



## **NOTICE OF MEETING**

**Adult Social Care and Housing Overview & Scrutiny Panel  
Tuesday 12 September 2017, 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 McKenzie, Ms Merry, Peacey and Mrs Temperton

**cc: Substitute Members of the Panel**

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

ALISON SANDERS  
Director of Resources

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Published: 4 September 2017



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Bracknell**

Sound recording, photographing, filming and use of social media at meetings which are held in public are permitted. Those wishing to record proceedings at a meeting are however advised to contact the Democratic Services Officer named as the contact for further information on the front of this agenda as early as possible before the start of the meeting so that any special arrangements can be made.

**AGENDA**

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**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 13 June 2017.

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

Members are asked to declare any disclosable pecuniary or affected interests and the nature of that 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 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 disclosable pecuniary interest is not entered on the register of Members' interests the Monitoring Officer must be notified of the interest within 28 days.*

*Any Member with an affected interest in a matter must disclose the interest to the meeting and must not participate in discussion of the matter or vote on the matter unless granted a dispensation by the Monitoring Officer or by the Governance and Audit Committee. There is no requirement to withdraw from the meeting when the interest is only an affected interest, but the Monitoring Officer should be notified of the interest, if not previously notified of it, within 28 days of the meeting.*

**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 2017/18 (April to June 2017) relating to Adult Social Care and Housing. An overview of the second quarter of 2017/18 will also be provided. 11 - 34

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

### **7. ANNUAL COMPLIMENTS AND COMPLAINTS REPORT 2016-17 FOR ADULT SOCIAL CARE**

To consider the Annual Compliments and Complaints Report 2016-17 for Adult Social Care. 35 - 58

## **OVERVIEW AND POLICY DEVELOPMENT**

### **8. CHARGING OPTIONS FOR CARE AND SUPPORT AT HOME**

To be briefed on the consultation outcome and any resulting changes to the Adult Social Care Charging Policy. 59 - 78

### **9. TRANSFORMING CARE PROGRAMME**

To receive a briefing in respect of the Transforming Care Programme relating to care for people with learning disabilities. 79 - 80

### **10. MERGING OF THE ADULT SOCIAL CARE & HOUSING AND THE HEALTH OVERVIEW AND SCRUTINY PANELS**

To consider the possible merging of the Adult Social Care & Housing and the Health Overview and Scrutiny Panels. 81 - 82

### **11. WORKING GROUP UPDATE REPORT**

To receive an update in respect of the Panel's Working Group reviewing Housing Strategy and Supply and the Working Group of this and the Health Overview and Scrutiny Panel reviewing the NHS Sustainability and Transformation Partnership. 83 - 84

## **HOLDING THE EXECUTIVE TO ACCOUNT**

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

To consider scheduled Executive Key and Non-Key Decisions relating to Adult Social Care and Housing. 85 - 88

**DATE OF NEXT MEETING**

The next meeting of the Adult Social Care and Housing Overview and Scrutiny Panel has been scheduled for Tuesday 16 January 2018.

**ADULT SOCIAL CARE AND HOUSING  
OVERVIEW & SCRUTINY PANEL  
13 JUNE 2017  
7.30 - 8.40 PM**



**Present:**

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

**Executive Members:**

Councillors D Birch

**Also Present:**

Andrea Carr, Policy Officer (Overview and Scrutiny)  
Mark Gittins, Business Intelligence Manager  
Neil Haddock, Chief Officer: Commissioning and Resources  
Gill Vickers, Director of Adult Social Care, Health & Housing

**Apologies for absence were received from:**

Councillors Mrs Angell and Mrs Temperton

**48. Election of Chairman**

**RESOLVED** that Councillor Harrison be elected Chairman of the Adult Social Care and Housing Overview and Scrutiny Panel for the 2017/18 Municipal Year.

**COUNCILLOR HARRISON IN THE CHAIR**

**49. Appointment of Vice-Chairman**

**RESOLVED** that Councillor Allen be elected Vice-Chairman of the Adult Social Care and Housing Overview and Scrutiny Panel for the 2017/18 Municipal Year.

**50. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Panel held on 28 March 2017 be approved as a correct record and signed by the Chairman.

**51. 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.

**52. Urgent Items of Business**

There were no items of urgent business.

**53. Public Participation**

No submissions had been made by members of the public under the Council's Public Participation Scheme for Overview and Scrutiny.

**54. 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 fourth quarter of 2016/17 (January to March 2017) relating to Adult Social Care and Housing. The Director introduced a presentation highlighting the good performance, outcomes and challenges across the service and the Panel noted:

- New outcome based Domiciliary Care contracts had been awarded to five providers and work was proceeding to implementation.
- The Executive had approved the new model for community based Intermediate Care and implementation plans were being worked up, with the commencement to be dependent upon agreement about the options for the Bridgewell Centre.
- The new resource allocation system was operational and its impact would be closely reviewed over the coming months.
- The Bracknell Forest Community Network had been implemented, being the first plank of the digital platform.
- A package of police-specific autism awareness training had recently been developed.
- A digital marketplace had been agreed for implementation in the next two months.
- As Residential and Nursing Home prices continued to increase, the Council had just entered into a block contract which would offer lower prices.

**Housing highlights**

- 8 people with Learning Disabilities had been placed in supported living houses purchased via Downshire Homes Limited. DHL purchases for 2017/18 were underway with 4 completions and 11 offers on properties accepted.
- An order had been placed to procure an E-benefits on-line system for customers to make claims and notify changes of circumstance. All welfare and housing customers would be able to access services digitally, with a go live date expected for September.
- The Homeless Prevention Act, expected to come into force in April 2018, would introduce a duty for the Council to provide homeless prevention for 56 days. This meant additional work to prepare for this and a new funding burden.

Arising from questions and discussion, the Panel noted:

- A demonstration of the live interactive link to the performance Dashboard had been postponed as it was proving difficult to support the Dashboard across all mobile devices in advance of the Council moving to the Cloud.
- While the business model for care providers allowed for self-funders to cross-subsidise local authority funded clients, the Council was able to advise self-funders how to get more for their money and additional value for their higher payments.
- The new outcome based domiciliary care contracts included incentives for the providers to reduce the care required by individuals. The care providers had

a range of innovative ideas to encourage people to access activities not requiring paid care and to assist the recruitment and retention of staff, particularly young staff.

- A query was raised in relation to Indicator L178 (the number of household nights in non self-contained accommodation) which was much lower (ie. better) than the target. Did this include those accommodated at Tenterden Lodge? It was requested further information be circulated to Panel members, including a view on whether the target should be revised.
- Further information was also requested in relation to staff sickness, specifically the total days for 2016/17.

#### **55. Provision of Community Based Intermediate Care Service**

Intermediate Care was currently provided via a combination of bed based care at the Bridgewell Centre and community based care in people's homes. The Panel considered a report setting out the business case for the proposed new model of Intermediate Care provision in Bracknell Forest. The new service, to be jointly commissioned by the Council and the Clinical Commissioning Group, would look to decommission the Bridgewell Centre and develop community based Intermediate Care, providing care and rehabilitation for individuals in their own homes where possible, and keeping them out of hospital using integrated Intermediate Care teams.

Implementation of the new service, particularly the de-commissioning of Bridgewell, would be timed to fit in with the opportunities for future use of the site, including the possibility of procuring a care provider to run a dual registered Elderly Mentally Infirm residential and nursing care home, pending the redevelopment of the former Heathlands site. This would also minimise the possibility of redundancies for staff currently at Bridgewell, with redeployment opportunities in the enlarged community based teams and the new Heathlands facility.

The Panel noted that initially there would continue to be a number of "step up / step down" beds at Bridgewell for those people who continued to need some medical care which could not be provided at home. It was recognised that there was always a judgement call to be made around the appropriate care package for people to remain independent and in their own homes, which did not impose unreasonable burdens on them, their carers or, for instance, neighbours who may also be vulnerable.

The Panel noted the report.

#### **56. Charging for Adult Social Care**

The Panel received a report setting out details of the national and local charging policies for Adult Social Care.

The power for local authorities to charge for adult social care derived from the Care Act 2014, together with associated Regulations and statutory guidance. It was not mandatory to charge for residential and nursing care, but if local authorities chose to charge they were required to do so according to nationally set Regulations. No English local authority had chosen to make residential and nursing care free of charge; Bracknell Forest raised approximately £2.75m in client contributions.

There were a number of services, specified by Regulation, which could not be charged for but a decision on charging could only be taken following a financial assessment. If people had more than £23,250 in capital, they were not entitled to local authority funded support. The report went on to describe how the charge could

vary according to whether the service was in a care home or support was provided in the community. A person's home was not considered to be a capital asset if they were living in it, but its value would be taken into account if the person moved into a care home.

People in receipt of residential and nursing care with assets in excess of £23,250 must pay the cost of this themselves until the value of their assets fell below this threshold. Further details were given as to how a person's financial contribution to their care was assessed, including how income was taken in to account, the possibility of making deferred payments, any disability related expenditure applicable, and areas where the Council had discretion on how it made charges.

Arising from questions the Panel received an explanation of how a person requiring night time support received an allowance towards this cost, but could be charged if the allowance was not used for the purpose it was made.

The Panel noted the report.

#### 57. **Motor Neurone Disease Charter**

The Panel received a report relating to the adoption by the Council of the Motor Neurone Disease (MND) Charter, which aimed to raise awareness and understanding of the needs of people with MND.

The five main points of the Charter were:

- The right to an early diagnosis and information
- The right to access quality care and treatments
- The right to be treated as individuals and with dignity and respect
- The right to maximise their quality of life
- Carers of people with MND have the right to be valued, respected, listened to and well supported

The Panel agreed that there was no reason not to support the Charter, since the Council already met the goals set out in it. The number of people in Bracknell Forest living with MND was low but Members asked that the Public Health team supply further details of the number of Borough residents that were affected.

The Panel endorsed the adoption of the MND Charter.

#### 58. **Working Group Update Report**

The Panel received a report which summarised the progress achieved to date by the Working Group of the Panel reviewing the Council's draft Housing Strategy and Housing Supply and the joint Working Group of this and the Health Overview and Scrutiny Panel to review the Frimley Health and Care NHS Trust Sustainability and Transformation Plan (STP).

The Housing Strategy Working group was due to meet again to continue its review and the STP Working Group was set to review key documents, meet Council Officers and NHS staff and hold discussions with representatives of patient forums.

#### 59. **Exclusion of Public and Press**

**RESOLVED** 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 (including the authority holding that information)

60. **Housing Related Support for Young Single Homeless People**

The Panel considered a report, approved by the Executive at a meeting on 6 June 2017, recommending the award of a tender for housing related support for young single homeless people together with approval to enter into a funding agreement so as to ensure that suitable accommodation for young single homeless people and care leavers was available.

A tender process had taken place to select the provider of housing related support for young single homeless people. Holly House was a Council owned ex-sheltered housing scheme that was leased long term to a registered provider to provide accommodation for young single homeless people. The continued use of the property was dependent on essential investment to provide at least 15 years life for windows, heating and some design improvements. The registered provider was seeking 50% of the cost of the works from the Council.

The Executive had accepted the clear business case for the Council providing the capital funding compared to the revenue savings that could be achieved in relation to the current cost of providing accommodation for care leavers. A confidential annex to the report gave details of the tenders received, the selected tenderer and the proposed funding agreement. Clarification of the tenders and capital and revenue costs associated with the housing related support was sought.

The Panel noted the reports and recognised the beneficial outcomes for young single homeless people and care leavers.

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

The Panel noted the scheduled Executive Key and Non-Key Decisions relating to Adult Social Care and Housing. The Outcome of the Adult Social Care Charging Consultation would be provided for consideration by the Panel at its next meeting.

**CHAIRMAN**

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# QUARTERLY SERVICE REPORT

## ADULT SOCIAL CARE, HEALTH & HOUSING

Q1 2017 - 18  
April - June 2017

**Executive Member:**  
Councillor Dale Birch

**Director:**  
Gill Vickers

Date completed

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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

There was significant activity in the Department in quarter 1.

The Integrated Care team now have the green light to go ahead and provide Enhanced Intermediate Care. This will provide 8 am to 8 pm response during the week and also weekend working. It will include enhanced nursing input to the service and there will be a more intense program of interventions and therapy to not only enhance recovery but also reduce length of stay in the service and thereby increase capacity. Implementation is expected to be by December 2017/January 2018.

There is a new operational database in place in Adult Social Care which tracks all delayed transfers in place s in one place. The database tracks people from the start to the end of their delay and collects dates, the team assigned to the delay, the hospital and packages of care being awaited. The database frees up care workers time and provides instant valuable stats on cumulative and individual delays. The database is also used to ensure that delays reported on national stats are monitored.

Automatic dashboard screens provide realtime up to date accurate stats. Care workers have reported that it provides really valuable data – “it gives me the really important and accurate stats straight away”.

In other areas of Adult Social Care, we now have a digital marketplace agreed, and will be working on implementation of this.

Bracknell Forest Council have adopted the Motor Neurone Disease (MND) charter. Residential and Nursing prices continue to increase; we are looking into the possibility of entering a block contract which would offer lower prices.

A Memorandum of Understanding has been agreed between the Council, the Royal Borough of Windsor and Maidenhead and the CCG in respect of joint development of a care home facility at the former Heathlands site, and is now ready for sign off. The initial drafting of the procurement strategy for the construction works will be completed by the end of June, ready for Exec Member and Director sign off.

Options are being explored regarding the future use of Bridgewell as potential Step Up/Step Down/Discharge to assess beds.

Both Bracknell Forest and Windsor and Maidenhead Safeguarding Adult Boards have endorsed the proposal to create a joint board. Membership of the new board has been established and an independent chair appointed. Work is now progressing to establish a new strategic plan for the board, determine the priorities from analysis of data and trends in the two areas and to set up the structure of sub groups. A local safeguarding group will be established in Bracknell Forest to ensure local issues continue to be addressed within the new arrangements.

In Housing, 8 people with learning disabilities in supported living houses purchased via Downshire homes. DHL purchases for 2017/18 are well underway with 4 completions, 11 properties offer accepted.

An order has been placed to procure an online system for customers to make E-benefit claims and tell us about change of circumstances. Go live is expected in early September and all welfare and housing customers will be able to access services digitally. The Homeless Reduction Act is expected to come into force in April 2018 and work has begun to prepare for this. There will be a new duty for Council to provide homeless prevention for 56 days for all households and new burdens funding is expected.

In Public Health, there has been significant growth in community development work. This has included new work with conservation volunteers, youth disability groups, children's football and carers groups.

There has been good progress in digital delivery plans with increased engagement with both the service portal and media campaigns. This has been found to be very cost effective. Other areas across Sustainability and Transformation Programme are keen to follow Bracknell's approach.

## Highlights and remedial action

### Good performance

Performance in Q1 was reasonably strong with 55 of the 69 actions either Completed or On Target. 10 actions were potentially delayed and 4 were delayed.

In Adult Social Care, the new Outcome Based Domiciliary Care contracts have been awarded, and work is now underway for implementation

The new Resource Allocation system is in and operational, we are closely reviewing its impact.

The recent development of a package of police-specific autism awareness training is now being rolled out.

In Public Health, implementation of the Bracknell Forest Community Network has now taken place.

Use of the Public health portal has grown from 885 users last quarter to 947 users this quarter (a rise of 7%) and the number of sessions has risen from 407 last quarter to 1,224 this quarter (an increase of 66%).

Social media reach is crucial for driving uptake of services and promotion of behaviour change. It also allows us to engage with residents, gauging their views and preferences. So far in 2017, there have been 41,035 views of the Bracknell Forest Public Health video and this has reached a total of 165,709 people overall.

## Areas for improvement

There were 4 actions which are delayed, shown below:

*1.2.19 Provide 24 hour emergency personal care response service to Clement House via Forestcare service.*

Residents have been through consultation which has been led by Adult Social Care. Forestcare are equipped to provide this service from September 2017.

*7.1.13 Control Your Care direct payment promotion plans and toolkit produced and implemented*

This action has been deferred until further work on the 3 conversations model in Adult Social Care has been completed and greater clarity can therefore be gained on the optimal content of the resource.

*7.1.19 Operational and pathway alignment opportunities with Childrens Services defined*

Meeting is planned for 10th August for initial discussions on partnership opportunities.

*7.1.20 Whole life disabilities service design proposal and options produced*

The initial paper completed had some advice from legal services which meant examination and exploration of a number of different issues. A working party has been formed between Adult Social Care and Children Young People & Learning to explore a range of options and models.

## Audits and Risks

A risk has emerged concerning HMRC's position on sleep-in payments. A court ruling has indicated that carers providing sleep-in cover should be paid the national minimum wage for the period of that cover. This is significantly different to current practice whereby a flat rate is paid which often equates to less than minimum wage. A recent appeal against the ruling by Mencap has been lost, and this month we have started to see increased costs in some Learning Disability client packages. There is a significant risk that costs could further increase over the coming months as providers consider the impact of the ruling.

In addition to the budget pressures going forward, HMRC are pursuing cases against providers for back pay for several years to be paid to staff. This puts the financial viability of most providers at major risk, and the impact on the Council, its finances, and the people we support could be catastrophic. Whilst the Government has put HMRC's action on hold, this must be considered a major risk.

## Budget position

### *Revenue Budget*

The quarter one forecast is an overspend of £1.8 million. This overspend relates to Adult Social Care and reflects the excess of care package costs over available budget. No assumptions have been made in the forecast for savings from the transformation programme which are yet to materialise.

There are some significant sources of one-off funding which may improve the financial position this year (though it needs to be noted they do not address the underlying budget deficit). The Better Care Fund (BCF) contains additional adult social care money of £929k, though with the CQC review it is possible some of this funding could be placed at risk. There are other potential sources of funding in the BCF, but due to delays in planning guidance the plan is not due to be finalised until September. The more certain funding streams within the BCF have been assumed, but money in relation to Care Act and Carers has not pending confirmation of the budget (£300k received in 16/17). In previous years the Council has received further support from the NHS for Winter Pressures (£235k in 16/17), though the likelihood is that this funding will be more difficult to access this year. None of these potential sources of funding are included in the forecast as there is uncertainty over their availability.

### *Capital Budget*

The most significant capital budget in the department relates to loans to Downshire Homes, the Council owned housing company. At the time of writing 12 property purchases had been completed. The Council is on target to purchase 21 properties in 2017/18, which will give Downshire Homes a total housing stock of 41 properties.

















## Section 2: Strategic Themes

### Value for money



1: Value for money			
Sub-Action	Due Date	Status	Comments
<b>1.2 The cost quality and delivery mechanism of all services will be reviewed by 2019</b>			
1.2.17 New resource allocation system (RAS) needs assessment and care and support planning tools launched	30/04/2017		The new resource allocation system is up and running, and staff are trained in the use of the form. Further training is required to ensure consistency of practice across the social care work force, and the development gap is being analysed. Some minor adjustments have been made to the allocation configuration.
1.2.18 Implement the new contract arrangements for the Clement House support service	31/08/2017		Start of the 6 week consultation with residents was delayed from end of May to 19th June 2017 due to Purdah. Originally contract was due to end mid August but the current provider has agreed to extend their contract until Mid September, enabling sufficient time for the consultation and implementation of the new service.
1.2.19 Provide 24 hour emergency personal care response service to Clement House via Forestcare service	30/06/2017		Residents have been through consultation which has been led by Adult Social Care. Forestcare are equipped to provide this service from September 2017
1.2.20 Procure housing related support for vulnerable single young people including care leavers	30/09/2017		A new contract has been awarded to Look Ahead Housing to provide housing related support for single vulnerable people including care leavers.
1.2.21 Subject to the procurement of housing related support to provide capital funding to secure accommodation for young single homeless people	30/09/2017		The Council's Executive has approved £450,000 capital funding to secure accommodation for young single homeless people.
1.2.23 Undertake mock CQC inspection of Forestcare responder service	30/04/2017		Forestcare had their mock inspection. We have developed an action plan to support with the CQC inspection
<b>1.3 We charge appropriately for services and seek opportunities to generate additional income</b>			
1.3.02 Review local council tax reduction scheme	30/11/2016		The Local council tax reduction scheme will be reviewed so that if there is a need to revise the scheme it will be reported to October Executive thus allowing sufficient time for consultation before consideration in Jan 2018.
<b>1.7 Spending is within budget</b>			
1.7.01 Implement savings as identified for 2017-18 (T)	31/03/2018		The key to achieving a balanced budget is to reduce the cost of adult social care packages. A transformation plan is in place and involves a number of initiatives to try and achieve this, but their impact has yet to be seen.








1.7.07 Operational improvement plans delivered (T)	30/11/2017		Quick wins have been identified and implemented within the Conversations Transformation Project. This includes access to an early help fund to prevent greater need and reduce dependence on the local authority. As well as the rationalisation of a process for issuing 'ferrules', which has improved the customer experience and efficiency for staff.
1.7.08 Mobile and flexible working operating model and equipment requirements defined (T)	31/05/2017		Staff have trialled equipment and have been consulted on their equipment of choice. This project is on target and will be in place to support new ways of working.
1.7.09 Digital operating model and flexible working implemented (T)	30/05/2017		Demonstration of equipment completed. Equipment being ordered with view to equipment being built by the beginning of August. Plan for training throughout August On target mobile working implementation by 1st September.
1.7.10 Joint EMI development procurement and contractor appointed (T)	30/09/2017		The procurement plan has been produced for a decision by the Director and Exec Member on the 21 July which will allow for going out to tender. The procurement plan date has slipped, but this does not affect the overall timetable.
1.7.11 Joint EMI site development planning consents granted (T)	30/04/2018		The procurement plan has been produced for a decision by the Director and Exec Member on the 21 July which will allow for going out to tender. The procurement plan date has slipped, but this does not affect the overall timetable, including the obtaining of planning consents.
1.7.12 Placed based asset development plan produced (T)	30/06/2017		Action completed and plan implemented.
1.7.13 Integrated health and social care living well centre site development plans produced (T)	30/09/2017		There are two potential sites that have been identified as integrated health and social care hubs.
1.7.14 Direct payment marketplace development plan and position statement produced (T)	30/09/2017		The direct payment marketplace development plan is to be incorporated into the wider Marketplace Position Statement. This is currently being drafted and is on track to be completed by the end of the second quarter
1.7.15 Continuing Health Care (CHC) process review complete (T)	31/07/2017		Practitioners were carrying out the admin and applications within their teams. LD supported several people to obtain backdated CHC funding which has been paid back to the LA. There is now a CHC Business Co-ordinator in post and an advert for CHC Lead Practitioners is being advertised. All practitioners have received in-house training on CHC. There are process maps in place which need to form part of the practice guidance.
1.7.16 Integrated models of care and future organisation structure options appraisal completed (T)	30/12/2017		This needs amending to a smarter target as integration with Health is subject to the speed of working with partners in the Sustainability and Transformation Plans and Children Young People and Learning will be a phased integration.

1.7.17 Integrated health and care workforce development plan produced and approved by all partner organisations (T)	31/12/2017		The integrated workforce planning is part of the Sustainability and Transformation Plan (STP) workstream and officers are contributing to this process by attending the regular STP monthly meetings.
1.7.18 East Berkshire CCGs personal health budget direct payment transaction services service agreement approved by partner organisations (T)	30/06/2017		On track to deliver a pilot Personal Health Budget service on behalf of the Clinical Commissioning Group during Quarters 2 & 3.
1.7.19 East Berkshire CCGs personal health budget (PHB) direct payment transaction services operational (T)	31/07/2017		Soft launch end of July, CCG and BFC need to agree first people to take part in the pilot, will be a manual process while going through the six month pilot
1.7.20 Adult Social Care 2017-18 transformation savings commitments delivered (T)	31/03/2018		Culture change through the conversations model is at the pilot stage and a full evaluation will be presented at the next Transformation Delivery Board. The culture change is aimed at delivering efficiencies within Adult Social Care.




## People live active & healthy lifestyles









4: People live active and healthy lifestyles			
Sub-Action	Due Date	Status	Comments
<b>4.3 Comprehensive Public Health programmes aimed at adults and young people including smoking cessation weight management and sexual health in place</b>			
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	31/03/2018		Primary Schools' arts challenge completed (part of our C&YP Emotional Wellbeing Programme). 150+ entries received and evaluated. Winners and runners-up presented with certificates in school assemblies. Extensive promotion across social media with nearly 9000 people reached.
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	31/03/2018		New 0-19 public health nursing specification and contract went out to advert on 21 June. Closing date 21 July. Social media campaigns this quarter include child safety; sun safety; childhood immunisations; promotion of wellbeing opportunities in the community for children with additional needs;
4.3.07 Maintain a range of accessible health improvement services including options for online access	31/03/2018		Action completed. Public Health Portal implemented and usage monitored as a performance indicator.
<b>4.4 Personal choices available to allow people to live at home are increased</b>			
4.4.13 Procure 20 units of accommodation to provide homes for vulnerable households including homeless households and people with learning disabilities	31/03/2018		4 properties have been purchased and a further 16 properties are in the pipeline.
4.4.14 Develop new housing options for older people	31/03/2018		New housing options for older people will be developed as part of the Housing Strategy.
4.4.15 Deliver housing strategy	30/09/2017		Consultation is underway on strategy priorities. It is intended to report to October Executive.
4.4.16 Work with providers to ensure that they add value by partnering with the voluntary sector to encourage the use of community based support to tackle issues such as social isolation	31/03/2018		Voluntary sector workshop held in partnership with Involve to communicate the ASCHH Transformation Plan and to outline opportunities for the voluntary sector by developing offers for people with a direct payment.

4.4.17 Work with care providers and stake holders to develop the new domiciliary care framework	31/03/2018		The framework contract has been awarded with 5 providers. People receiving support have been given the option of transferring to the new providers or taking a direct payment. The contract will commence on 14th August.
4.4.18 Develop closer links with the acute hospitals to support people with dementia and their carers with planned admissions to and discharges from hospital enabling them to feel safe and supported	31/03/2018		The hospital discharge co-ordinator is linking up with hospital. CMHTOA will need to have more discussions with home to hospital project to gain understanding how the project can fit for CMHTOA clients.
<b>4.5 Preventative activities such as falls prevention are increased</b>			
4.5.03 Provide a falls risk assessment service as part of Forest care responder service	30/09/2017		Forestcare have the equipment to do this. We are in the process of developing a new model to support further with falls assessments.
<b>4.6 Integration of council and health services care pathways for long term conditions is increased</b>			
4.6.01 Review the model of providing DAAT services and implement any improvement identified	31/03/2018		The review of the group programme and opening hours has been completed and a new programme has been rolled out
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	31/03/2018		A total of 12 people registered for Breaking Free Online in quarter 1 compared to 5 in the same period in 2016/17. Since Breaking Free Online was implemented in May 2015 51 people have accessed the online support and 94.1% have completed an extended brief intervention.
4.6.10 Identify suitable venues across Bracknell Forest in community services such as GP surgeries and libraries in order to make substance misuse services more accessible	31/03/2018		We currently have one satellite service being delivered in Ascot. In quarter two we will be approaching community services with a view to extending this. A number of home assessments have been undertaken in the quarter in respect of people who have difficulty in accessing the service.
4.6.11 Support the delivery of services which promote independence reduce delayed transfers of care and develop hospital avoidance schemes	31/03/2018		Delayed transfers of care increased significantly February and March 2017 as a result of difficulties sourcing POC. This correlates with the timing of start of the tendering process for the new Domiciliary Care Contract.. This spike fell in April 2017 and we are continuing to monitor. Attended the workshop for the community nursing review with view to developing more integrated services. Piloting discharge to assess and earned autonomy models with social workers who work in the hospital team. Developing a more integrated model within Intermediate Care. Difficulties keeping costs of setting up step up/step down facilities within the budget limitations.

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

4.7.06 Develop and deliver a new community network to support individuals with Mental Health needs gain independence through engaging with community assets and resources (E)	31/03/2018		The Community Network Project has now been established and is working with individuals to access resources in the Community and aid their recovery. The project is due to commence a pilot with a local GP surgery so that people not previously in contact with Mental Health Services can access the support of the network.
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#### 4. People live active and healthy lifestyles

Ind Ref	Short Description	Previous Figure Q4 2016/17	Current figure Q1 2017/18	Current Target	Current Status
OF1c.2a	Percentage of people using social care who receive direct payments (Quarterly)	24.2%	27.3%	25.0%	
L277	Number of people who received Falls Risks Assessments in the quarter (Quarterly)	35	23	36	
L278	Percentage of adult social care records in the Adult Social Care IT System that contain the person's NHS number (Quarterly)	98.3%	98.6%	98.0%	
L279	The number of young people who are newly engaging with KOOTH (the online counselling service for young people) (cumulative - new plus existing registrations by end of year) (Quarterly)	603	1,755	500	
L280	The % of young people who receive a response from KOOTH (the online counselling service for young people) within 2 hours (Quarterly)	100.0%	100.0%	95.0%	
L309	Number of community groups worked with by Public Health to develop their support to local residents (Quarterly)	N/A	59	62	
L310	Number of people accessing online Public Health services via the Public Health portal (Quarterly)	N/A	1,251	800	
L311	Number of people actively engaged with Public Health social media channels (Quarterly)	N/A	1,870	1,800	





## A clean, green, growing and sustainable place

5: A clean, green, growing and sustainable place			
Sub-Action	Due Date	Status	Comments
<b>5.2 The right levels and types of housing are both approved and delivered</b>			
5.2.06 To procure bespoke accommodation for people with learning disabilities	31/03/2018		A specialist provider has agreed to work in partnership with us to provide accommodation for people with a learning disability. A partnership agreement is currently being drafted.

5. A clean, green, growing and sustainable place					
Ind Ref	Short Description	Previous Figure Q4 2016/17	Current figure Q1 2017/18	Current Target	Current Status
NI155	Number of affordable homes delivered (gross) (Quarterly)	49	5	5	
NI181	Time taken in number of days to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	3.2	5.4	8.0	
L178	Number of household nights in non self contained accommodation (Quarterly)	183	303	274	
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	82.00%	84.00%	80.00%	
L312	Number of families that have been in non self contained accommodation for over 6 weeks at quarter end (Bed & Breakfast) (Quarterly)	N/A	0	0	
L313	Number of families that have been in non self contained accommodation for over 6 weeks at quarter end (Non Bed & Breakfast) (Quarterly)	N/A	12	15	












## Strong, safe, supportive and self-reliant communities










6: Strong, safe, supportive and self-reliant communities			
Sub-Action	Due Date	Status	Comments
<b>6.4 Safeguarding structures to safeguard children and vulnerable adults are well-established</b>			
6.4.02 Lead the Bracknell Forest Safeguarding Adults Partnership Board's development plan taking into account the board's statutory footing	31/03/2018		All the Board's strategic plan actions were reported to the final meeting Safeguarding Partnership Board meeting as all being on schedule. The Board also approved the new strategic plan priorities which were developed as an outcome of the Board's development day in June.

6. Strong, safe, supportive and self-reliant communities					
Ind Ref	Short Description	Previous Figure Q4 2016/17	Current figure Q1 2017/18	Current Target	Current Status
L030	Number of lifelines installed in the quarter (Quarterly)	231	231	200	
L031	Percentage of lifeline calls handled in 60 seconds in the quarter (Quarterly)	95.80%	96.70%	97.50%	
L316	Forestcare - % of Lifeline demos within 7 days of customer request (Quarterly)	N/A	Not available	90%	N/A




## Section 3: Operational Priorities

7: Operational			
Sub-Action	Due Date	Status	Comments
<b>7.1 Adult Social Care Health &amp; Housing</b>			
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		The new independent chair for the new joint Bracknell Forest and Windsor & Maidenhead Joint Board has been appointed from 14 June 2017. A Memorandum of Understanding setting out how the two areas work together to form the joint board is in place from June 2017.
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 programmes are on target
7.1.10 Use monthly budget monitoring reports to identify and address any emerging overspends promptly	31/03/2019		Monthly budget monitoring reports are run every quarter.
7.1.11 Digital marketplace platform set-up and launched	31/05/2017		The project has been delayed due to the withdrawal from the market of our preferred supplier. An alternative supplier and product has been sourced, and we are working with the provider to ensure the product is refined to meet our requirements. This is expected to go live in Quarter 3
7.1.12 Direct payments established as the first choice care and support offer	30/04/2017		Training given to all care staff. LAS updated and therefore action has been completed
7.1.13 Control Your Care direct payment promotion plans and toolkit produced and implemented	30/06/2017		This action has been deferred until further work on the 3 conversations model in Adult Social Care has been completed and greater clarity can therefore be gained on the optimal content of the resource.
7.1.14 Care management system (LAS) upgrade and relaunch	30/09/2017		The relaunch is set to go live in October. The project is currently on plan. There are risks with key staff leaving the Council, or moving post within the Council, and mitigation is in place that is expected to address this and keep the project on track.
7.1.15 Adult social care digital strategy plan produced	30/09/2017		We have invested in Rally Round which is up and running, and we are working in partnership with Open Objects. The conversations model of care promotes the use of digital platforms and self promotion and wellbeing.
7.1.16 Transformed person centred care practice model design defined	30/04/2017		The Conversations project has now been defined for Adult Social Care as the Conversations approach. This has been processed mapped into the upgrade of the LAS IT system. The pilot has now been concluded and is due to be evaluated and a schedule of training developed.

7.1.17 Direct payments and brokerage function review complete	30/04/2017		A proposal paper is being drawn up with an interim solution for the hub to go live in Sept 17. The paper includes the current requirements and vacancies within the model and will also include the ongoing structure and any HR/recruitment issues. It will be submitted this month for sign off.
7.1.18 Transformed care practice and brokerage operating model implemented	30/06/2017		The recruitment process where required may delay some of the functions being available.
7.1.19 Operational and pathway alignment opportunities with Childrens Services defined	30/06/2017		Meeting is planned for 10th August for initial discussions on partnership opportunities.
7.1.20 Whole life disabilities service design proposal and options produced	31/12/2017		The initial paper completed had some advice from legal services which meant examination and exploration of a number of different issues. A working party has been formed between Adult Social Care and Children Young People & Learning to explore a range of options and models.
7.1.21 Joint Elderly Mental Impairment (EMI - dementia care) and learning disabilities and respite residential care facilities development proposals.	30/04/2017		The procurement plan for the construction works was signed off by the Director and the Executive Member on 21st July, clearing the way for the procurement stage to commence. The MoU regarding Heathlands between the CCG, Bracknell Forest, and the Royal Borough of Windsor and Maidenhead is due to be signed off imminently.
7.1.22 Bridgewell residential and intermediate care facility refit complete	30/09/2017	Not required (see update)	A decision has been taken to close the intermediate care facility at Bridgewell and move to the new intermediate care model. This is currently subject to staff consultation. At this stage therefore there are no plans to refit Bridgewell, however as this is out to consultation this may change.
7.1.23 Community Asset Welcome Map produced and operational	30/04/2017		Map online and already being regularly utilised by residents and other stakeholders.
7.1.24 Community organisation support service set-up and operational	30/04/2017		Support service fully operational and initial outcomes to be reported in quarter 2.
7.1.25 New intermediate care service model operational	30/09/2017		Future of Bridgewell now agreed - process for releasing funding can now proceed and staff consultations can start. Draft SLA and service specs completed for comment. Contract arrangements with Health provider element being agreed. Staff consultation with Bridgewell staff to commence this week. Staff consultation with practitioners - start date not yet agreed.
7.1.26 Additional local supported living provision commissioned and operational	31/12/2017		5 properties have recently been brought for people with LD, this has housed several people. During this quarter 5 more properties will be purchased for people with LD. Work has been started to build relationships with Housing Providers to purchase properties and have separate support arrangements commissioned

7.1.27 Forestcare Responder Service capacity increased and fully operational	30/06/2017		Forestcare is now fully operational with its responder service. we are continuing to develop the service.
7.1.28 New outcomes focused domiciliary care framework contract in operation	31/07/2017		The contract has been awarded to five providers and will commence on 14th August 2017.
7.1.29 Bracknell & Ascot CCG personal health budget direct payment transaction services operational	30/04/2017		Pathways and processes have been agreed with the CCG with a go live date of 24/7/17, this will be a pilot to evaluate and understand the service needs of Personal Health Budgets.
7.1.30 Integrated health and social care living well hubs locations agreed.	31/03/2018		Work is ongoing with CCG to identify suitable locations
7.1.31 Service specifications for joint EMI and intermediate care services and community pathways produced commissioned and contracted	30/09/2017		The specification for Intermediate Care Services is completed and the go live is being planned.
7.1.32 Connected care - Implement shared care record between health and social care professionals (T)	31/03/2018		
7.1.33 Implement new overpayment recovery contract	31/03/2018		Bracknell have entered into a 12 month contract for collection of overpaid Housing Benefit with Reigate & Banstead Council.
7.1.34 Implement e-benefits/digital solution for welfare services	31/03/2018		E-benefits self-serve solution has been procured through G-cloud 9 Framework. Agreement dated June 2017.
7.1.35 Develop personal housing plans	31/03/2018		Personal Housing Plans will be introduced as part of the Homeless Reduction Act 2017 implementation. Draft plans will be in place by December 2017.
7.1.36 Review welfare and housing service against service purpose and operating principles	31/03/2018		The Welfare and Housing Service is moving towards an appointments based system with emergencies only being seen on the day or within 24 hours.
7.1.37 Undertake peer review of homelessness services	31/03/2018		A peer review speaker will be invited to address the Homeless Forum in September 2017
7.1.38 Review BFC Mychoice to extend digital operation	31/03/2018		We are reviewing options to enable customers to scan documents directly to their applications.

Ind Ref	Short Description	Previous Figure Q4 2016/17	Current figure Q1 2017/18	Current Target	Current Status
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	98.0%	99.0%	98.0%	

## Section 4: People

### Staffing levels

	Establishment Posts	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
DMT	12	9	3	10.60	0	0
Adult Social Care	227	147	80	192.26	41	15.29
Commissioning & Resources	52	41	11	45.73	5	8.77
Housing	69	53	16	62.23	9	11.53
Public Health Shared	9	5	4	7.19	1	10
Public Health Local	5	5	0	5	0	0
<b>Department Totals (Q4)</b>	<b>374</b>	<b>260</b>	<b>114</b>	<b>323.01</b>	<b>56</b>	<b>13.02</b>

### Staff Turnover

For the quarter ending	30 June 2017	3.74%
For the last four quarters	1 July 2016 – 30 June 2017	9.89%

Comparator data	
Total voluntary turnover for BFC, 2016/17:	13.8%
Average voluntary turnover rate UK public sector 2015:	15.4%
Average Local Government England voluntary turnover 2015:	13.5%

Source: XPerthHR Staff Turnover Rates and Cost Survey 2014 and LGA Workforce Survey 2013/14

#### Comments:

HR continues to work with managers to ensure that change polices including redeployment are used as effectively as possible in light of pending changes. Turnover is monitored and exit interviews are encouraged to establish the reasons for people leaving.

### Staff sickness

Section	Total staff	Number of days sickness	Quarter 1 average per employee	2017/18 annual average per employee
DMT	12	72	6.55	24.00
Adult Social Care	227	820	3.61	14.45
Commissioning & Resources	52	56.5	1.09	4.35
Housing	69	118.5	1.72	6.87
Public Health: Shared	9	19	2.11	8.44
Public Health: Local	5	0	0.00	0.00
<b>Department Totals (Q4)</b>	<b>374</b>	<b>1086</b>	<b>2.90</b>	
<b>Projected Totals (17/18)</b>	<b>374</b>	<b>4169</b>		<b>11.61</b>

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 16/17	6.0 days
All local government employers 2015	10.5 days

Source: Chartered Institute of Personnel and Development Absence Management survey 2016

#### Comments:

Sickness has increased slightly due to viruses within the Care teams. This prevents them working with vulnerable people within the community. It is hoped that with the summer months the average will decrease across the year into the next quarter and beyond.

## Section 5: Complaints

### *Compliments*

A total of 29 compliments were received by the Department in quarter 4. 14 were for Adult Social Care and 15 were for Housing.

### *Adult Social Care compliments*

14 compliments were received for adult social care in the quarter. 8 were for the Learning Disability and Autism teams and 6 were for the Adult Community team, of which 4 were for the Blue Badge team

### *Corporate compliments*

15 compliments were received by Housing Service. 7 were for Forestcare and 8 were for Welfare & Housing Service.

### *Complaints Received*

8 complaints were received by the Department during the quarter, 4 by Housing and 4 by Adult Social Care. No complaints were received by Public Health.

### *Adult Social Care Statutory Complaints*

All 4 were dealt with using the statutory procedures. No complaints were dealt with using corporate procedures.

Stage	New complaints activity in Q1	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	4	4	3 complaints were not upheld, and 1 was ongoing
Local Government Ombudsman	~	~	~

### *Nature of complaints, actions taken and lessons learnt:*

A complaint was received by a person who was not satisfied with the level of service that his sister was receiving. Continual efforts were made by the service to meet with the person to engage with him and gain more information from him in order to resolve his complaint. However, he did not wish to meet and with no further information forthcoming from the complainant, it was not possible to uphold the complaint.

A complaint was received concerning calls by the finance team to request a financial assessment. The complaint was not upheld since the person had received chargeable services and therefore the council had a duty to carry out a financial assessment.

*Corporate complaints - Housing*

4 complaints were received in Housing this quarter for the Welfare and Housing Service.

<b>Stage</b>	<b>New complaints activity in quarter</b>	<b>Complaints activity year to date</b>	<b>Outcome of total complaints activity year to date</b>
Stage 2	2	2	These complaints were not upheld.
Stage 3	1	1	1 not upheld.
Local Government Ombudsman	1	1	1 determined premature.

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 complaints concerned the way a housing register application had been dealt with and the advice that had been given to a customer who had been served with a notice to quit.

## Annex A: Financial information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - JUNE 2017							
	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
<b>Director</b>	557	36	593	21%	649	56	56
	<b>557</b>	<b>36</b>	<b>593</b>		<b>649</b>	<b>56</b>	<b>56</b>
<b>Adult Social Care</b>							
Community Mental Health Team	2,012	24	2,036	11%	1,811	(225)	(225)
Community Mental Health Team for Older Adults	4,712	106	4,818	26%	5,314	496	496
Internal Services: Glenfield	281	4	285	25%	300	15	15
Community Team for People with Learning Disabilities	10,856	172	11,028	12%	11,712	684	684
Internal Services: Waymead	751	1	752	25%	716	(36)	(36)
Older People and Long Term Conditions	6,587	(270)	6,317	28%	7,446	1,129	1,129
Assistive Equipment and Technology	358	0	358	21%	451	93	93
Community, Response & Reablement	987	35	1,022	48%	1,022	0	0
Emergency Duty Service	65	22	87	29%	83	(4)	(4)
Safeguarding	380	7	387	20%	468	81	81
	<b>26,989</b>	<b>101</b>	<b>27,090</b>		<b>29,323</b>	<b>2,233</b>	<b>2,233</b>
<b>Housing</b>							
Housing Options	391	77	468	13%	257	(211)	(211)
Housing Strategy	412	139	551	20%	499	(52)	(52)
Housing Management Services	(40)	0	(40)	22%	(70)	(30)	(30)
Supporting People	729	(70)	659	25%	658	(1)	(1)
Housing Benefits Administration	390	7	397	30%	427	30	30
Housing Benefits Payments	6	0	6	21%	(161)	(167)	(167)
Other Housing	18	0	18	38%	18	0	0
Forestcare	24	12	36	31%	142	106	106
	<b>1,930</b>	<b>165</b>	<b>2,095</b>		<b>1,770</b>	<b>(325)</b>	<b>(325)</b>
<b>Commissioning &amp; Resources</b>							
Drug & Alcohol Action Team	0	2	2	23%	3	1	1
Joint Commissioning	914	4	918	24%	868	(50)	(50)
Information Technology Team	324	(12)	312	42%	305	(7)	(7)
Property	66	0	66	19%	66	0	0
Performance & Complaints	182	(3)	179	22%	169	(10)	(10)
Finance & Appointeeships	539	5	544	26%	477	(67)	(67)
Human Resources Team	197	1	198	47%	198	0	0
	<b>2,222</b>	<b>(3)</b>	<b>2,219</b>		<b>2,086</b>	<b>(133)</b>	<b>(133)</b>
<b>Public Health</b>							
Bracknell Forest Local Team	(25)	11	(14)	25%	(14)	0	0
	<b>(25)</b>	<b>11</b>	<b>(14)</b>		<b>(14)</b>	<b>0</b>	<b>0</b>
<b>TOTAL ASCHH</b>	<b>31,673</b>	<b>310</b>	<b>31,983</b>		<b>33,814</b>	<b>1,831</b>	<b>1,831</b>
<b>Memorandum item:</b>							
Devolved Staffing Budget			14,469	29%	14,469	0	0
<b>Non Cash Budgets</b>							
Capital Charges	423	0	423		423	0	0
IAS19 Adjustments	979	0	979		979	0	0
Recharges	2,800	0	2,800		2,800	0	0
	<b>4,202</b>	<b>0</b>	<b>4,202</b>		<b>4,202</b>	<b>0</b>	<b>0</b>



## Capital Budget

Cost Centre Description	Budget	Expenditure to Date	Estimated Outturn	Carry forward to 2018/19	(Under)/Over Spend	Current Status
	£'000	£'000	£'000	£'000	£'000	
<b>HOUSING</b>						
Enabling more affordable housing	9.9	14.4	9.9	0.0	0.0	DH costs miscoded here.
Help to buy a home (cash incentive scheme)	140.0	-0.2	140.0	0.0	0.0	
BFC My Home Buy	184.4	-2.0	184.4	0.0	0.0	
Downshire Homes	7,136.1	2,125.9	7,136.1	0.0	0.0	
Tenterton Guest House	44.8	71.8	44.8	0.0	0.0	Clarification to be sought on overspend.
Holly House	450.0	0.0	450.0	0.0	0.0	
Disabled Facilities Grant	973.5	113.6	973.5	0.0	0.0	£10k to be paid to the STP for adaptations work.
<b>TOTAL HOUSING</b>	<b>8,938.7</b>	<b>2,323.5</b>	<b>8,938.7</b>	<b>0.0</b>	<b>0.0</b>	
<b>Percentages</b>		<b>26.0%</b>	<b>100.0%</b>		<b>0.0%</b>	
<b>ADULT SOCIAL CARE</b>						
Care housing grant	4.5	0.0	4.5	0.0	0.0	
Community capacity grant	653.2	0.0	653.2	0.0	0.0	Earmarked for Stoney Lodge.
Improving information for social care	39.2	0.0	39.2	0.0	0.0	To be used for LAS upgrade.
IT systems replacement	56.2	13.8	56.2	0.0	0.0	To be used for LAS upgrade. Timing is dependent on other factors including implementation of new RAS and so some budget is to be carried forward.
<b>TOTAL ADULT SOCIAL CARE</b>	<b>753.1</b>	<b>13.8</b>	<b>753.1</b>	<b>0.0</b>	<b>0.0</b>	
<b>Percentages</b>		<b>1.8%</b>	<b>100.0%</b>		<b>0.0%</b>	
<b>TOTAL CAPITAL PROGRAMME</b>	<b>9,691.8</b>	<b>2,337.3</b>	<b>9,691.8</b>	<b>0.0</b>	<b>0.0</b>	
<b>Percentages</b>		<b>24.1%</b>	<b>100.0%</b>		<b>0.0%</b>	

## Annex B: Annual indicators not reported this quarter

### Council Plan indicators

Ind. Ref.	Short Description	Quarter due
<b>4. People live active and healthy lifestyles</b>		
OF1e	The number of adults with learning disabilities in paid employment as a % of adults with learning disabilities	End of year

**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL  
12 SEPTEMBER 2017**

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**ANNUAL COMPLIMENTS AND COMPLAINTS REPORT 2016-17 FOR  
ADULT SOCIAL CARE  
Director of Adult Social Care, Health and Housing**

**1 PURPOSE OF REPORT**

- 1.1 This report presents the attached Annual Compliments and Complaints Report 2016-17 for Adult Social Care together with the covering report to the relevant Executive Member.

**1 RECOMMENDATION(S)**

- 2.1 **That the Adult Social Care and Housing Overview and Scrutiny Panel considers the Annual Compliments and Complaints Report 2016-17 for Adult Social Care.**

**2 REASONS FOR RECOMMENDATION(S)**

- 3.1 To enable the Panel to consider the Annual Compliments and Complaints Report 2016-17 for Adult Social Care.

**3 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 None.

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

- 4.1 Not applicable.

Background Papers

None.

Contact for further information

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**TO: EXECUTIVE MEMBER FOR ADULT SERVICES, HEALTH & HOUSING  
10 JULY 2017**

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**ANNUAL COMPLAINTS REPORT 2016-17 FOR ADULT SOCIAL CARE  
Director of Adult Social Care, Health & Housing**

**1 PURPOSE OF REPORT**

1.1 To present the annual complaints report for Adult Social Care.

**2 RECOMMENDATION**

**2.1 That the report set out in Annex 1 is noted by the Executive Member for Adult Services, Health & Housing.**

**3 REASONS FOR RECOMMENDATIONS**

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

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

**4 ALTERNATIVE OPTIONS CONSIDERED**

4.1 None considered.

**5 SUPPORTING INFORMATION**

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

5.2 Overall, there were 19 complaints received about Adult Social Care services in 2016-17 (compared to the same number of complaints in the previous year). Of the complaints, 6 were about Adult Community services, 8 were about Mental Health services, 3 were about Learning Disability services, 1 was about Finance services and 1 was about other services.

5.3 Of the 19 complaints, 1 complaint was upheld, 5 complaints were partially upheld and 12 complaints were not upheld. 1 complaint was ongoing at the time of writing this report.

- 5.4 Concerning the nature of Adult Social Care complaints, 10 complaints were about quality of service, 4 were about assessments or decisions made, 3 were about communications, 1 was about access to services and 1 was about other matters.
- 5.5 A total of 90 compliments were received for Adult Social Care in 2016-17. Of these, the Adult Community team received 44, the Learning Disability team received 31, the Autism team received 11, the Mental Health teams received 1, the Emergency Duty team received 1 and other teams received 2.
- 5.6 In 2016-17, Adult Social Care received contacts from 3,898 people and provided long term services to 1,365 people.

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

### Borough Solicitor

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

### Borough Treasurer

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

### Equalities Impact Assessment

- 6.3 Available upon request

### Strategic Risk Management Issues

- 6.4 None identified

## **7 CONSULTATION**

### Principal Groups Consulted

- 7.1 None

### Method of Consultation

- 7.2 Not applicable

### Representations Received

- 7.3 Not applicable

### Background Papers

Good Practice Guidance for Handling Complaints – National Complaints Managers Group (2016)

Complaints Matter – Care Quality Commission (2014)

Suffering in Silence, Listening to Consumer Experiences – Healthwatch (2014)

## Unrestricted

My Expectations for Raising Concerns and Complaints – Local Government Ombudsman/Healthwatch (2014)  
Listening, Responding, Improving – A guide to Better Customer Care (2009)  
The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009)

### Contacts for further information

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Annex 1



**Adult Social Care**

**Annual Compliments and  
Complaints Report**

**2016 - 2017**

May 2017

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## **Executive Summary**

Adult Social Care has a statutory obligation to produce an annual report about complaints received during the year which is made available to the public. This is the Adult Social Care Annual Complaints Report for 2016-17.

The purpose of the report is to provide an overview of this work and to summarise complaints activity within Adult Social Care from 1st April 2016 through to 31st March 2017.

The report also provides an overview of compliments received by Adult Social Care in the year. There were 90 compliments received in 2016-17 compared to 82 compliments in the previous year. Further details of these appear on pages 6 and 7 of the report.

In 2016-17, Adult Social Care received a total of 19 complaints under the statutory procedures about services which is the same number of complaints received in the previous year. 5 complaints were received in quarter 1, 8 in quarter 2, 5 in quarter 3 and 1 in quarter 4.

Of the 19 complaints received, 1 was upheld, 5 were partially upheld, 12 were not upheld and 1 was still being investigated at the time of writing the report.

By comparison, in the previous year, 8 complaints were upheld, 3 were partially upheld and 8 were not upheld. The next Complaints Report will be for the year 2017-18.

## **Background**

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

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

## ***Who can complain***

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

- Is receiving or had received services from the authority.
- Is affected, or likely to be affected by the action, omission or decision of the authority.
- A complaint may be made by a relative, carer or someone acting on behalf of a person who has died, or is unable to make the complaint themselves because of:
  - a) physical incapacity, or
  - b) lack of capacity within the meaning of the Mental Capacity Act 2005, or
  - c) the complainant requesting that another person act on their behalf (proof of consent is requested in this instance).

## ***How a complaint is defined***

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

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

## ***The Adult Social Care Statutory Procedures***

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

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

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

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

This report only includes information on complaints reported through the Adult Social Care Statutory Procedure.

## ***The Local Authority Corporate Procedures***

Complaints that are not covered by the Adult Social Care Statutory procedure will, if appropriate, be dealt with under the Local Authority Corporate procedure. The Corporate Procedure is used in instances where the complainant feels that the Council has failed to provide a service, provided an unsatisfactory or inappropriate service, or where it has treated a person in a discriminatory, discourteous or otherwise unhelpful manner or where alleged harassment has taken place. It may also be used in cases of alleged harassment, where the Council has allegedly provided inaccurate or misleading information or where it has failed in its duties under the Data Protection Act or Freedom of Information Act.

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

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

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

When a complaint is received, Adult Social Care will acknowledge it within 3 working days.

Adult Social Care also:

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

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

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

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

## ***Timescales for complaints***

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

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

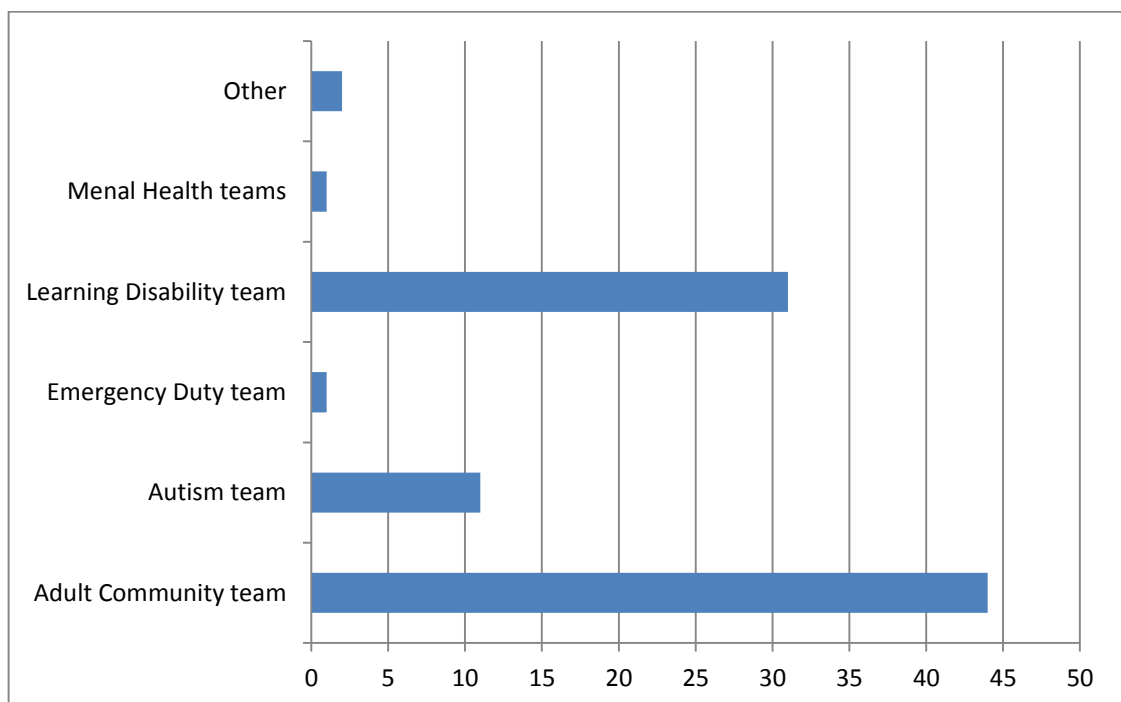
There is a time limit of 12 months from when the matter being complained about has occurred, to when a complaint may be made. After this time, a complaint will not normally be considered. However, the 12 month time limit does not apply where the local authority is satisfied that the complainant had good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

## ***Compliments***

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

There were 90 compliments received in 2016-17, compared to 82 compliments received in 2015-16. The number of compliments received in 2016-17 therefore outnumbered the number of complaints by over 4.5 to 1.

*Chart showing the distribution of compliments by service in 2016-17:*



*Examples of compliments made in 2016-17:*

'I wish to let S know that she is very kind and very helpful when she provided out of hours support.'

C was full of praises for VB's support for her mum, dad and her family. VB was so understanding and full of empathy and compassion.

BD said A has been a brilliant Care Manager. A is really good at her job and very good at getting BD support and has done a lot for her. She is also brilliant in helping her.

PC would like to thank JR for her courtesy and listening to her when she visited the office.

GL and SL would like to thank MR for her kindness and empathy shown regarding their father's care and for her thoughtful intervention.

DU's parents complimented CC to say that their son is very happy with the new home that he will be moving to and for all of the work he has done and said he has been fantastic and the only person to have 'sorted things out'.

'L, thanks for all your hard work, we at the National Probation Service really appreciate your efforts in doing more than your job description. In my view you are an inspiration to us all.'

KA left a message advising that AB was "Awesome and that she was the best social worker that she had ever had."

Letter from A&R – 'we wanted to put in writing our thanks to you, and the staff at Waymead, including J's keyworker, AB, for the invaluable respite care that you have given us and J, most recently during our holiday away.'

'Thanks so much for helping with the blue badge.'

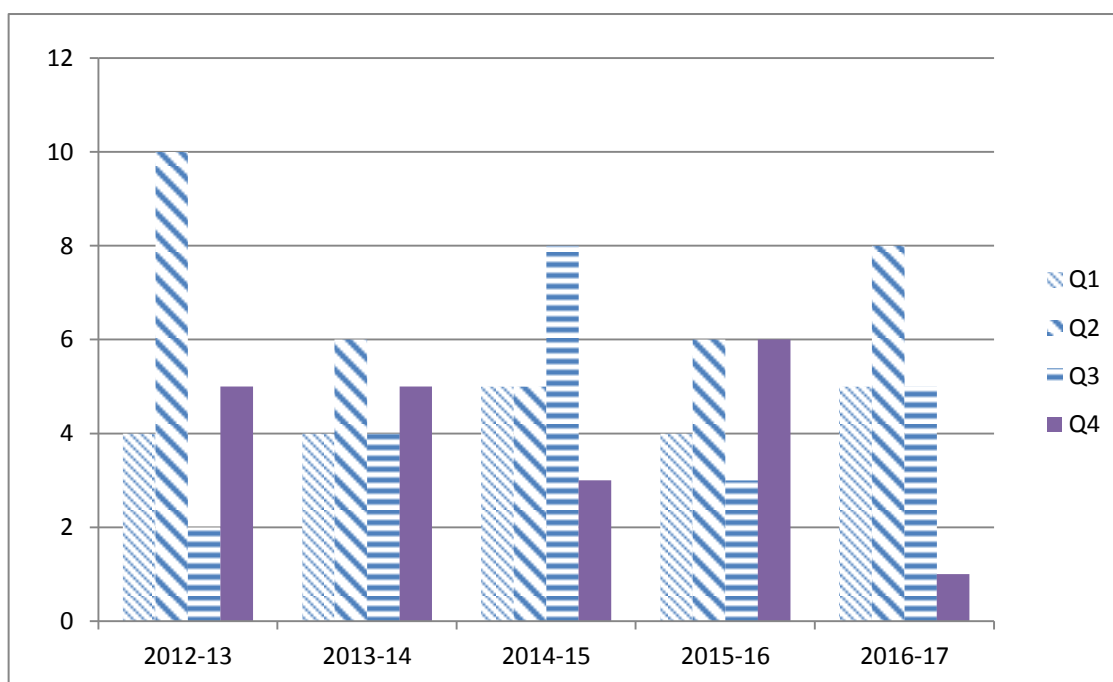
S received a compliment via email from SB. "S, this is the gold standard of support, I cannot thank you enough. I am also amazed at the efficiency of S and think she is great'.

RC expressed her thanks to the Intermediate Care Team for looking after her and supporting her during the past weeks. It was much appreciated.

## Complaints received

In 2016-17, there were 19 complaints about Adult Social Care services. This was the same number of complaints as in the previous year. Complaints are shown in the chart below in comparison with the previous 4 years. Numbers of complaints within each year are measured across each quarter.

*Chart showing complaints to Adult Social Care by quarter for the past 5 years*



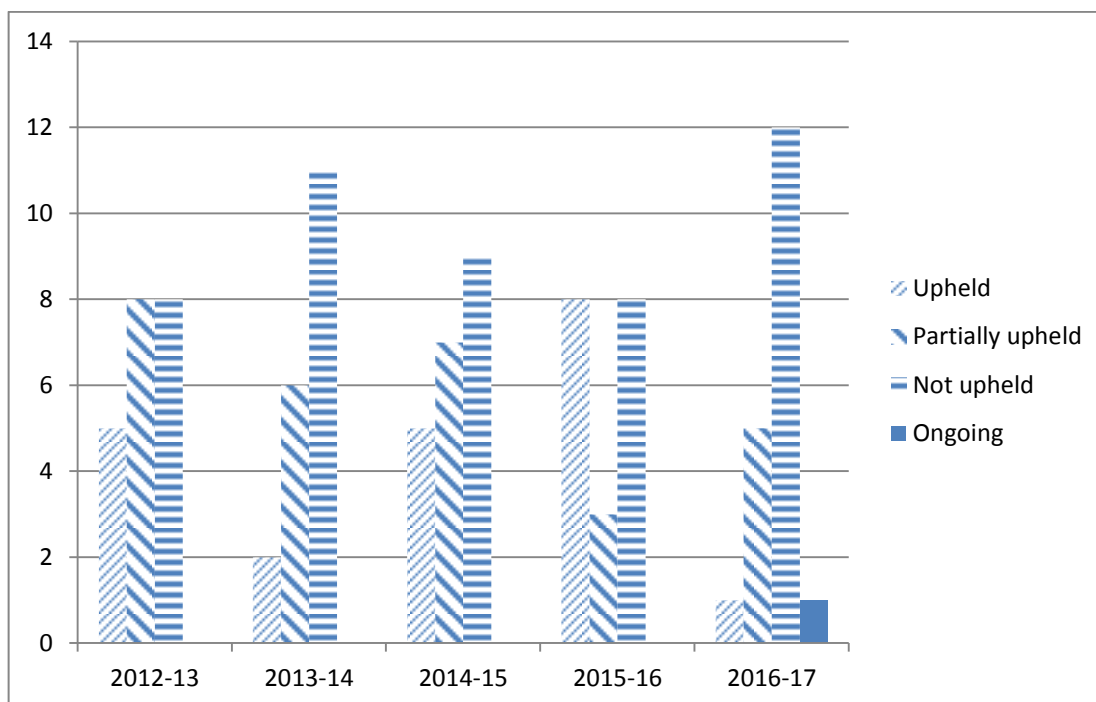
## Outcomes from complaints

Outcomes are the findings from investigating complaints. There are 3 different outcomes for complaints as follows: upheld, partially upheld, or not upheld. Until an investigation has been completed, the outcome of a complaint is recorded as ongoing.

The chart overleaf shows outcomes across the past 5 years. In 2016-17, of the 19 complaints received, 7 were not upheld, 7 were partially upheld and 3 were upheld. 2 were ongoing at the time of writing the report. The chart also shows how the outcomes are distributed across the previous 4 years.



Chart showing the outcomes of complaints over the past 5 years:



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

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

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

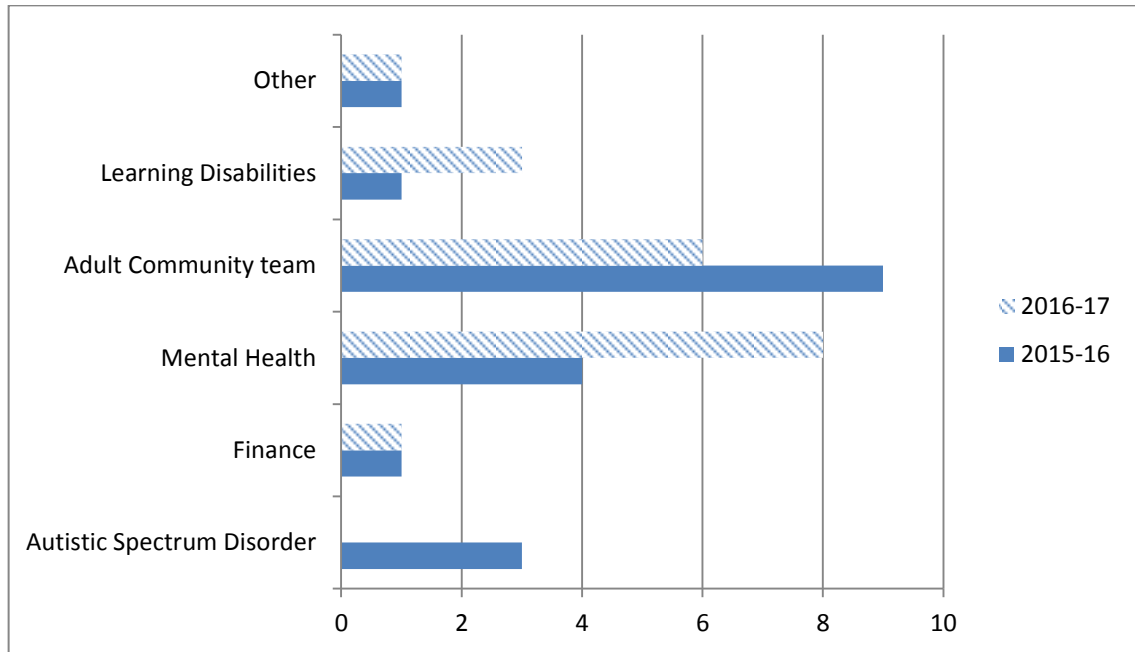
- It is unlikely they would find fault, or
- It is unlikely they could add to any previous investigation by the Council, or
- They cannot achieve the desired outcome (Local Government Act 1974)

There were no complaints received in 2016-17 that were taken by complainants to the Local Government Ombudsman. This compares to 2 in the previous year.

## Complaints received by services, nature of complaint and equality strand

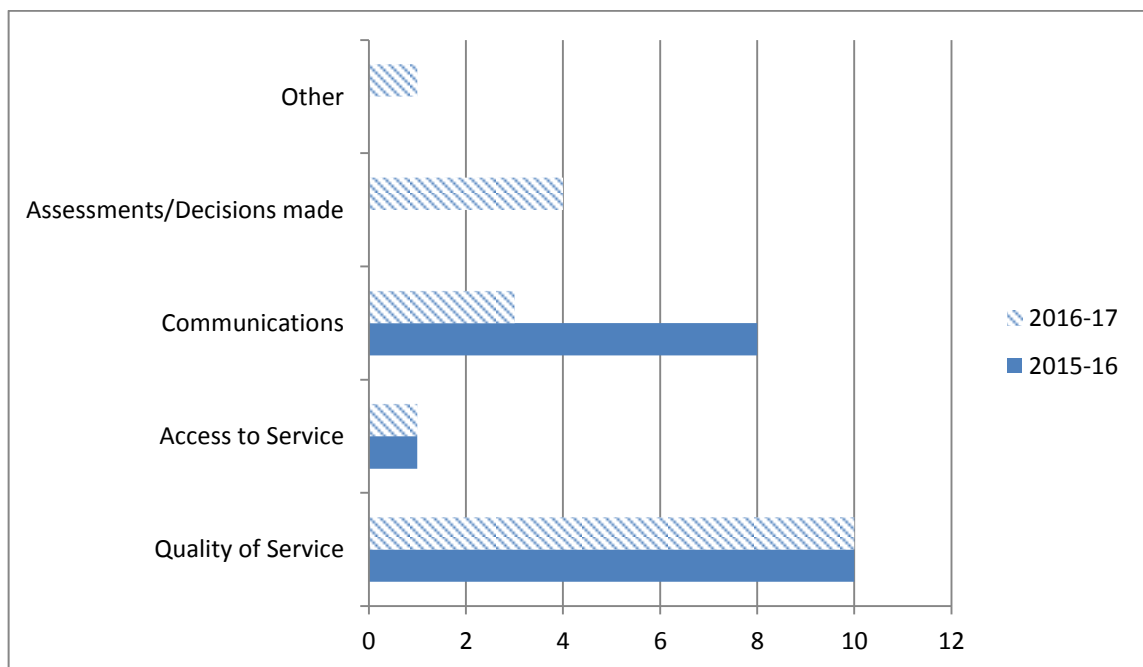
### Complaints received by services

The chart below shows the distribution of complaints across services in 2016-17 versus the previous year:



### Nature of complaints received

The chart below shows the distribution of complaints by nature of complaint in 2016-17 versus the previous year:



### **Complaints by equality strand**

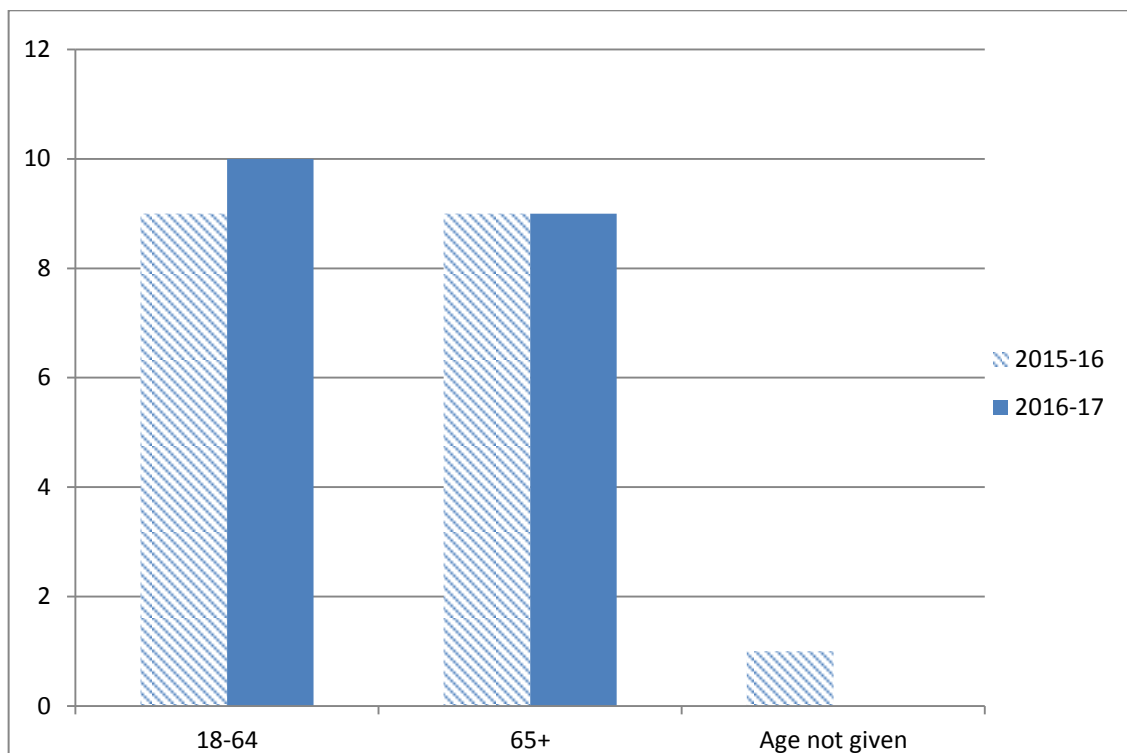
Distribution of complaints has been shown for 6 of the 9 equality strands as follows:

- Age
- Disability
- Gender
- Ethnicity

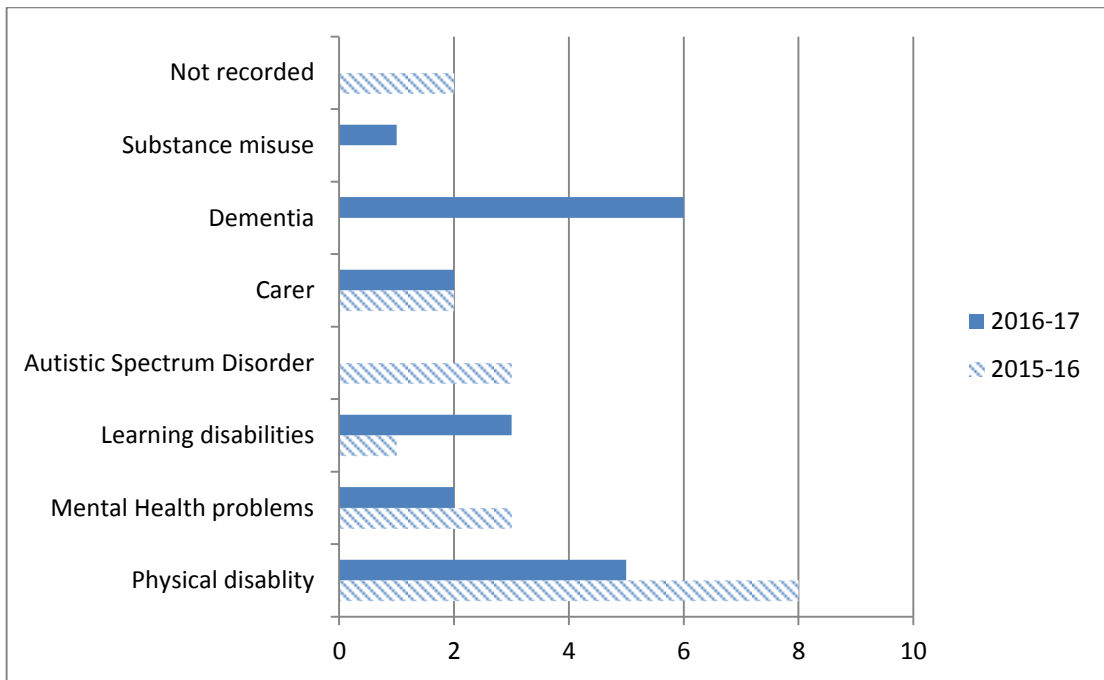
No information has been included on complaints by Marriage and Civil Partnership, Religion and Belief, Gender Re-assignment, Pregnancy and Maternity or Sexual Orientation since insufficient information is held on these strands.

The following charts show complaints in 2016-17 compared to the previous year.

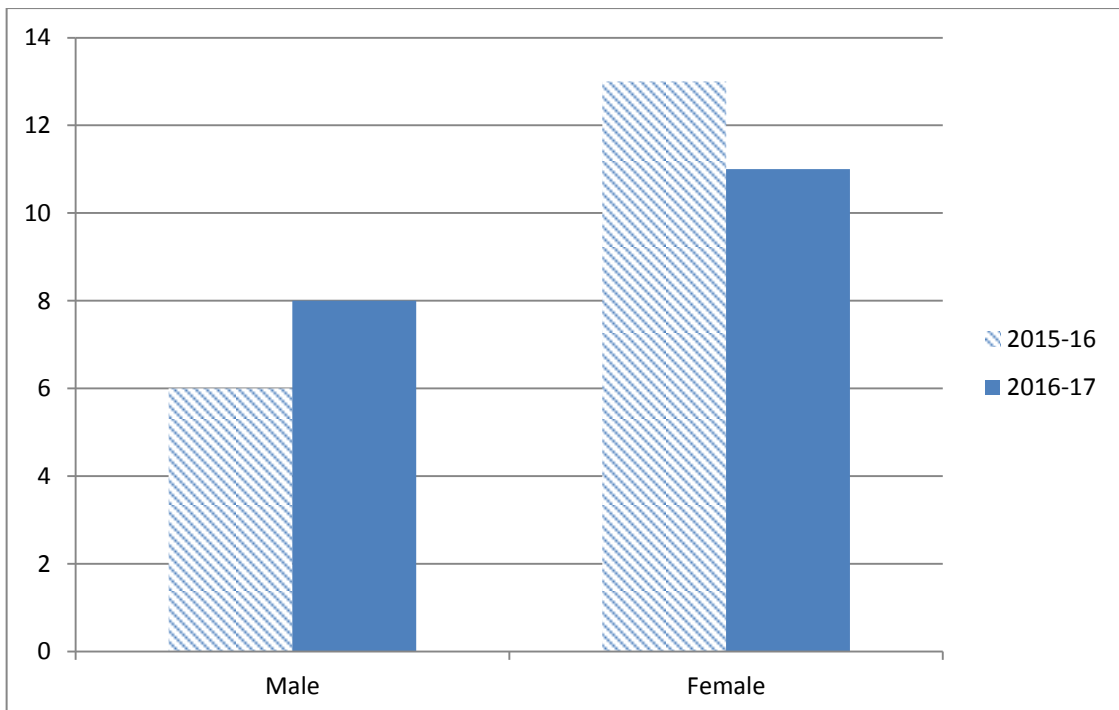
*The chart below shows the distribution of complaints by age:*



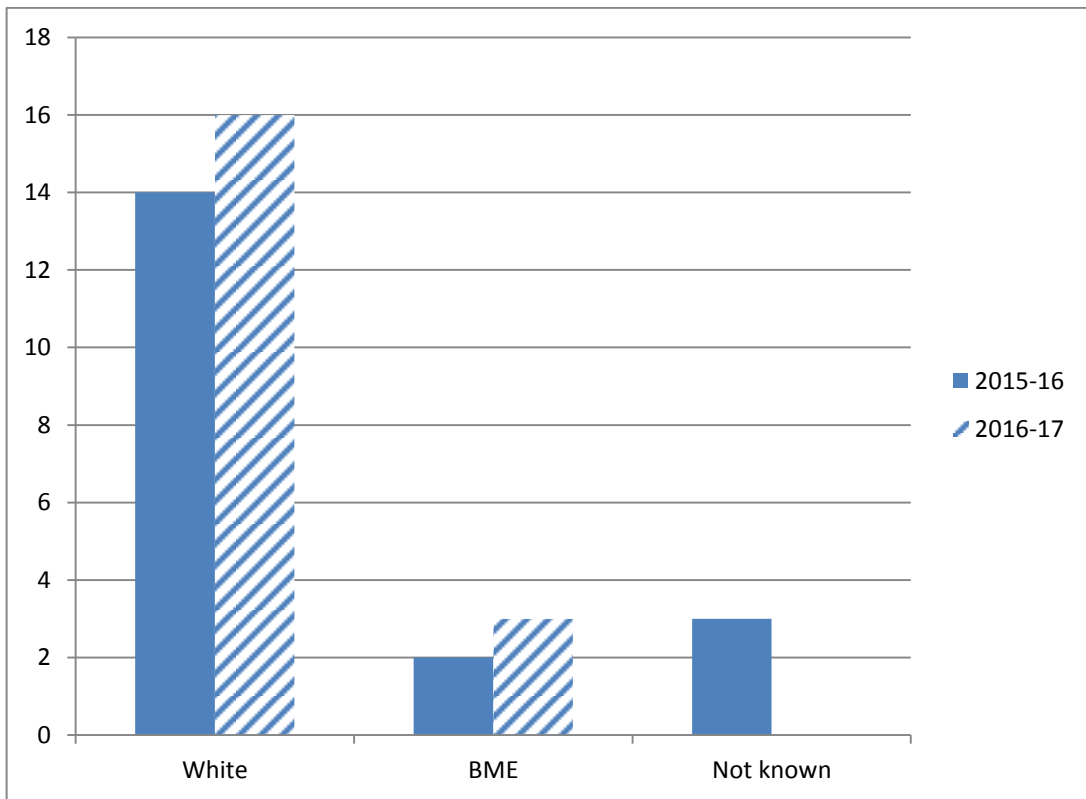
The next chart shows the distribution of complaints by disability. Complaints by carers are recorded as a separate group:



The chart below shows the distribution of complaints by sex:

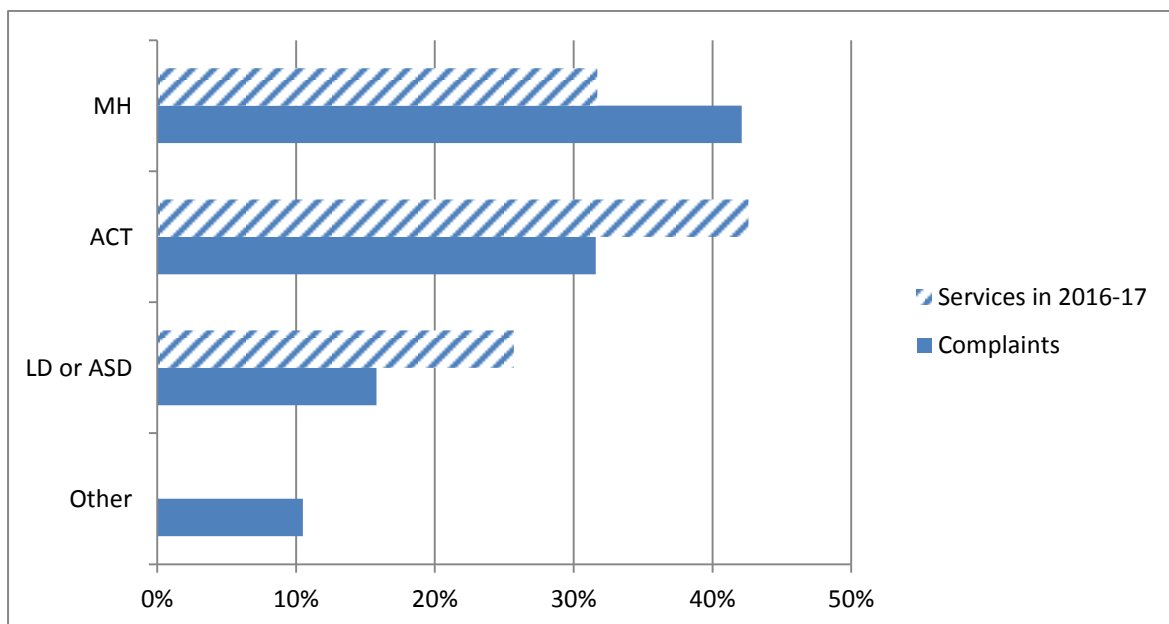


The chart below shows complaints received by ethnicity:



### Comparison of the distribution of complaints to the distribution of services

The table below shows how the distribution of complaints measures compares to the distribution of services. For this, all services provided by Adult Social Care across 2016-17 are shown.

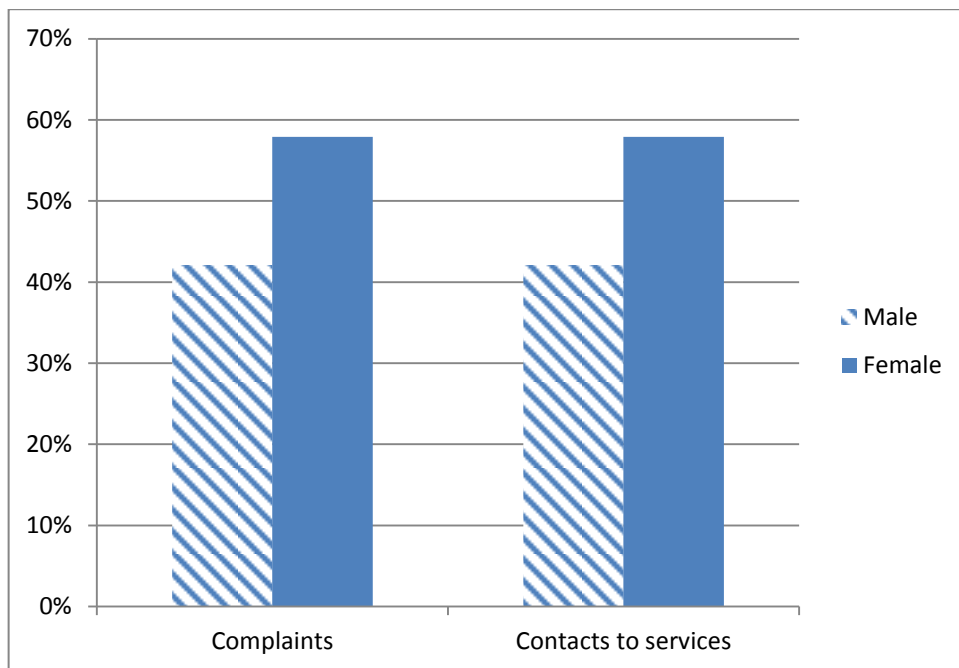


## **Complaints received by equality group compared to the number of contacts**

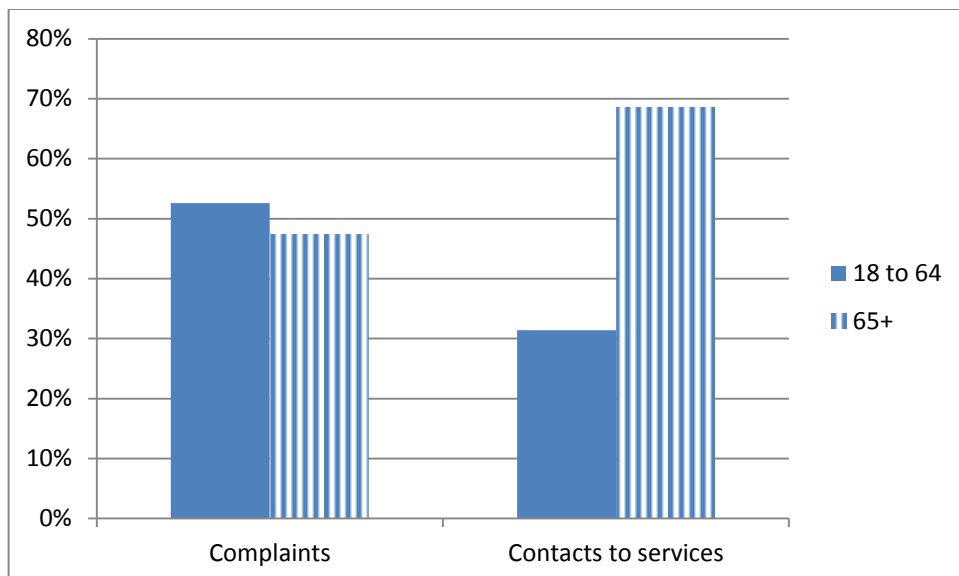
The charts below show how the percentage of complaints received in 2016-17 compare to the percentage of contacts the council receives, also shown by equality group.

No particular inferences are drawn from the charts below since the numbers of complaints received in 2016-17 are very small when distributed by equality group.

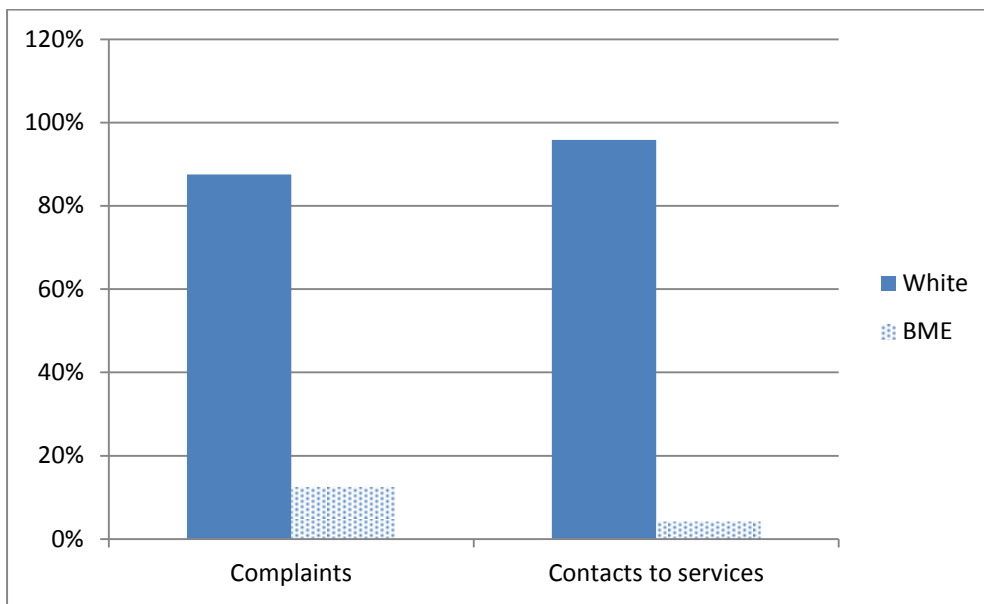
The chart below shows how complaints and contacts were distributed by gender.



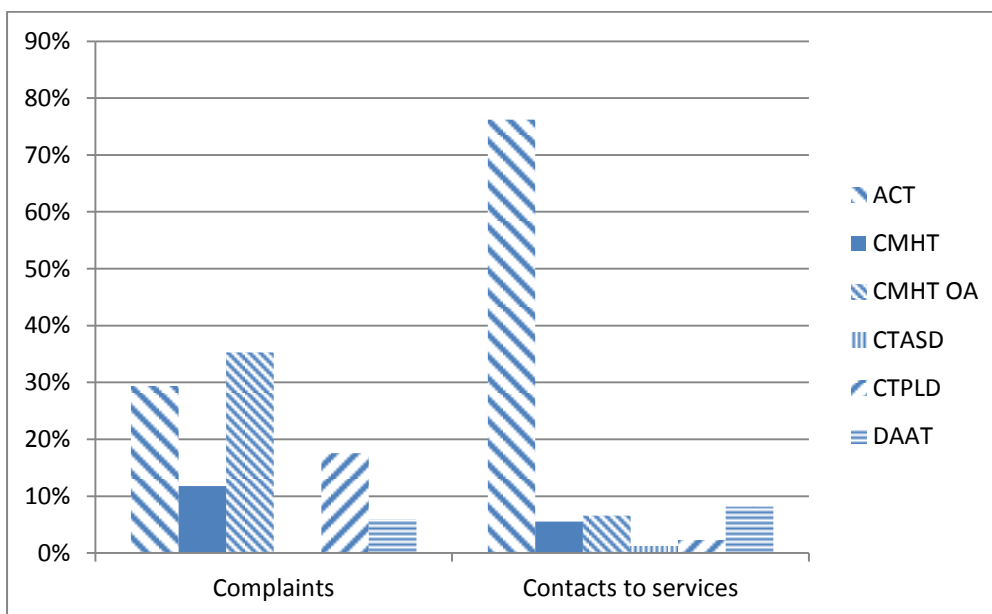
The next chart shows how complaints and contacts were distributed by age group.



The chart below shows how complaints and contacts were distributed by ethnicity.



The final chart below shows how complaints and contacts compare by disability group.



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

The total cost of the Complaints function for 2016-17 was £6,962. There were no independent investigations carried out.

In addition to this, there are costs in management time where complaints are investigated by managers. These costs are not included as it is not possible to calculate the cost.

## ***MP enquiries***

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

There was 1 MP enquiry received in 2016-17 compared to 7 enquiries received in 2015-16.

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

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

- Timely responses help to prevent escalation of issues which may have resulted in a complaint. As stated in the legislation; if a matter is dealt with within 24 hours to the satisfaction of the complainant, then it is not required to be logged as a complaint. All Bracknell Forest complaints were dealt with in a timely manner in 2016-17.
- Good communications between the complaints function and the operational side of Adult Social Care ensure that the Complaints Manager is kept abreast of current investigations, enabling the Complaints Manager to ensure that the relevant policies and procedures are being adhered to.

## ***Learning from complaints***

Learning from complaints is an important aspect of the complaints process.

The following are examples of where practice or process recommendations have been made following complaint investigations and findings in 2016-17:

- In one instance, a Care Manager has acknowledged that she could have taken a more sensitive approach to the situation. She has used this experience to reflect on her practice especially in relation to risk assessment and risk management.



- Care workers have been reminded to ensure that all previous evidence is considered prior to making recommendations.
- On another occasion, a Care Manager accepts she should have obtained more information about care and treatment prior to visiting. The Head of Service has reviewed the Care Manager's training to identify any further training required to develop her knowledge and skills.
- The Mental Health team for Older Adults has been reminded of the importance of timely communications to family members

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL  
12 SEPTEMBER 2017**

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**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 advising on the outcome of the consultation in respect of charging options for care and support at home.

**2 RECOMMENDATION(S)**

- 2.1 **That the Adult Social Care and Housing Overview and Scrutiny Panel notes the responses that have been received during the consultation period and the change to financial assessment when calculating what people can afford to contribute towards their care.**

**3 REASONS FOR RECOMMENDATION(S)**

- 3.1 To advise the Panel of the responses that have been received during the consultation period and of the change to financial assessment when calculating what people can afford to contribute towards their care.

**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  
18 JULY 2017

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

**1 PURPOSE OF REPORT**

- 1.1 To inform the Executive of the outcome of the consultation on charging options, which started on 25 January 2017 and ended on 24 April 2017.

**2 RECOMMENDATIONS**

- 2.1 That the responses that have been received during the consultation period be noted.

- 2.2 That the Executive agrees the following change to the financial assessment when calculating what people can afford to contribute towards their care:

**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.**

- 2.3 That the Executive agrees a protection period for people negatively impacted on by the proposals.

**3 REASONS FOR RECOMMENDATIONS**

- 3.1 The Care Act 2014 imposes powers and duties on Local Authorities in relation to these matters from April 2015. The Executive decided to consult first before making any changes to current policies.

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 There is no alternative to implementing the requirements of the Care Act 2014 however there are decisions to be made regarding details of local implementation. The Executive could choose not to make this change to the financial assessment policy.

**5 SUPPORTING INFORMATION**

- 5.1 The Executive received a report on 24 January 2017 that recommended public consultation on the proposed change to the financial assessment, and accepted that recommendation.

- 5.2 The consultation started on 25 January, and ended on April 24. Everyone supported by Adult Social Care received a letter, information pack, blank survey and Stamped Address Envelope to complete and post back.
- 5.3 The consultation was also posted on line on the Council's consultation portal.
- 5.4 A single option for amending the current policies was considered and consulted upon, as identified below.
- 5.5 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.**

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 did not address 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 regulations have stayed in place and the Council does not fully take into account the benefits listed above. Everyone who receives a chargeable adult social care service is financially assessed, and all other income that they receive, except where specifically excluded by legislation, is taken into account in the financial assessment, other than the above elements.

- 5.6 In view of this, not taking this income into account means that people who benefit from this income are the only people whose income is not fully taken into account, excluding income that is specifically disregarded by statute. Additionally, if people do use this income to purchase night time support, which is what the benefit is provided for, then the income will be excluded when calculating what a person should contribute towards their care.
- 5.7 Most of the individuals in receipt of these benefits will have been assessed by the Department of Work and Pensions as being in need of night term support, and therefore eligible for the night time component of one of the benefits listed in paragraph 5.6 above. However, they have not been assessed by Adult Social Care as being eligible for support at night, as the thresholds are different. At present, there is limited provision of support at night in someone's home in Bracknell Forest, such that people may be unable to purchase the support they need at night, particularly those people who may need occasional support, but do not need regular support.

## Unrestricted

- 5.8 Forestcare now 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.
- 5.9 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.
- 5.10 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
- 5.11 There is a strong preventative element to this set of proposals. A lack of uptake or provision of night time care services is likely to increase admissions to residential care. Research into the determinants of admission to residential care has identified incontinence related issues to be a major predicator. It is night time care services that are best placed to help these issues and so delay or even 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.
- 5.11 The consultation showed that people were not in favour of this proposal – 19.5% of people agree with it, against 58.5% of people who disagreed, with the remainder, 22%, neither agreeing nor disagreeing. The table below gives the full results

To what extent do you agree or disagree that the Council when financially assessing someone in receipt of Adult Social Care, fully takes into account the income received by people receiving the higher rate of benefit from Attendance Allowance, Disability Living Allowance (care component), and Personal Independence Payments (daily living component).						
	COUNT			PERCENTAGE		
	Postal	On Line	Total	Postal	On Line	Total
Strongly agree	3	0	3	4.0%	0.0%	3.9%
Agree	12	0	12	16.0%	0.0%	15.6%
Neither agree nor disagree	17	0	17	22.7%	0.0%	22.1%
Disagree	9	1	10	12.0%	50.0%	13.0%
Strong Disagree	34	1	35	45.3%	50.0%	45.5%
Total	75	2	77	100.0%	100.0%	100.0%

## Unrestricted

5.12 The impact on individuals of this proposal is as follows:

	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
<b>Total</b>	<b>188</b>	<b>4</b>	<b>155</b>	<b>347</b>

Assuming no change in behaviour, 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. The introduction of the night time support offer may lead to people taking up that service, and therefore their social care charge would not increase.

5.13 A survey of the policy applied by authorities around the country has been undertaken to support the decision making process. The table below splits the responses between the other Berkshire Authorities that responded, and authorities around the country. The table shows a variety of policies

<b>Council</b>	<b>Current Policy</b>
<b>RBW&amp;M</b>	<b>Considering taking into account</b>
<b>West Berkshire</b>	<b>Disregard</b>
<b>Reading</b>	<b>Take into account</b>
Suffolk	Disregard
Rotherham	Disregard
Hull	Disregard
Knowsley	Disregard
Hounslow	Disregard
Derbyshire	Disregard
Warwickshire	Disregard AA/DLA not for PIP
West Sussex	Disregard AA/DLA not for PIP
Manchester	Disregard AA/DLA not for PIP
Richmond	Disregard AA/DLA not for PIP
Buckinghamshire	Disregard AA/DLA not for PIP
Dudley	Disregard AA/DLA not for PIP
North East Lincolnshire	Disregard AA/DLA unless night care is being received but take it all into account for PIP
Hampshire	Disregard AA/DLA unless night care is being received but take it all into account for PIP
Southwark	NNC Dis-regard applied for all benefits.
East Sussex	Take into account
Peterborough	Take into account
York	Take into account
Brighton & Hove	Take into account



In addition, 4 authorities (comprising one County Council, one London Borough, one unitary authority and one Metropolitan Borough) indicated that they currently disregard, but may change.

**It is recommended that the Council changes the charging policy such that when financially assessing someone in receipt of Adult Social Care it 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.**

- 5.14 On previous occasions when the Council has changed the charging policy, it has had a protection period in place, to allow people to adapt to the changes being implemented. It is recommended that this practice continues, and that the Council implements the policy from the 1<sup>st</sup> September 2017, taking into account half of the value of the additional income it will be assessing against for existing people, and fully implements the policy for those people with effect from 1<sup>st</sup> April 2018. New people would be assessed in line with the new policy from its date of implementation.

**It is recommended that the Council approves the protection periods outlined above for people impacted on by the proposal.**

- 5.15 The financial implications of this proposal depend on the extent to which people take up night time support. If no-one affected did take up any night-time support, and therefore the income from these benefits were not disregarded, then the increased income to the Council would be £230,000 once the policy is fully implemented. It is assumed that 50% of people will purchase some form of night time support, and that therefore the increase in income will be approximately £115,000. The financial benefits arising from the preventative impact on health of people taking up some form of night time support has not been modelled.

## **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 proposals, if all accepted, are estimated to lead to increased income of approximately £115,000, once all protection periods have come to an end. In the current financial year, the revised policy is anticipated to lead to increased income of £30,000.

### Equalities Impact Assessment

- 6.3 An equalities impact screening has been undertaken, and is attached as Annex 1.

## **7 CONSULTATION**

### Principal Groups Consulted

- 7.1 People who receive services and Adult Social Care and Housing Overview and Scrutiny Panel (ASCHOP).

Method of Consultation

- 7.2 On line and posted surveys. ASCHOP at its meeting of the 28<sup>th</sup> March reviewed the report recommending consultation, and endorsed the recommendations.

Representations Received

- 7.3 A summary of responses is given in the main body of the report. Annex 1 lists all the narrative comments that were received.

Contact for further information

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

## Equalities Screening Record Form


<b>Date of Screening:</b>	<b>Directorate: ASCH&amp;H</b>	<b>Section: Commissioning &amp; Resources</b>
<b>1. Activity to be assessed</b>	To amend the Adult Social Care charging policies to take account of new powers given to Local Authorities by the Care Act, and take account of new duties imposed on Local Authorities by the Care Act. To set charges for services to people not entitled to funding from the Council that ensures the Council does not subsidise those services.	
<b>2. What is the activity?</b>	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	
<b>3. Is it a new or existing activity?</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	
<b>4. Officer responsible for the screening</b>	Neil Haddock	
<b>5. Who are the members of the EIA team?</b>		
<b>6. What is the purpose of the activity?</b>	To amend the charging policy in respect of the assessment of income for those people receiving the higher rate of Attendance Allowance, Disability Living Allowance and Personal independence Payments.	
<b>7. Who is the activity designed to benefit/target?</b>	People who are assessed as needing social care support	
<b>8. a Racial equality - Is there an impact?</b> 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	
<b>8. b What evidence do you have to support this?</b> 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.	
<b>9. a Gender equality - Is there an impact?</b> 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 continuing charging regime would apply to.
<b>9. b What evidence do you have to support this?</b>	Statistics on the numbers of people supported by the Council indicate that a majority of people supported by Adult Social Care are women.	
<b>10. a Disability equality - Is there an impact?</b> 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. .
<b>10. b What evidence do you have to support this?</b>	By definition, people who need Adult Social Care support have some form of disability.	
<b>11. a Age equality - Is there an impact?</b> 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
<b>11. b What evidence do you have to support this?</b>	The majority of people who are eligible for adult social care support are older people, as per the department's own statistics..	

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<p><b>12. a Religion and belief equality - Is there an impact?</b>                  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.</p>	<p>N</p>	<p>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.</p>	
<p><b>12. b What evidence do you have to support this?</b></p>			
<p><b>13. a Sexual orientation equality - Is there an impact?</b>                  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.</p>	<p>N</p>	<p>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.</p>	
<p><b>13. b What evidence do you have to support this?</b></p>			
<p><b>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.</b></p>	<p>The proposal would negatively impact on the income levels of people who receive the higher rate benefits from Attendance Allowance, Disability Living Allowance, and Personal Independence Payments</p>		
<p><b>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?</b></p>	<p>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. Higher rate benefit income is the only form of income, excluding proscribed income, not taken into account in the financial assessment</p>		
<p><b>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?</b></p>	<p>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.</p>		
<p><b>17. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?</b></p>	<p>N</p>	<p>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.</p>	
<p><b>18. What further information or data is required to better understand the impact? Where and how can that information be obtained?</b></p>			
<p><b>19. On the basis of sections 7 – 17 above is a full impact assessment required?</b></p>	<p>N</p>	<p>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.</p>	
<p><b>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?</b> Please complete the action plan in full, adding more rows as needed.</p>			
<p><b>Action</b></p>	<p><b>Timescale</b></p>	<p><b>Person Responsible</b></p>	<p><b>Milestone/Success Criteria</b></p>
<p><b>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.</b></p>	<p>Ongoing</p>	<p>Neil Haddock</p>	
<p><b>21. Which service, business or work plan will these actions be included in?</b></p>	<p>Performance &amp; resources team plan.</p>		

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<b>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?</b>	No
<b>23. Chief Officers signature.</b>	Signature:  Date: 28/4/2017
<b>24. Which PMR will this screening be reported in?</b>	

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Document Number	If you strongly agreed or disagreed, please tell us why:	Do you have any other comments to make on the proposed changes?
1	No comment	No comment
2	No comment	No comment
3	No comment	No comment
4	No comment	No comment
5	No comment	The care agency I use is INCA and they are very good. Always come when they are supposed to.
6	No comment	No comment
7	It is what these payments are for.	No comment
8	I strongly agree with accessing people for care on income and assets held. Getting shot of over paid councillors and Mayor may reduce public costs.	No comment
9	No comment	No comment
10	As an unpaid carer I don't think we should pay anymore.	No comment
11	No comment	No comment
12	No comment	My wife receives higher level Disability Living Allowance - currently changing to PIP. My opinion would hinge on how much more money would be assessed towards night time care. If it was £5 it wouldn't make much difference - if we are talking £100 then I would strongly disagree - so what figure would be affected by this change? Currently no night time support is required.
13	No comment	No comment
14	No comment	No comment
15	No comment	No comment
16	No comment	No comment
17	I think that all should have to pay not just some I pay and I now a lot that do not and to me this is not on. We get full rate but it is not just to give it back to you. So if you are doing this do is for all not for some not fair to me.	No comment
18	No comment	No comment
19	No comment	No comment
20	I disagree with this proposal as would be concerned how much my elderly mother may have to pay.	No comment
21	No comment	No comment
22	I use the allowance to pay for cleaning and also laundry. This takes up a good bit of the allowance. I also am paying to have grass cut. And garden tidy, window cleaning. I would not want to get rid of any of this service. Because of this I would ask you to reconsider your new policy.	No comment
23	We have already been assessed so the Council knows the amount we get in.If you take any more how do you expect people to live. You should start to get parliament to give councils more for care in the community as they said they would before they were elected. We have all paid our taxes etc for this so what have they done with this money.	No comment
24	No comment	No comment

Document Number	If you strongly agreed or disagreed, please tell us why:	Do you have any other comments to make on the proposed changes?
25	I strongly disagree because the severely disabled person cannot afford this as they have no way of increasing their income + would have to cut back on other things necessary to their existence or stop getting the little bit of extra support and company they get by using the day care services. Also the carer of the severely disabled person would not be able to have a few hours for themselves while the disabled person is at day services and because they are coping usually 24/7 they are unable to get proper jobs or supplement their pensions to be able to pay extra costs so would in the end cut back on the social day care services + this would have detrimental affects on their own health and well being.	No comment
26	FOR SOME FAMILIES, THIS MONEY IS THE ONLY MONEY COMING INTO THE HOUSE, AS THE CARER IS UNABLE TO WORK, DUE TO CARING FULL TIME. IF THE COUNCILWERE TO CHARGE HIGHER FEES, THEN A LOT OF PEOPLE WOULD NOT BE ABLE TO AFFORD THE DESPERATELY NEEDED RESPITE.	LEAVE IT AS IT IS AS A LOT OF FAMILIES WILL BE WORSE OFF
27	As an unpaid carer I don't think we should pay anymore.	No comment
28	As my sons primary/main carer I very much strongly disagree with the Councils proposal in assessing my son's contribution towards his care. He already contributes a significant amount towards his care which comes from his benefits! He has a minimal amount of money left to pay for all other aspects of his life, he cannot AFFORD THIS - it is totally unfair the councils proposal is again picking on vulnerable people!	THINK AGAIN as the proposal changes are NOT ACCEPTABLE IN ANY WAY!! YOU ARE TARGETING PROBABLY THE MOST VULNERABLE GROUP OF PEOPLE IN OUR COMMUNITY!!!!
29	The financial implications will cause extreme hardship!	I feel that people with disabilities are being targeted (genuine disabilities)
30	No comment	No comment
31	It will probably cause financial hardship	No comment
32	No comment	No comment
33	I already self finance night time support for myself and my father - and use all my restricted income to pay for our essential needs.	No comment
34	This is an important part of my monthly income & I cannot afford to pay any more towards my care costs.	No comment
35	I already use the income received to pay for care and this will just add more bureaucracy to the system for no benefit.	I know the Council is under pressure from central government cuts but targeting vulnerable people is not the way forward.
36	Disabled people have more money to pay out to live. Those benefits are for that not normal living and, I find it hard as these are taken into account as an income when its not, it's a necessity.	No comment
37	No comment	No comment



Document Number	If you strongly agreed or disagreed, please tell us why:	Do you have any other comments to make on the proposed changes?
38	means testing is required <u>but</u> when people have been awarded a life benefit for disability support, means quite difficult to live & cannot work because of illness and disability. So no change unless a cure or breakthrough found which in their lifetime not likely to happen. Therefore looking at reason why they have been awarded the support must be reflected on & taken into account and stopped adding extra stress to people.	1. Look at reason why they have the support first. 2. If unable or not able to be improved consider this. 3. Consider how stress people find these assessments that can affect their health. 4. Review the time given the award for. 5. Look at legal position as after so long these things are difficult to change. 6. Effect of this pressured assessment has on people. 7. Ask people for their ideas and help people feel valued. Also make sure everyone is assessed not just easy cases, like people on disability support.
39	I disagree as I have been put on these benefits, and that I am due the council telling me I am entitled to them, as I need these all to have enough income to pay the bills and survive from mouth to mouth.	
40	No comment	No comment
41	The money I receive goes towards petrol to take me to + from hospital + doctors appointments, food etc.... With only one full time wage coming into the household with struggle with day to day living. Mortgage, bills, food and house repairs. If I had to use my PIP for my care I would have to stay in my pyjamas on some days as we wouldn't be able to pay for the care I have. I have a level of independence receiving help from the council. Having care takes the burden from my family. Because my husband works I feel that we lose out on benefits and have to supply our own disabled equipment like stair lifts, rotability equipment.	No comment
42	FOR SOME FAMILIES, THIS MONEY IS THE ONLY MONEY COMING INTO THE HOUSE, AS THE CARER IS UNABLE TO WORK, DUE TO CARING FULL TIME. IF THE COUNCIL WERE TO CHARGE HIGHER FEES, THEN A LOT OF PEOPLE WOULD NOT BE ABLE TO AFFORD THE DESPERATELY NEEDED RESPITE.	INSTEAD OF TRYING TO INCREASE WHAT VULNERABLE PEOPLE MUST PAY, HAS NOBODY THOUGHT OF REDUCING THE AMOUNT OF "EXECUTIVE OFFICERS" THEY ARE ONLY AFTER ALL COUNCILLORS WITH GROSSLY INFLATED WAGES AND A GRAND TITLE TO TRY AND JUSTIFY THE OBSCENE WAGE/PENSION PAID TO THEM. PLENTY OF SCOPE FOR INHOUSE SAVINGS BEFORE TARGETING THE NEEDY!
43	No comment	No comment
44	Cannot really respond yet until we know the definite outcome, & as financial assessments are carried out at regular intervals. It is hoped that if there were to be an increase in money paid towards care. This would be kept to a minimum, especially when concerning the frail & elderly.	No comment
45	No comment	I am worried about losing the care agency I am with. They are so helpful & caring, with my illness (Parkinson's) I get very anxious about change.
46	I agree with the present arrangement. I continue to pay for the care I currently receive.	No comments for proposed changes apart from having to pay for my care through my diligent savings over the years of work.
47	No comment	No comment
48	Exemptions should be made for special circumstances for example, pensioners that are also full time carers. There is simply not enough credit or recognition given to people who unfortunately are placed in such a situation.	Very unfair for people living with disabilities and their carer who are struggling in general

Document Number	If you strongly agreed or disagreed, please tell us why:	Do you have any other comments to make on the proposed changes?
49	The higher rate Attendance Allowance allows me to arrange all the care needed to keep mum in her own home whilst allowing support during night & day, shopping, washing, hospital trips, doctors appointments etc. If this was stopped or reduced complete care both day & night for all needs would need to be passed to social services or mum would need residential care which she would find extremely upsetting and stressful.	No comment
50	I strongly disagree that DLA or PIP should be classed as earnings. The Government don't so why should you. I realise that this Government is making things very difficult for you but why should you penalise those people who need everything they can get and cannot fight for themselves to help solve your problems.	No comment
51	I strongly disagree that DLA or PIP should be classed as earnings. The Government don't so why should you. I realise that this Government is making things very difficult for you but why should you penalise those people who need everything they can get and cannot fight for themselves to help solve your problems.	No comment
74 52	By taking £20.00 to £30.00 per week from DLA will leave a lot of people short and thinking do I eat or have the heating on in the winter. I thought DLA was to help with getting out using taxis etc. and getting help with someone to do jobs we can't do i.e. gardening, decorating, help with shopping. It will leave people being safeguarded as well. Council Tax I thought went towards social care, if that goes up we pay more again. The sum mentioned would be ok monthly. I'm sure others will agree.	If disabled social care it will put pressure on families even leading to some people thinking of taking their own lives.
53	It's becoming a means tested benefit scheme in addition to it being medically assessed. A step too far.	No comment
54	It is not fair to use the higher rate if family not social services are providing the night time care. My son does not receive night time care from social services as I (as his mum) look after him.	If someone receives night time care then should be able to take a portion of the night time rate relevant to how much care is provided.
55	No comment	No comment
56	Disability benefits have always been a disregard & should continue to be so. The amount of money I have to find above my normal living costs because of my disabilities is already high enough & benefits barely cover my costs.	No comment
57	No comment	No comment
58	No comment	No comment
59	Financially struggling with amount I'm paying at the moment with any other cost.	No comment

Document Number	If you strongly agreed or disagreed, please tell us why:	Do you have any other comments to make on the proposed changes?
6	<p>I strongly disagree with the proposal to fully take into account my DLA payments in my personal financial assessment calculation. The care component of my DLA is intended to help my pay for the very high costs that I have for the day-to-day charges for coping with my medical condition. These include all the costs associated with higher than usual laundry costs, cleaning materials, white goods (washing machine and tumble dryer) which need to be frequently replaced due to wear and tear resulting from heavy daily usage and purchase of clothing that perishes by being continually washed, dried and ironed. There is nothing left of my DLA care component of £83.10 that I received every 4 weeks or £20.77 each week once the costs above are deducted. In fact, I have to often borrow money to help meet these very high costs that I face as a direct result of my life-threatening medical condition. If I have to make a contribution towards my care provision from this small amount of money that I receive as part of the care component of DLA, it will put me in extreme hardship. It will leave me financially destitute. So, I ask the Council to please reconsider the proposal to include the care component of DLA in my financial assessment and to not include this sum of money. Thanks</p>	No comment
75 61	<p>I strongly disagree as I have to rely on the money I receive to pay my bills and live in general.</p>	Please don't put me under any more stress!
62	<p>I need the money for my daily life. If you take more, I might not be able to use the Adult Care Services. The services are teaching me skills I need and making me more independent.</p>	<p>I would have to try and manage without the support if it cost too much and would therefore not improve my independence. It is not even much money to live on to start with, and it is given because I <u>need it</u>.</p>
63	<p>My Attendance Allowance pays for me to pay someone to do my cleaning, shopping - my incontinence products which are very expensive, washing &amp; ironing.</p>	<p>Its like giving to you with one hand then taking it away with the other. I do not have social care to do the above only to make my meals as I am unable to do this.</p>
64	<p>At present the income received only just covers the costs. If this were reduced my husband's care would be affected because we would not be able to pay for it. Right now I get an overdraft every month.</p>	No comment

Document Number	If you strongly agreed or disagreed, please tell us why:	Do you have any other comments to make on the proposed changes?
65	<p>My name is XXXXXX XXXXXX and I have completed this form on behalf of my mother Mrs XXXX XXXXXXXXXXXX of XX XXXXX XXXX. I and my mother both disagree with your proposal. My mother is 95 years old and remains in her property living on her own. She has severe Rheumatoid Arthritis that causes her mobility to be very poor and getting worse. She currently also has ulcerated get which again effects and restricts her mobility. My mother wants to stay in her own home very much and therefore needs additional help and care. Due to her conditions she is required to attend her doctors surgery, at Great Hollands, each week for treatment on her feet and to have an injection to help control the pain flare ups caused by the Rheumatoid Arthritis. Until a few years ago, my sister, Mrs XXXXX XXXXXX was on hand to help my mother as XXXXXX lived in Great Hollands. Sadly, XXXXX was diagnosed with cancer in 2013 and passed way in February 2016. As such my mother doesn't have anyone locally that she can call on if she needs help during the day or night. This also now causes problems with transport in getting her to and from the doctor for treatment of her conditions. Since XXXXX was diagnosed with cancer in 2013 she has had to use local taxis for the journeys needed each week which are costing her around £50.00. I live in Northamptonshire and I am in full time employment. I do try to assist wherever I can and I generally take mother for all her hospital visits across the year but I am limited in the amount of time I can take off. if her care package is reduced she will no doubt have to stop going to the surgery for treatment. She can ill afford these costs now but would definitely not be able to afford the transport if her care package were to be reduced. The consequences being the NHS having to provide home visits to administer her treatment. This of course is an additional resource and cost that the NHS would have to incur. The results being funds being taken from one public support sector and moved across to another. My mother prefers to have her independence as much as possible albeit it is acknowledged that she does need the support that she is currently being given.</p>	No comment
66	No comment	All costs need to be taken into account i.e. rent etc. as well as their income.
67	No comment	No comment
68	No comment	No comment
69	No comment	No comment
70	I have no other income besides my pension and cannot afford the care even with the allowance.	They worry me.

Document Number	If you strongly agreed or disagreed, please tell us why:	Do you have any other comments to make on the proposed changes?
71	Enclosed details of how I feel about it all.	I'm just very worried that my care will change. I have had care from (Bright Yellow) now Life Carers since 2009. When my health became serious enough to warrant to be cared for mostly in my home environment. Being hospitalised when things became bad to stay at home. I've been a widow since Jan 2001 and therefore I'm on my own. My family were married and lived away and could visit me from time to time. I have a sister who visits me when she can but is retired and often spends time abroad, so I am very much on my own. Life Carer has helped me to live on my own with their support to to on with my life. I have got to know my carers that look after me on a daily basis. My life is unpredictable. Some of the time I'm better than others. But I think I've been helped so much with having care from the ladies that I have got to know so well. I am so worried now that every thing is going to change. Life Carers may not be able to care for me in the future as they may not be one of the agencies that S. Services will choose. It affects me so much to think that I will not be able to carry on caring for me as I know that charges may rule them out of being able to do that and everything will change and I will be expected to have another care company take on my care. And I don't want that. But it feels as if there wont be any choice. Unfortunately I need care to carry on so there wont be any choice. It will change my life completely. Why how I wish I didn't need care and my life would be as it was all that time ago. I know that I will have to have whatever care that you choose for me because it will happen anyway. This is how I feel but I guess it's going to happen anyway and that I'm saying will make no difference but at least I have hopefully put how badly I feel about it all.
72	No comment	I depend on the services given my adult social care. I have limited income so an increase may effect my living/care that I currently receive.
73	I believe these changes would be targeting the most vulnerable and needy. There was a good reason they qualified for higher rate Attendance Allowance in the first place after all.	No comment
74	There are many other expenses I need to cover because of my disability - eg wheelchair provision and maintenance, special footwear, special bed, grab stick, stair lift provision and maintenance and I use my attendance allowance to help pay for these items, which I what I thought it was for.	No comment
75	Monica was not born disabled the medical profession caused Monica's disability. She is contributing to social services every month for care/respite which is only three nights a month	No comment
76	I believe these charges would be targeting the most vulnerable and needy. There was a good reason they qualified qualified for higher rate Attendance Allowance in the first place, after all.	
77	There are many other expenses I need to cover because of my disability - eg wheelchair provision and maintenance, special footwear, special bed, grab stick, stair lift provision and maintenance and I use my attendance allowance to help pay for these items	I currently have care from a company called Life Carers and the quality of care is extremely good. I have previously had care provided from other companies in Bracknell and the standard was very much lower. In fact I made a complaint at the time.

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL  
12 SEPTEMBER 2017**

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**TRANSFORMING CARE PROGRAMME (TCP)  
Director of Adult Social Care, Health and Housing**

**TCP Bulletin Report 22<sup>nd</sup> August 2017**

**Berkshire TCP Aims**

The Berkshire wide TCP has in partnership between Health and Local Authorities have been working closely together to implement its key priorities. Berkshire Transforming Care Plan has 4 big aims:

1. Making sure less people are in the Assessment and Treatment Units (ATUs) hospitals by having better services in the community.
2. Making sure people do not stay in hospitals longer than they need to.
3. Making sure people get good quality care and the right support in hospital and in the community.
4. Making sure anyone at risk or admitted into a hospital has a Care and Treatment Review (CTRs), to ensure that people with learning disabilities and/or autism or with a Mental health condition have the best opportunity to be transferred or remain in a community environment through a personal plan.

The Berkshire Partnership Board will deliver the Transforming Care plan through reducing 50% of the current number of inpatient beds by March 2019. This will be achieved through ensuring that every person has an individual plan tailored around their needs and wrapping services around them and through the implementation of an Intensive Intervention Service in the community.

**Current Programme Status**

The following workstreams have been identified and commenced

- Finance and Activity
- Housing and Accommodation
- Workforce
- Forensic Community service
- Autism
- Children & Young People (CYP)
- Primary Care

Additional work streams also required to be delivered are around the 'Learning Disabilities Death reviews' (LeDeR); Market shaping; 'pen picture' and personal budgets.

Most of the workstreams have identified Leads and membership, as well as started working on the key tasks they need to deliver; risk register and mitigating actions and reporting to the project manager and the board.

**The TCP have made various submissions to NHSE on the TCP plans, which overall captured the following:**

- The closure of seven Little House (BHFT) in-patient beds.
- Further planned reduction in 10 beds from 28 to 11 by 2018/19 at BHFT.
- Submission of capital funding bid of £265K for an adaptation grant for 6 flatlets in a property.
- The successful bid for discharge funding for 4 patients.
- The development of an Intensive Support Team (IST). Team lead identified and in post.
- Aim to support ten (10) people to purchase their own properties through the Home Ownership for people with Long-Term Disabilities (HOLD) scheme (£1.2M). Each LA is in the process of identifying two (2) people for HOLD scheme. The HOLD scheme is available to individuals with a long-term disability, the HOLD scheme in England helps individuals buy any home for sale on a shared ownership basis (part-rent/part-buy). The individual is able to buy a share of the home (between 25% and 75% of the home's value) and pay rent on the remaining share.

## Unrestricted

Individuals can only apply for the HOLD scheme if the homes available in the other shared ownership schemes don't meet their needs, eg you need a ground-floor home. The criteria set out in the Berkshire TCP HOLD Scheme are that an individual must be at risk of admission to hospital, in hospital or be likely to require specialist support in the future due to their mental health needs as well as their learning disability or autism diagnosis.

- Thus far 6 people have been identified. 1 Bracknell Forest Resident has moved into her own home utilizing the HOLD scheme in July.
- There are cost pressures on the TCP programme of a £1.8 million funding gap.
- The Finance & Activity Group are working towards developing a financial recovery plan and mitigating actions by the end of Q2 17/18.
- Difference between additional costs for new models and funds released from reduction in the 28 IP beds and a further 10 by 2018/19 and funding difference will be met though nationally awarded transformation funding of £255k in 2017/18 and £256k in 2018/19 match funded locally (approx. £1m).
- Furthermore the submissions also included finance and capacity plans.

### **The following tasks have been progressed with:**

- HOLD – an allocation of approx.£1.2M has been received, which will enable the acquisition of properties by clients.
- £39K has been acquired to aid discharge planning for 4 patients that could potentially move into the flatlets mentioned above.
- Successfully bid for an adaptation grant and now awaiting NHSE approval.
- Successfully found 5 clients for the HOLD scheme of which one has purchased a property and the other 4 going through assessment.
- The service specification for the IST has now been signed off by the board and recruitment for staff initiated.

### **Progress to date in Bracknell**

- In Bracknell we have identified and began reviewing all individuals in an out of area placements with a view to move them back into the area
- One individual has now become a home owner through the HOLD scheme and has moved into her new home
- The TCP outcomes are driving the work of our development team to identify provision and services locally that prevent isolation and act as a prevention for the need of paid support
- The autism workstream is being led by our transforming care manager, links have been made with the CCG with an aim to work towards creating a centre of excellence for autism in Berkshire
- The work force workstream which Bracknell are actively involved in have began identifying gaps in the local area and have started to plan a way forward to increase the work force capacity and skills locally to meet the needs of local people
- Bracknell have identified all of its children and young people living in 38 week and 52 week placements as well as the young people at risk of admission to hospital. This information will inform the forward planning of services to ensure the community provision is robust when they reach adulthood



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**MERGING OF THE ADULT SOCIAL CARE & HOUSING AND THE HEALTH OVERVIEW &  
SCRUTINY PANELS**

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

**1 PURPOSE OF REPORT**

- 1.1 To invite Members of this Panel to join a new Overview and Scrutiny (O&S) Working Group which has been established by the Health O&S Panel to consider the principle and logistics of fully or partially merging the two Panels in the interests of streamlining O&S work and avoiding duplication as the remit of the Panels grows closer.

**2 RECOMMENDATION(S)**

- 2.1 **That Members of the Panel consider whether they would like to join the new Working Group to contribute to the discussion around the possible merging of the Adult Social Care & Housing and the Health O&S Panels.**

**3 REASONS FOR RECOMMENDATION(S)**

- 3.1 To give Panel Members an opportunity to join the Working Group that will consider the possibility of merging the two O&S Panels.

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 Continuing with the present structure of separate O&S Panels to review Health and Adult Social Care resulting in continuing and increasing overlaps in Panel work.

**5 SUPPORTING INFORMATION**

- 5.1 At the meeting of the Health O&S Panel held on 29 June 2017, the Director of Adult Social Care, Health & Housing reported that having been with the local authority for 18 months and experienced the work of both the Adult Social Care & Housing and the Health O&S Panels, she could see that Adult Social Care needed to be considered within the context of health and that there needed to be a one system approach. Accordingly, the Panel agreed that a working group be set up to consider how the merging of the two O&S Panels might be taken forward. Councillors Finnie, Mrs McCracken, Peacey and Virgo agreed to be members of this Working Group. It is envisaged that Councillors Leake and Harrison, as the Chairmen of the O&S Commission and of the Adult Social Care & Housing O&S Panel, respectively, will also wish to become involved in the Working Group. In order to give the Adult Social Care & Housing O&S Panel fair representation on the Working Group, Members are invited to join it if they wish.
- 5.2 Integrated health and care services are very much both the national policy direction, and have been for many years, and the direction agreed locally within the Frimley Health and Care Sustainability and Transformation Partnership, the Bracknell and

Ascot Clinical Commissioning Group's New Vision of Care and within the Council's own Adult Social Care, Health and Housing Transformation Programme. The Director is not aware of any other local authority that has two separate O&S panels for Adult Social Care and Health.

**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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**WORKING GROUP UPDATE REPORT  
Working Group Lead Members**

**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 and also the joint Working Group of this and the Health Overview and Scrutiny Panel to review the Frimley Health and Care NHS Trust Sustainability and Transformation Partnership (STP).

**2 RECOMMENDATION(S)**

- 2.1 **That the Panel notes the progress achieved to date by its Working Groups reviewing the Council's draft Housing Strategy and Housing Supply and the Frimley Health and Care NHS Trust STP.**

**3 REASONS FOR RECOMMENDATION(S)**

- 3.1 To keep the Panel up to date regarding the activities of its Working Groups.

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 None.

**5 SUPPORTING INFORMATION**

Housing Strategy and Supply

- 5.1 The Panel established a Working Group, comprising Councillors Peacey (Lead Member), Mrs Angell, Finch, Mrs McCracken, Mrs McKenzie and Mrs Temperton, 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 five 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.
  - 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.
- Meeting with the Chief Executive Officer of Legal and General Homes, Legal and General Capital.
- A presentation and discussion with a planning QC on affordable housing.

5.3 The Working Group now intends to review and respond to the Council's Draft Housing Strategy.

#### Sustainability and Transformation Partnership (STP)

5.4 A joint Working Group of this and the Health Overview and Scrutiny Panel has been established to review the Frimley Health and Care NHS Trust STP. The membership of the Working Group comprises Councillors Tullett (Lead Member), Allen, Mrs Angell, Mrs Mattick, Mrs Temperton, Thompson and Virgo and Dr Norman. At its first meeting the Working Group appointed its Lead Member, received a briefing in respect of the STP from the Director of Adult Social Care, Health and Housing and considered the scope of the review favouring consideration of the work around Connected Care and in particular digital care records and the extent to which they are improving outcomes for the residents of Bracknell Forest. It was agreed that future work would include reviewing key documents, meeting officers of the Council and the NHS and having discussions with representatives of patient forums.

5.5 On learning at its second meeting that detailed work had been produced by a neighbouring STP in respect of a vision and programme for digital transformation in health and care, the Working Group revisited its scoping document as it did not wish to duplicate existing work. Reviewing integrated hubs had previously been raised as an alternative. A meeting with the Integration and Transformation Director for the local STP has been suggested as a means to assist with determining the way forward. The Working Group has expressed concern that it has moved away from the original brief and intention in the O&S Work Programme which has been to keep a watching brief of the STP by the Health O&S Panel.

## **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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12 SEPTEMBER 2017**

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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>	I069476
<b>TITLE:</b>	Safeguarding Adults Annual Report 2016/17
<b>PURPOSE OF REPORT:</b>	To endorse the Annual Report 2016/17 in relation to Safeguarding Adults within the Borough.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	26 Sep 2017
<b>FINANCIAL IMPACT:</b>	No financial implications
<b>CONSULTEES:</b>	Bracknell Forest Safeguarding Adults Partnership Board
<b>CONSULTATION METHOD:</b>	Meeting(s) with interested parties

<b>REFERENCE:</b>	I070607
<b>TITLE:</b>	Adult Social Care, Health & Housing (ASCH&H) Transformation Programme
<b>PURPOSE OF REPORT:</b>	To endorse the Adult Social Care, Health & Housing programme approach and review early stages of plan delivery.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	17 Oct 2017
<b>FINANCIAL IMPACT:</b>	Revenue savings anticipated.
<b>CONSULTEES:</b>	Corporate Management Team Transformation Board Elected Members Service users Partnership Boards and representative groups Clinical Commissioning Group and Health partners Voluntary Sector organisations Council managers and staff
<b>CONSULTATION METHOD:</b>	Meeting(s) with interested parties Presentation

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