minimum income level they should be left with should be. Additionally, additional night time support services will be put in place, which whilst they would be charged for, this charge would reduce their social care assessed contribution.		
15. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?	People with the protected characteristics of age or disability are the people who are most likely to need social care support, and therefore to be impacted by any charging regime.		
16. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?	People with the protected characteristics of age or disability are the people who are most likely to need social care support, and therefore to be impacted by any charging regime.		
17. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?		N	The power to charge people for social care services is enshrined in statute, and can only apply to people who, because of their disability, which will often be caused by conditions associated with ageing, need adult social care support.
18. What further information or data is required to better understand the impact? Where and how can that information be obtained?			
19. On the basis of sections 7 – 17 above is a full impact assessment required?		N	The power to charge people for social care services is enshrined in statute, and can only apply to people who, because of their disability, which will often be caused by conditions associated with ageing, need adult social care support.
20. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.			
Action	Timescale	Person Responsible	Milestone/Success Criteria
Means Assessment – all people who are eligible for services undergo a financial assessment to ensure that they do not pay more than they can reasonably afford.	Ongoing	Neil Haddock	

21. Which service, business or work plan will these actions be included in?	Commissioning & resources team plan.
22. Have any current actions to address issues for any of the groups or examples of good practice been identified as part of the screening?	No
23. Chief Officers signature.	Signature: Date:
24. Which PMR will this screening be reported in?	

**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
28 MARCH 2017**

WORKING GROUP UPDATE REPORT Assistant Chief Executive

1 PURPOSE OF REPORT

- 1.1 This report summarises the progress achieved to date by the Working Group of the Panel reviewing the Council's draft Housing Strategy and Housing Supply.

2 RECOMMENDATION(S)

- 2.1 **That the Panel notes the progress achieved to date by its Working Group reviewing the Council's draft Housing Strategy and housing supply.**

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 draft Housing Strategy and Supply.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 A Working Group of the Panel, comprising Councillors Peacey (Lead Member), Mrs Angell, Finch, Mrs McCracken, Mrs McKenzie and Mrs Temperton, was established to respond to the consultation in respect of the Council's draft Housing Strategy 2016-2036 and to review a related theme, originally envisaged to be possibly the supply of accommodation for older people.
- 5.2 The Working Group commenced in November 2016 and has met on three occasions, to date. Issues covered have included:
- Receiving a briefing from senior housing officers on key aspects of the draft Housing Strategy, with particular reference to Affordable Housing.
 - A discussion on the scope of the review, leading to an agreed scoping document. The Executive Member, Director and the Chairman of the O&S Commission have since commented that the proposed scope is too wide.
 - Receiving a briefing from the Chief Officer: Planning, Transport and Countryside on the Council's role in relation to housing supply and specifically Affordable Housing.
 - A discussion with the Chairman of Downshire Homes on its role and performance in relation to housing supply, and the ideas which are being explored for the future.

A representative of the Working Group also attended to observe the meeting of the Downshire Homes Board on 24 January.

- 5.3 Owing to the shortage of O&S Officer resources, no further meetings of the Working Group have been arranged, which may put at risk the aim to complete the review by July 2017. The next meeting of the Working Group is likely to include a discussion with the Chairman of the O&S Commission to resolve the differing views over the scope of the review.

**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
28 MARCH 2017**

EXECUTIVE KEY AND NON-KEY DECISIONS RELATING TO ADULT SOCIAL CARE AND HOUSING

Assistant Chief Executive

1 PURPOSE OF REPORT

- 1.1 This report presents scheduled Executive Key and Non-Key Decisions relating to Adult Social Care and Housing for the Panel's consideration.

2 RECOMMENDATION(S)

- 2.1 **That the Adult Social Care and Housing Overview and Scrutiny Panel considers the scheduled Executive Key and Non-Key Decisions relating to Adult Social Care and Housing appended to this report.**

3 REASONS FOR RECOMMENDATION(S)

- 3.1 To invite the Panel to consider scheduled Executive Key and Non-Key Decisions.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 Consideration of Executive Key and Non-Key Decisions alerts the Panel to forthcoming Executive decisions and facilitates pre-decision scrutiny.
- 5.2 To achieve accountability and transparency of the decision making process, effective Overview and Scrutiny is essential. Overview and Scrutiny bodies are a key element of Executive arrangements and their roles include both developing and reviewing policy; and holding the Executive to account.
- 5.3 The power to hold the Executive to account is granted under Section 21 of the Local Government Act 2000 which states that Executive arrangements of a local authority must ensure that its Overview and Scrutiny bodies have power to review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the Executive. This includes the 'call in' power to review or scrutinise a decision made but not implemented and to recommend that the decision be reconsidered by the body / person that made it. This power does not relate solely to scrutiny of decisions and should therefore also be utilised to undertake pre-decision scrutiny.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

No advice was sought from the Borough Solicitor, the Borough Treasurer or Other Officers or sought in terms of Equalities Impact Assessment or Strategic Risk Management Issues. Such advice will be sought in respect of each Executive decision item prior to its consideration by the Executive.

7 CONSULTATION

None.

Background Papers

Local Government Act 2000

Contact for further information

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

REFERENCE:	I067536
TITLE:	Procurement Plan for the Commissioning of EMI Residential Care Home
PURPOSE OF REPORT:	To approve the procurement Plan for the Commissioning of an EMI Residential Care Home.
DECISION MAKER:	Executive Member for Adult Services, Health and Housing
DECISION DATE:	12 Apr 2017
FINANCIAL IMPACT:	Significant capital expenditure and revenue savings anticipated
CONSULTEES:	None
CONSULTATION METHOD:	None

REFERENCE:	I066792
TITLE:	Housing Related Support for Young People Contract Award
PURPOSE OF REPORT:	The Executive is asked to consider the award of a contract to provide housing related support for single young homeless people. In addition, as part of the award, the Executive is asked to confirm the capital funding arrangements to provide accommodation for single young homeless people.
DECISION MAKER:	Executive
DECISION DATE:	6 Jun 2017
FINANCIAL IMPACT:	Within available budget.
CONSULTEES:	None.
CONSULTATION METHOD:	Not applicable.

REFERENCE:	I065555
TITLE:	Domiciliary Support Service Tender
PURPOSE OF REPORT:	To approve the recommendation to award a contract for the Domiciliary Care Service following a competitive tender.
DECISION MAKER:	Executive
DECISION DATE:	9 May 2017
FINANCIAL IMPACT:	To be incorporated into the report
CONSULTEES:	Internal teams within Adult Social Care, organisations who provide domiciliary support (both current providers and potential providers), voluntary & community organisations, people who use the service, and carers.
CONSULTATION METHOD:	Series of market shaping events Consultation with residents

REFERENCE:	I063292
TITLE:	Provision of Community Based Intermediate Care Service
PURPOSE OF REPORT:	Consideration and approval of a business case on the future commissioning arrangements for Intermediate Care.
DECISION MAKER:	Executive
DECISION DATE:	9 May 2017
FINANCIAL IMPACT:	None at this time, a business case being developed for this decision will determine the financial impact
CONSULTEES:	CCG, Frimley Hospital, Voluntary Sector, Healthwatch, GPs
CONSULTATION METHOD:	Meetings with interested parties Staff if the Organisational Change Process needs to be utilised

REFERENCE:	I063143
TITLE:	Domiciliary Support Service Tender
PURPOSE OF REPORT:	To approve the Procurement Plan for the Domiciliary Support Service Tender.
DECISION MAKER:	Director of Adult Social Care, Health & Housing, Executive Member for Adult Services, Health and Housing
DECISION DATE:	9 May 2017
FINANCIAL IMPACT:	To be incorporated into the report
CONSULTEES:	Internal teams within Adult Social Care who are part of the project team, organisations who provide domiciliary support (both current providers and potential providers), voluntary organisations, people who use the service, and their carers.
CONSULTATION METHOD:	Series of market shaping Consultation with local residents

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