Performance Monitoring Report
for
Adult Social Care & Health

Second Quarter 2009/10
July-September 2009

Portfolio holder:
Councillor Dale Birch

Director: Glyn Jones
Section One: Executive Summary

Introduction by the Director of Adult Social Care and Health

The last quarter has seen the implementation of the changes brought about following the resignation of the Director of Social Care and Learning, ready for 1 October.

There are two operational Chief Officers, Mira Haynes as Chief Officer: Older People and Long Term Conditions and Zoë Johnstone as Chief Officer: Adults and Commissioning. David Watkins as Chief Officer: Performance and Resources, supports both departments of Adult Social Care and Health and Children, Young People & Learning. The structure of this first Performance Monitoring Report under the new arrangements reflects the responsibility of the Chief Officers.

As a consequence of this, there is more detail regarding activities undertaken by the various parts of the department. There is also an increased focus on improving the performance data. Adult Social Care and Health is helping to shape the use of the new performance reporting system with colleagues from the Chief Executive's Office.

The Personalisation Pilot is now underway and is demonstrating progress. The Department of Health have just issued milestones for success in personalisation, which will influence our activities.

The second quarter of the year saw the conclusion of the regulatory assessment of Adult Social Care for 2008/09 with the Annual Review Meeting held in July. The judgement will form part of the Comprehensive Area Assessment due on 2 December 2009.

The Joint Strategic Needs Assessment is being developed through the multi agency group. The 2009 edition will be presented to Executive in Quarter 3 and will be used to inform both Council and NHS Berkshire East priorities.

GLYN JONES

Older People and Long Term Conditions

Community Response and Reablement
Team members have been involved in the Bracknell Stroke Group, reviewing current practice against the National Stroke Quality markers. The funding panel system has been reviewed to ensure that the requirements for mental capacity assessments and Continuing Healthcare Checklists are dealt with. The team has reviewed the pathway of referrals through Community Response and Reablement to identify bottlenecks and improve efficiency.

The Bridgewell Centre
Work with Berkshire East Community Health Services has been undertaken to revise the admission criteria to aid service delivery. Options are being considered for staffing to ensure the service is delivered within the agreed section 75 budget.
Older People and Long Term Conditions
A Family and Carer Support Coordinator has been recruited for the stroke care pathways project, funded via the stroke grant. This is aimed at supporting people who have had a stroke through Health and Social Care services and supporting carers. They will start in September and be employed by the Stroke Association. The team has also contributed to the funding panel changes.

Community Support and Wellbeing
This area covers activity at Downside, Look In and In House Home Support. Two main areas of activity last quarter:-
  • participating in the review of Social Care Transport, which will be considered by the Executive in October.
  • work is in progress to improve the number of contract hours within the Dementia and Long Term Conditions Team.

Business Support Team
The team have supported a modern apprentice through NVQ2 and NVQ3 and she now has a permanent position in the department.

Carers
The multi agency carer’s issues strategy group continue to monitor the action plan which incorporates the actions identified by the overview and scrutiny working group on carers.

To increase the understanding of the personalisation agenda and its impact on carers, the local Chair of Carers UK attended a Personalisation conference at the Oval. The Personalisation Manager attended a carers lunch to present an overview of personalisation to carers.

The Carers Emergency Respite service was launched in partnership with The Princess Royal Trust last quarter. This service enables carers to register with BFVA and to log action to be taken with their ‘cared for’ in case of emergency e.g. carer becomes unwell. The service will coordinate and implement respite or support needed to support the cared for in the absence of the carer.

Staff attended the most recent Carers Forum and provided practical information and support, offering carer's assessments to anyone who had not yet been assessed in their own right

Drugs and Alcohol Action Team (DAAT)
The Bracknell Forest DAAT is in the top quartile Nationally for Planned Discharges standing at 55%. The completion of Treatment outcomes Profiles (TOPs) has improved significantly resulting in being ranked 2nd in the South East with 93.3% of TOPs forms completed within time scales at the start of each treatment journey, 88.7% at the review stage and 87.5% at point of exit. The family and friends group has continued to be successful with regular attendance increasing from 5 to 10. The tendering process is setting out recommendations concluded during this quarter, with a report going to the Executive on 15th September.

Emergency Duty Team (EDT)
EDT remains the main point of contact for all out of hours social work contact. It participated in a Serious Case Review following an incident in another borough which involved the service meeting identified actions which have been successfully implemented and agreed by Bracknell Local Safeguarding Children's Board.
An inspection by Care Quality Commission regarding the interface between Reading Adult Services and EDT, resulted in positive feedback given, the final report is awaited.

EDT is required to complete an annual report on activity and quality. To assist in the process and information gathering a quality assurance questionnaire has been prepared and issued to all the people who have accessed EDT.

Partnership Working
NHS Berkshire East has led the response to the national End of Life Care Strategy and the Council has contributed to ensure local delivery.

A Stroke Strategy is being developed following consultation with people within the Borough who have suffered a stroke and their families. The Strategy will indicate how the stroke grant will be spent to improve the lives of local people, support voluntary groups and improve services.

Bracknell Forest Council Managers attended training on implementing the revised Continuing Health Care Framework during the quarter which is due to take effect in the next quarter.

Adults and Commissioning

Learning Disabilities
Work has progressed on the re-provision of the homes commissioned through S28a funding, and plans are imminent for several properties to deregister. This will mean that people will have tenancies with individual support packages.

Mental Health
The interim Locality Manager, Mental Health took up post on 12th September for a six month period.

A bid to Department of Health for Bracknell Forest to be a demonstrator site for the role of Dementia Advisor was successful, and recruitment has taken place. The successful applicant will take up post in November. The implementation of this project will be monitored by the Department of Health in conjunction with the Project Board.

Following the development and approval of the Dementia Commissioning Strategy, detailed implementation plans are under development, overseen by the Bracknell Forest Dementia sub-LIT.

Safeguarding
The second Annual Report into Safeguarding Adults was approved and published.

The second round of audits of the implementation of the Safeguarding Procedures, and the Implementation of the Mental Capacity Act was completed, and will inform detailed action plans to address any potential for improvement of practice.

Commissioning
A joint arrangement with the PCT has resulted in a secondment of a Joint Commissioning Officer from the PCT: the post holder will focus on specific joint strategic developments.
Local consultations on a number of national developments/policies have been facilitated and feedback given on behalf of the Bracknell Forest population.

**Personalisation**
The pilot that has been designed to inform future full implementation commenced in July with a full training programme. Work with individuals started in August.

30 additional people now have an individual budget with a support plan.

Presentations and workshops have taken place to inform members, staff in other departments and voluntary sector organisations about the Personalisation agenda. The response has been positive. The Boris information, Website information, FAQs and Newsletter have been updated and distributed as appropriate.

Funding from Regional DH has been secured, and a partner organisation for the extension of the existing Time banking project has been identified.

**Performance and Resources**

**ICT**
Data migration testing from the current Swift system to the new system has started. In the first test migration there was a 1% error rate on 50,000 person records. Further test migrations are scheduled over the coming months.

The Training Programme has been issued and training has begun. Training courses will be run by a second from Learning and Development for this project.

**Finance**
The main activity in the last quarter has been monitoring the 2009-10 budget and making preparations for 2010-11. For the 2009-10 budget position, across the Council as a whole, monitoring information indicates that an over spend will occur unless management actions are taken now. Therefore, the Corporate Management Team has agreed a range of measures, that subject to approval of the Executive, should result in spend being contained within the budget. This has been a significant piece of work, with the Department expecting to achieve reductions in expenditure of £0.336m with a further £0.107m of reductions from the Performance and Resources Branch. This has been achieved through delaying activity and recruitment but still providing a safe service.

More information on this is set out in the Financial Summary at Annex B.

In terms of preparations for next year’s budget, senior managers have been preparing options for consideration of the Council’s medium term budget strategy. This work is now well advanced.

The main developmental work progressed this period relate to the pilot arrangements around extending self directed support, in particular in testing and refining the Resource Allocation System, and the ongoing work associated with the implementation of the new Adult Social Care IT system. This has involved the first stage of staff training, initial work around data migration from current systems and making preparations for new system set ups.

**Human Resources**
The initial stages of developing Integrated Local Area Workforce Strategy (InLAWS) have commenced. Reviewing the activities related to sickness absence management in order to provide managers with more information to enable better absence management.

**Performance and Governance**

The review of the Performance and Governance team completed in July with the appointment of the Head of Performance and Governance, and the post of Performance Manager confirmed.

Close monthly monitoring of indicator performance continues at the performance board and an action plan has been drawn up to address key areas of improvement.

The role of Adults Complaints Manager was recruited to in September.

**PCT Data Sharing**

Good progress is being made with resolving the issues of sharing performance data with the PCT. Meetings have been held with the other Berkshire unitary authorities with the outcome of an agreed single timetable, list of indicators and format for reporting which has been shared with the PCT. The PCT are meeting in late October to discuss and a joint meeting between the unitary authorities and the PCT to agree a final resolution will be held in early November.

**Summary of Equality Impact Assessments**

Equality Impact Assessments (EIAs) that have been published in Q2 for inclusion in quarter 2 against action 7.8.1 (Conduct EIAs for new services, strategies and policies, and review existing EIAs as part of a rolling three-year programme, ensuring all actions resulting from these are built into business/work plans) are listed below:

- Care Management in the Older People and Long term Conditions team.
- Heathlands Residential Care Home
- Heathlands Day Centre
- Meals on Wheels Service
- Domestic Support Service
Section Two: Progress against Service Plan

Annex C provides details of performance against relevant National Indicators this quarter, as well as an update on the operational risks identified in the Service Plan. The Social Care & Learning Service Plan for 2009/10 contains 69 detailed actions to be completed in support of the 13 Medium-Term Objectives. Of these, 21 have been assigned to the new Adult Social Care and Health Department (including two which have been assigned to both new departments). Annex C also provides information on progress against each of these detailed actions; all actions were achieved or on target at the end of Quarter 2 (✓), with no causing concern (✗).
Section Three: Resources

Staffing

The Transforming Adult Social Care (Personalisation) pilot continues with the personal facilitators all undertaking their induction arrangements within the common induction standards. A Skills for Care Project on the back of the personalisation pilot will be undertaken in order to attain additional funding.

More proactive arrangements for managing sickness absence are being taken with sickness absence reports being sent to DMT. This follows good work being undertaken within the department to hold the return to work interviews under the council’s policies. Separately, the level of casework support remains high.

The adult workforce strategy will be taken forward with InLAWS. This will identify how Bracknell Forest plans to implement personalisation and the ‘Putting People First’ agenda and consider how the following six workforce themes are being addressed.

1. Leadership
2. Recruitment, retention and career pathways
3. Workforce remodelling and commissioning
4. Workforce development
5. Joint and integrated working between social and health care and other services
6. Workforce regulation – assuring public safety and raising standards of care in the social care workforce

There were 16 recruitment campaigns during the period. Plans to co-ordinate arrangements as a result of pandemic swine flu are well established within the department.

See Annex A for more detailed information.

Budget

See Annex B for more detailed information on:

Revenue Budget

<table>
<thead>
<tr>
<th>Annex</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>Summary financial position</td>
</tr>
<tr>
<td>B2</td>
<td>Budget variances</td>
</tr>
<tr>
<td>B3</td>
<td>Summary of in-year savings by service area</td>
</tr>
</tbody>
</table>

Capital Budget

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Revenue

Current approved budget

The 2009-10 budget reported in the last period for the former Social Care and Learning Department was £47.929m. The cash budget controlled by the Department amounted to £39.853m with £8.076m of recharges from other Departments and accounting adjustments. In addition to this amount, there is Dedicated Schools Grant funding of £62.189m to fund the Schools Budget which is outside the control of the Council. Within this, £11.163m is managed by the Council on behalf of schools.

In September, Full Council agreed a new Departmental structure for the Council which has resulted in the creation of two new Departments; Children, Young People and Learning and Adult Social Care and Health. Detailed disaggregation of the budgets is underway, including those relating to the Performance and Resources Branch which will continue to support both of the new Departments. Until this work is complete, the initial allocation of budgets is as follows, with Performance and Resources data being reported identically in this quarter against each Department at the whole cost.

<table>
<thead>
<tr>
<th>Department / Branch</th>
<th>Cash Budget £m</th>
<th>Recharges and adjustments £m</th>
<th>Total Budget £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children, Young People &amp; Learning</td>
<td>14.322</td>
<td>5.545</td>
<td>19.867</td>
</tr>
<tr>
<td>Adult Social Care &amp; Health</td>
<td>22.189</td>
<td>2.531</td>
<td>24.720</td>
</tr>
<tr>
<td>Performance &amp; Resources</td>
<td>3.342</td>
<td>0</td>
<td>3.342</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>39.853</strong></td>
<td><strong>8.076</strong></td>
<td><strong>47.929</strong></td>
</tr>
</tbody>
</table>

There have not been any changes to the current budget during this period, so the overall total remains unchanged from the last period.

Provisional outturn

Current monitoring information forecasts an over spend at the end of the financial year of £0.180m which is unchanged from the last period. This relates to two areas:

- Contracts for the provision of residential care have recently been extended which are estimated to save £0.150m in the current financial year.
- The PCT has withdrawn £0.330m of Continuing Health Care (CHC) funding for 3 high cost service users following a review of eligibility.

In addition to the CHC funding reduction confirmed above, the PCT is reviewing other high cost service users to establish whether their medical needs, and therefore requirement for financial support have reduced. This process is undertaken every year and could result in a further reduction in funding. There are other cases that the Department has taken to the PCT to secure additional funding and this may result in
funding being allocated for the first time to new clients. This area of the budget is being closely monitored.

By itself, this reported forecast overspend is not significant for the Council as a whole. However, other, more significant pressures are arising mainly as a result of the change in the economy, with significant reductions in income from investments and leisure services. Taking all the Departmental forecasts together, the Corporate Management Team has agreed that in-year savings need to be achieved to ensure that the medium term financial budget strategy remains deliverable. Budgets have therefore been reviewed to identify potential areas for making economies and the following broad themes have been agreed:

<table>
<thead>
<tr>
<th>Budget Theme</th>
<th>ASC&amp;H £m</th>
<th>P&amp;R £m</th>
<th>Total £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed savings on Devolved Staffing Budgets</td>
<td>0.076</td>
<td>0.013</td>
<td>0.089</td>
</tr>
<tr>
<td>Managed savings on operational, non-pay expenditure</td>
<td>0.055</td>
<td>0.069</td>
<td>0.124</td>
</tr>
<tr>
<td>Residential support</td>
<td>-0.100</td>
<td>0.000</td>
<td>-0.100</td>
</tr>
<tr>
<td>Non-residential support</td>
<td>0.100</td>
<td>0.000</td>
<td>0.100</td>
</tr>
<tr>
<td>Additional PCT funding</td>
<td>0.120</td>
<td>0.000</td>
<td>0.120</td>
</tr>
<tr>
<td>Prior year adjustments</td>
<td>0.085</td>
<td>0.025</td>
<td>0.110</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>0.336</strong></td>
<td><strong>0.107</strong></td>
<td><strong>0.443</strong></td>
</tr>
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</table>

The in-year savings proposals are provisional and subject to agreement of the Executive and Full Council.

**Capital**

Current approved budget

The 2009-10 budget reported in the last quarter for the former Social Care and Learning Department was £51,541m. As with the revenue budget above, a provisional division of the programme has been undertaken to reflect the new Departmental structures. This initial work has calculated the new Children, Young People and Learning Department to have a budget of £50.697m and the new Adult Social Care and Health Department a budget of £0.844m.

Provisional Outturn

As the contracts on most projects have yet to be agreed as schemes are being planned, and other spending decisions have yet to be taken, no variance is anticipated at this stage. Annex B provides a summary financial position and current status and target for year end for each scheme.
Complaints received:

<table>
<thead>
<tr>
<th>No. rec’d Q2</th>
<th>Nature of complaints (bulleted list)</th>
<th>Action taken and lessons learned (bulleted list)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Complaint in respect of financial assessment</td>
<td>Complaint being investigated</td>
</tr>
<tr>
<td>1</td>
<td>Complaint in respect of care received in a residential home</td>
<td>Complaint being investigated</td>
</tr>
<tr>
<td>1</td>
<td>Complaint in respect of provision of respite care</td>
<td>Complaint upheld, has resulted in a review of communication procedures</td>
</tr>
<tr>
<td>1</td>
<td>Complaint in respect of communication around a changed appointment.</td>
<td>Complaint being investigated</td>
</tr>
<tr>
<td>0</td>
<td>Ombudsman</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Compliments Received

Forty compliments were received during the 2nd quarter. Fifteen of these were received by the Community Response and Reablement Team, nine for Bridgewell and Heathlands, six for the prompt processing of the applications for the Blue Badge scheme and four for equipment installed/received to enable people to maintain their independence. The remainder were received in respect of the Learning Disability Team, Community Mental Health team and the staff at New Hope for the continued support received.

Internal audit assurances
(Where internal audit carried out with limited or no assurance)

All internal audit reports this period received at least a satisfactory assurance opinion. The audit for processes and controls in place for the implementation of the new adult social care IT system received a significant assurance opinion, where no recommendations were identified that would have improved the process.
Section Four: Forward Look

Older People and Long Term Conditions

Community Response and Reablement
The Customer Liaison Team ongoing development will include a focus to Fair Access to Care Services (FACS) criteria and issues relating to ordinary residence. Recruitment will take place to the post of Head of Community Response and Reablement. There will be implementation of the recommendation of the Intermediate Care Review. Further review and development of care management procedures and caseload management, including the interface between Community Response and Reablement and Older People and Long Term Conditions is planned. The Stroke Strategy will be presented to the Executive Member for approval this quarter.

The Bridgewell Centre
The Department of Health have launched a draft consultation document 'Prevention and Control of Infection in Care Homes'. Local guidelines will be prepared to ensure that we adhere to the proposed requirements. There are plans to improve the discharge process to ensure GP’s receive information in a more timely fashion.

Older People and Long Term Conditions
The Older People and Long Term Conditions Team will be actively supporting Personalisation through identification and transfer of ten older persons onto the pilot scheme.

Community Support and Wellbeing
The Community Support and Wellbeing Team will be providing reablement focussed support for people aged 50 years and older in the new assessment flat at Barnet Court. The Long Term Conditions Community Support Worker Team will be utilising current un-allocated hours to review packages of care where increases are being sought with a view to improving care delivery, explore Telecare, etc.

Ladybank/Heathlands
There will be introduction of the Malnutrition Universal Screening Tool. The team is to implement and monitor the new Care Quality Commission regulatory framework, and implement recommendations of the Prevention and Infection Control in Care Homes.

Business Support Team
There will be participation in Scout enterprise through supporting a Voluntary Work placement which assists people back to work.

Carers
The weekly carer’s surgery will commence at The Look In, in a further effort to support and identify carers, who may be unable or unwilling to attend larger events. Work is planned with the NHS Berkshire East to deliver the requirements of the Carers Respite Grant by inviting carers to a launch event in November. This grant is aimed specifically at young carers, and those people who care for people with dementia or mental health issues.

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Drugs and Alcohol Action Team (DAAT)
The team will be working with the new providers of the contracts in readiness for new services commencing in January.

A 'Community Development Worker' will commence work with the Family and Friends Group to look at establishing the group so it can function independently.

Emergency Duty Team (EDT)
There will be a review of the EDT contract following on from the serious case review and the recommendations. All Approved Mental Health Practitioners will have completed statutory requirements for legal update training and have access to information on people referred (it is crucial that they have access to all six unitary client data bases). The next Unitary Client Database that EDT will have access to will be from Windsor and Maidenhead.

Adults and Commissioning

Learning Disabilities
The service has now in place the community support service framework with preferred providers and will be working in partnership with these providers to introduce them locally to individuals who need support and all stakeholders to raise awareness.

Work is underway in looking at ways in which Breakthrough, the Supported Employment service could be further developed to support more people into employment as well as volunteering opportunities.

The project to enable people to live and move into their own homes is progressing.

Mental Health
Developments within mental health planned for the next quarter include workshops to demonstrate the use of a recovery focused approach with individuals to achieve positive outcomes. Individuals are invited to share their experience with staff and others who access our service as a joint learning and development opportunity.

There is a range of events planned to inform carers of the types of support available which will includes educational programmes based upon a psychosocial approach and health and wellbeing sessions. This will aim to target both existing and hidden carers within Bracknell Forest.

The introduction of the new Improving Access to Psychological Therapies service will require ongoing partnership working with BFC, Berkshire Healthcare Foundation Trust and NHS Berkshire East to ensure the service is able to deliver its goal of making talking therapy as accessible as medication for treatment of common mental health conditions.

Safeguarding
Recruitment is underway for the post of Head of Adult Safeguarding and should be completed during the next quarter.

Teams will have action plans in place to address issues identified through the audits carried out in Q2.
Commissioning
The Dementia adviser project board will be established.

Personalisation
Each team will have clearly identified targets for individual budgets for the coming year, based on the government requirement to have 30% of individuals supported in this way by March 2011.

Further staff workshops will be held.

Performance and Resources

ICT
The new software from Liquidlogic for use in Adult Social Care is due to go live during quarter 4 of 2009/10.

Finance
More detailed monitoring will be required to ensure that the measures to be implemented to ensure the Council’s budget does not over spend deliver the expected outcomes, and also to establish that other spending plans remain on budget. Preparations for the 2010-11 budget requirement should be finalised in advance of the public consultation on proposed changes that will be undertaken at the end of the year.

Work will also be ongoing around the extension of self directed support, where in particular, work will commence on establishing whether the Fairer Charging Policy needs to be reviewed to ensure it remains fully compatible with individual budgets. Further systems set, training and data migration activities will be undertaken around the new Adult Social Care IT system.

Human Resources
Working on how Bracknell Forest plans to implement personalisation and the ‘Putting People First’ agenda with the Integrated Local Area Workforce Strategy (InLAWS) Looking further at the development of the Vetting and Barring scheme and the implications for Bracknell Forest.

Performance and Governance
The Care Quality Commission judgement of Adult Services in Bracknell Forest is awaited in December.
Annex A: Staffing information

Staffing Levels

<table>
<thead>
<tr>
<th>Establishment Posts</th>
<th>Staffing Full Time</th>
<th>Staffing Part Time</th>
<th>Total Posts FTE</th>
<th>Vacant Posts</th>
<th>Vacancy Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Social Care and Health</td>
<td>318</td>
<td>210</td>
<td>93</td>
<td>233.93</td>
<td>15</td>
</tr>
<tr>
<td>Performance &amp; Resources</td>
<td>88</td>
<td>59</td>
<td>23</td>
<td>75.02</td>
<td>6</td>
</tr>
<tr>
<td>Department Totals</td>
<td>406</td>
<td>269</td>
<td>116</td>
<td>308.95</td>
<td>21</td>
</tr>
</tbody>
</table>

¹ From quarter 3, the PMR will report the Adult Social Care and Health staffing figures distributed by Older People and Long Term Conditions and Adults and Commissioning.

Staff Turnover

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>For the quarter ending</td>
<td>30 September 2009</td>
<td>2.14</td>
</tr>
<tr>
<td>For the year ending</td>
<td>31 March 2010</td>
<td>8.58</td>
</tr>
</tbody>
</table>

Total turnover for BFC, 2008/09: 13.7% excluding schools
Total turnover for local authorities in nationally 2007/08: 15.2%
(Source: Chartered Institute of Personnel and Development survey 2008)
## Sickness Absence

### Staff Sickness

<table>
<thead>
<tr>
<th>Section</th>
<th>Total staff</th>
<th>Number of days sickness</th>
<th>Quarter 2 average per employee</th>
<th>Projected annual average per employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Social Care and Health</td>
<td>303</td>
<td>864</td>
<td>2.85</td>
<td>11.40</td>
</tr>
<tr>
<td>Performance &amp; Resources</td>
<td>82</td>
<td>68.5</td>
<td>1.19</td>
<td>4.78</td>
</tr>
<tr>
<td><strong>Department Totals (Q2)</strong></td>
<td><strong>385</strong></td>
<td><strong>932.5</strong></td>
<td><strong>2.42</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Projected Totals (09/10)</strong></td>
<td><strong>406</strong></td>
<td><strong>3730</strong></td>
<td></td>
<td><strong>9.18</strong></td>
</tr>
</tbody>
</table>

### Comparator data

<table>
<thead>
<tr>
<th>Comparator data</th>
<th>All employees, average days sickness absence per employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bracknell Forest Council 08/09</td>
<td>5.7 days</td>
</tr>
<tr>
<td>All sectors employers in South East 2008</td>
<td>7.6 days</td>
</tr>
<tr>
<td>(Source: Chartered Institute of Personnel and Development survey 2008)</td>
<td></td>
</tr>
</tbody>
</table>

Adult Social Care and Health – The number of sickness absence in the quarter incorporates 11 instances of long term sickness absence. This equates to 442 days (51.15%) of the total absence for the quarter. These cases are being dealt with under the absence management arrangements. If you deduct the long term sickness absence from the totals, then this equates to an average of 1.44 days absence per quarter.
## Annex B: Financial information

**ADULT SOCIAL CARE AND HEALTH DEPARTMENT - AUGUST 2009**

<table>
<thead>
<tr>
<th></th>
<th>Original Cash Budget</th>
<th>Virements &amp; Budget C/Fwds</th>
<th>Current Approved Budget</th>
<th>Spend to Date</th>
<th>Variance Over/(Under) Spend</th>
<th>Variance This Month</th>
<th>Variance Supported by CMT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
<td><strong>%</strong></td>
<td><strong>£000</strong></td>
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<tr>
<td><strong>ADULT SOCIAL CARE AND HEALTH DEPARTMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td>516</td>
<td>-201</td>
<td>315</td>
<td>-5%</td>
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</tr>
<tr>
<td>Mental Health</td>
<td>1,870</td>
<td>-64</td>
<td>1,806</td>
<td>36%</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Learning Disability</td>
<td>8,022</td>
<td>-464</td>
<td>7,558</td>
<td>31%</td>
<td>180</td>
<td>180</td>
<td>1,2</td>
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<tr>
<td>Physical Disability</td>
<td>2,158</td>
<td>22</td>
<td>2,180</td>
<td>65%</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Older People</td>
<td>8,984</td>
<td>462</td>
<td>9,446</td>
<td>43%</td>
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<tr>
<td>Drugs Action Team</td>
<td>34</td>
<td>56</td>
<td>90</td>
<td>120%</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Commissioning</td>
<td>404</td>
<td>54</td>
<td>458</td>
<td>38%</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td><strong>In year savings target</strong></td>
<td>0</td>
<td>336</td>
<td>-336</td>
<td>0%</td>
<td>-336</td>
<td>-336</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL ASC&amp;H DEPARTMENT CASH BUDGET</strong></td>
<td>21,988</td>
<td>201</td>
<td>22,189</td>
<td>39%</td>
<td>-156</td>
<td>-156</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL RECHARGES &amp; ACCOUNTING ADJUSTMENTS</strong></td>
<td>2,531</td>
<td>2,531</td>
<td>2,531</td>
<td>-28%</td>
<td>0</td>
<td>0</td>
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<tr>
<td><strong>GRAND TOTAL ASC&amp;H DEPARTMENT</strong></td>
<td>24,519</td>
<td>2,732</td>
<td>24,720</td>
<td>32%</td>
<td>-156</td>
<td>-156</td>
<td>0</td>
</tr>
</tbody>
</table>

Memorandum items:

- Devolved Staffing Budget: 9,156

**Performance Monitoring Report – Adult Social Care & Health**

Second Quarter 2009/10
<table>
<thead>
<tr>
<th>PERFORMACE AND RESOURCES BRANCH - AUGUST 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Cash Budget</td>
</tr>
<tr>
<td>£000</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td><strong>PERFORMANCE AND RESOURCES BRANCH</strong></td>
</tr>
<tr>
<td>Office Services</td>
</tr>
<tr>
<td>Information Technology Team</td>
</tr>
<tr>
<td>Admissions and Property Team</td>
</tr>
<tr>
<td>Performance Management and Governance Team</td>
</tr>
<tr>
<td>Finance Team</td>
</tr>
<tr>
<td>Human Resources Team</td>
</tr>
<tr>
<td>School related expenditure</td>
</tr>
<tr>
<td><strong>3,062</strong></td>
</tr>
<tr>
<td>In year savings target</td>
</tr>
<tr>
<td><strong>TOTAL BRANCH CASH BUDGET</strong></td>
</tr>
<tr>
<td>TOTAL RECHARGES &amp; ACCOUNTING ADJUSTMENTS</td>
</tr>
<tr>
<td><strong>GRAND TOTAL PAR BRANCH</strong></td>
</tr>
<tr>
<td>Memorandum items:</td>
</tr>
<tr>
<td>Devolved Staffing Budget</td>
</tr>
</tbody>
</table>
### DEPARTMENTAL CASH BUDGET

**Chief Officer: Adult Social Care**

1. **-150**
   - Contracts with Turnstone and Dimensions for the provision of residential care have recently been extended for a period of twelve months and reflect the recent price negotiations achieved through the BPSSU efficiency work. This has in particular achieved savings against the Turnstone contract, which are estimated at £0.150m in the current financial year. Long term savings are difficult to establish with accuracy due to the extension of self directed support, and work is currently underway in partnership with the support providers and the RSL to support each individual to explore their options in relation to future accommodation and support. As it is anticipated that most individuals concerned will no longer choose to live in residential care, costs are not expected to increase as many individuals will be able to access financial support through Housing Benefit.

2. **330**
   - The PCT has recently advised that it will be reviewing eligibility to Continuing Health Care funding for 11 high cost service users to establish whether their medical needs, and therefore requirement for financial support have reduced. Since the start of the financial year, £0.330m of funding has been withdrawn and is therefore being reported as an over spending.

### In-year savings plan

3. **-336**
   - A provisional package of in-year savings measures has been agreed by CMT. This is subject to agreement of the Executive and Full Council. Annex C3 provides further details.

<table>
<thead>
<tr>
<th>Note</th>
<th>Reported variance £'000</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-150</td>
<td>Contracts with Turnstone and Dimensions for the provision of residential care have recently been extended for a period of twelve months and reflect the recent price negotiations achieved through the BPSSU efficiency work. This has in particular achieved savings against the Turnstone contract, which are estimated at £0.150m in the current financial year. Long term savings are difficult to establish with accuracy due to the extension of self directed support, and work is currently underway in partnership with the support providers and the RSL to support each individual to explore their options in relation to future accommodation and support. As it is anticipated that most individuals concerned will no longer choose to live in residential care, costs are not expected to increase as many individuals will be able to access financial support through Housing Benefit.</td>
</tr>
<tr>
<td>2</td>
<td>330</td>
<td>The PCT has recently advised that it will be reviewing eligibility to Continuing Health Care funding for 11 high cost service users to establish whether their medical needs, and therefore requirement for financial support have reduced. Since the start of the financial year, £0.330m of funding has been withdrawn and is therefore being reported as an over spending.</td>
</tr>
<tr>
<td>3</td>
<td>-336</td>
<td>A provisional package of in-year savings measures has been agreed by CMT. This is subject to agreement of the Executive and Full Council. Annex C3 provides further details.</td>
</tr>
</tbody>
</table>

**-156 TOTAL CASH BUDGET**

### DEPARTMENTAL NON-CASH BUDGET

- No variances to report.

**0 TOTAL NON CASH BUDGET**
## Performance and Resources

### Budget Variances

<table>
<thead>
<tr>
<th>Note</th>
<th>Reported Variance</th>
<th>Explanation</th>
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<td>1</td>
<td>£'000 -107</td>
<td><strong>BRANCH BUDGET</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>In-year savings plan</td>
</tr>
<tr>
<td></td>
<td>-107</td>
<td>Grand Total Branch Budget</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td><strong>BRANCH NON-CASH BUDGET</strong></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>No variances to report</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>Grand Total Branch Non-Cash Budget</td>
</tr>
</tbody>
</table>
Annex B3

**Adult Social Care and Health**  
**In year savings**

<table>
<thead>
<tr>
<th>Note</th>
<th>Total</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000</td>
<td></td>
</tr>
</tbody>
</table>

**DEPARTMENTAL CASH BUDGET**

**Management**

<table>
<thead>
<tr>
<th>Note</th>
<th>Total</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>-1</td>
<td>Managed savings on Devolved Staffing Budgets</td>
</tr>
<tr>
<td>a</td>
<td>-25</td>
<td>Managed savings on operational, non-pay expenditure</td>
</tr>
</tbody>
</table>

**Mental Health**

<table>
<thead>
<tr>
<th>Note</th>
<th>Total</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>-14</td>
<td>Managed savings on Devolved Staffing Budgets</td>
</tr>
<tr>
<td>a</td>
<td>14</td>
<td>Residential Support</td>
</tr>
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</table>

**Learning Disability**

<table>
<thead>
<tr>
<th>Note</th>
<th>Total</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>-85</td>
<td>Prior Year Adjustments</td>
</tr>
<tr>
<td>a</td>
<td>-120</td>
<td>Additional PCT Funding</td>
</tr>
<tr>
<td>a</td>
<td>-13</td>
<td>Managed savings on Devolved Staffing Budgets</td>
</tr>
<tr>
<td>a</td>
<td>-15</td>
<td>Residential Support</td>
</tr>
<tr>
<td>a</td>
<td>-76</td>
<td>Non Residential Support</td>
</tr>
<tr>
<td>a</td>
<td>-13</td>
<td>Managed savings on operational, non-pay expenditure</td>
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</tbody>
</table>

**Physical Disability**

<table>
<thead>
<tr>
<th>Note</th>
<th>Total</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>6</td>
<td>Managed savings on Devolved Staffing Budgets</td>
</tr>
<tr>
<td>a</td>
<td>-15</td>
<td>Residential Support</td>
</tr>
<tr>
<td>a</td>
<td>-15</td>
<td>Non Residential Support</td>
</tr>
<tr>
<td>a</td>
<td>-4</td>
<td>Managed savings on operational, non-pay expenditure</td>
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</table>

**Older People**

<table>
<thead>
<tr>
<th>Note</th>
<th>Total</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>-64</td>
<td>Managed savings on Devolved Staffing Budgets</td>
</tr>
<tr>
<td>a</td>
<td>116</td>
<td>Residential Support</td>
</tr>
<tr>
<td>a</td>
<td>-9</td>
<td>Non Residential Support</td>
</tr>
<tr>
<td>a</td>
<td>-13</td>
<td>Managed savings on operational, non-pay expenditure</td>
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</table>

**Commissioning**

<table>
<thead>
<tr>
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<th>Total</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>10</td>
<td>Managed savings on Devolved Staffing Budgets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-336</td>
<td></td>
</tr>
</tbody>
</table>
## Performance and Resources
### In year savings

<table>
<thead>
<tr>
<th>Note</th>
<th>Total</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000</td>
<td><strong>BRANCH CASH BUDGET</strong></td>
</tr>
<tr>
<td>a</td>
<td>-69</td>
<td>Managed savings on operational, non-pay expenditure</td>
</tr>
<tr>
<td>a</td>
<td>-13</td>
<td>Managed savings on Devolved Staffing Budgets</td>
</tr>
<tr>
<td>a</td>
<td>-25</td>
<td>Prior Year Adjustments</td>
</tr>
<tr>
<td></td>
<td>-107</td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>
## Adult Social Care and Health

2009-10 monitoring at 31 August 2009

<table>
<thead>
<tr>
<th>Cost Centre Description</th>
<th>Total Budget (£'000)</th>
<th>Cash Budget 2009/10 (£'000)</th>
<th>Expenditure to date (£'000)</th>
<th>Current commitment (£'000)</th>
<th>Amount left to Spend (£'000)</th>
<th>Estimated Total Funding Required for the year (£'000)</th>
<th>Cash Budget 2010/11 (£'000)</th>
<th>(Under) / Over Spend against approved budget (£'000)</th>
<th>Key Target for 31 March</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Schemes commenced prior to 2009/10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASC - Care Management Replacement Programme</td>
<td>472.4</td>
<td>392.3</td>
<td>96.4</td>
<td>0.8</td>
<td>295.9</td>
<td>392.3</td>
<td>80.1</td>
<td>0.0</td>
<td>New system live.</td>
</tr>
<tr>
<td>Adult Social Care IT Infrastructure</td>
<td>44.7</td>
<td>20.0</td>
<td>0.0</td>
<td>0.0</td>
<td>20.0</td>
<td>20.0</td>
<td>4.7</td>
<td>0.0</td>
<td>In progress.</td>
</tr>
<tr>
<td>ASC - Electronic Social Care Record</td>
<td>94.8</td>
<td>94.8</td>
<td>92.5</td>
<td>0.0</td>
<td>2.3</td>
<td>94.8</td>
<td>0.0</td>
<td>0.0</td>
<td>Complete.</td>
</tr>
<tr>
<td><strong>ICT projects</strong></td>
<td>611.9</td>
<td>507.1</td>
<td>188.9</td>
<td>0.8</td>
<td>318.2</td>
<td>507.1</td>
<td>104.8</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td><strong>Schemes commenced 2009/10 and rolling programmes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improving the Care Home Environment</td>
<td>1.3</td>
<td>1.3</td>
<td>0.0</td>
<td>0.0</td>
<td>1.3</td>
<td>1.3</td>
<td>0.0</td>
<td>0.0</td>
<td>In progress.</td>
</tr>
<tr>
<td>Carers Accommodation Strategy - Feasibility</td>
<td>42.0</td>
<td>42.0</td>
<td>0.0</td>
<td>0.0</td>
<td>42.0</td>
<td>42.0</td>
<td>0.0</td>
<td>0.0</td>
<td>Complete.</td>
</tr>
<tr>
<td>Mental Health Grant</td>
<td>134.0</td>
<td>50.0</td>
<td>0.0</td>
<td>0.0</td>
<td>50.0</td>
<td>50.0</td>
<td>84.0</td>
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<td>In progress.</td>
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<tr>
<td>Social Care Grant</td>
<td>50.4</td>
<td>40.0</td>
<td>14.6</td>
<td>0.0</td>
<td>25.4</td>
<td>40.0</td>
<td>10.4</td>
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</tr>
<tr>
<td>Improvements and capitalised repairs</td>
<td>4.7</td>
<td>4.7</td>
<td>5.1</td>
<td>0.0</td>
<td>0.0</td>
<td>4.7</td>
<td>0.0</td>
<td>0.0</td>
<td>In progress.</td>
</tr>
<tr>
<td><strong>Adult Social Services</strong></td>
<td>232.4</td>
<td>138.0</td>
<td>19.7</td>
<td>0.0</td>
<td>118.7</td>
<td>138.0</td>
<td>94.4</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL CAPITAL PROGRAMME</strong></td>
<td>844.3</td>
<td>645.1</td>
<td>208.6</td>
<td>0.8</td>
<td>436.9</td>
<td>645.1</td>
<td>199.2</td>
<td>0.0</td>
<td></td>
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</tbody>
</table>

Percentages

- Adult Social Care and Health: 32.3%
- Care Management Replacement Programme: 0.1%
- Electronic Social Care Record: 67.7%
- Mental Health Grant: 100.0%
- Improvements and capitalised repairs: 0.0%
### Demand led services

<table>
<thead>
<tr>
<th>RISK SHORT NAME</th>
<th>LINK TO MTOS</th>
<th>RISK SCORE</th>
<th>ACTION ALREADY IN PLACE</th>
<th>FURTHER ACTION TO ADDRESS RISK</th>
<th>TARGET DATE</th>
<th>PROGRESS ON FURTHER ACTION TO ADDRESS RISK</th>
<th>COMMENTARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>5, 6, 7 &amp; 9</td>
<td>B2</td>
<td>Older People</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Purchasing Plan for Older People’s Health and Social Care sets out the assumptions and approach to delivery of services. This includes estimates of population ages through to 2025 based on ages of current population to determine demand for services. This includes projections of numbers of people requiring residential care places, extra – care housing, support at home, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Older People</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Projections in Purchasing Plan for Older People to be updated annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Economic downturn could impact on numbers of residents with mental health issues and increase level of domestic abuse. Demand levels are being monitored.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This will be achieved by 31/3 using 08/09 figures. Indications to date are an increase in OP ongoing support.
| Transforming Adult Social Care risks (main risks are not enough people in the community wanting to be part of the Transforming pilot, over commitment of staff resources and RAS Allocations differing from assessment of needs | C4 | Transforming Adult Social Care Communication strategy being reviewed including development of promotional DVD and holding an event with families, recruitment to the staff champion role from existing teams. To address staff resource risk, monitoring of progress/delays and escalate difficulties to Programme Board as appropriate. To address RAS, desktop exercise followed by revisiting weightings. People with Disabilities. • Transition Policy for People with Disabilities covers policy for young people with learning disabilities, disabilities or complex needs as they | Ongoing | ✓ | Monitoring ongoing |

Performance Monitoring Report – Adult Social Care & Health
Second Quarter 2009/10
approach adulthood and responsibility moves from Children’s Services to Adult Community care Services.

- Impact of transition on budgets considered at DMT as part of budget pressures discussions.

**Packages of Care**
Continued close monitoring of the revenue budget and projected costs around costed packages of care will remain in place. Early warning in relation to changes in demand and projected spend will be highlighted as soon as they become apparent.

<table>
<thead>
<tr>
<th>Undertaken for 09/10 budget build.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is being done and reported in budget variations. Workload by ASC Management team.</td>
</tr>
</tbody>
</table>
Annex D: Performance against Indicators, Actions and Risks

**NI 120.1: All-age all cause mortality rate:**

*1. Female*

- **LAA INDICATOR (Designated)**
  - Department: ASCH
  - Benchmark: Mary Purnell

**Table:**

<table>
<thead>
<tr>
<th>Year 2009/10</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tbody>
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<td>LAA Target</td>
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<td>[Annual]</td>
<td>[Annual]</td>
<td>424.20</td>
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<tr>
<td>Last Reported</td>
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<td>N/A</td>
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<tr>
<td>Benchmark</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Current Quartile</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Notes:**
- No estimated outturn is currently available for this indicator. This LAA (Designated) indicator has a complex cumulative target measured by data collection. No outturn for this indicator has yet been formally reported or published. Benchmarking and quartile information is not currently available for this indicator.

**NI 120.2: All-age all cause mortality rate:**

*2. Male*

- **LAA INDICATOR (Designated)**
  - Department: ASCH

**Table:**

<table>
<thead>
<tr>
<th>Year 2009/10</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAA Target</td>
<td>[Annual]</td>
<td>[Annual]</td>
<td>[Annual]</td>
<td>575.60</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Benchmark</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Current Quartile</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Notes:**
- No estimated outturn is currently available for this indicator. This LAA (Designated) indicator has a complex cumulative target measured by data collection. No outturn for this indicator has yet been formally reported or published. Benchmarking and quartile information is not currently available for this indicator.

**Graph:**

- Good progress is being made with resolving the issues of sharing performance data with the PCT. BFC has held meetings with the other BEPCT unitaries and agreed a single timetable, list of indicators and format for reporting. A joint meeting between the councils and the PCT will be held in November to agree a final resolution.

- Unit: Rate per 100k pop. ● Polarity: Low ● BFC Lead: Mary Purnell
NI 123: Stopping smoking

LAA INDICATOR (Designated)
Department: ASCH

Good progress is being made with resolving the issues of sharing performance data with the PCT. BFC has held meetings with the other BEPCT units and agreed a single timetable, list of indicators and format for reporting. A joint meeting between the councils and the PCT will be held in November to agree a final resolution.

NI 39: Rate of hospital admissions per 100,000 for Alcohol Related Harm

CAA Indicator (non-LAA)
Department: ASCH

Work is still ongoing to determine how data can be sourced for this complex new indicator. Given the nature of the indicator, it is unlikely that data will ever be available without a significant time lag.

NI 40: Number of drug users recorded as being in effective treatment

CAA Indicator (non-LAA)
Department: ASCH

Latest available figures relate to Month 2 of Quarter 1 for 2009/10 and are 161 people. This represents an increase over target of 18 people.
NI 113.1: Prevalence of chlamydia in under 25 year olds:
(1) Percentage of the resident population aged 15-24 accepting a test/screen for chlamydia

Good progress is being made with resolving the issues of sharing performance data with the PCT. BFC has held meetings with the other BEPCT unitaries and agreed a single timetable, list of indicators and format for reporting. A joint meeting between the councils and the PCT will be held in November to agree a final resolution.

No estimated outturn is currently available for this indicator. No outturn on this indicator has yet been formally reported or recorded. Benchmarking and quartile information is not currently available for this indicator.

Unit: %  ●  Polarity: High  ●  BFC Lead: Mary Purnell

NI 113.2: Prevalence of chlamydia in under 25 year olds:
(2) Number of positive diagnoses for chlamydia in the resident population aged 15-24 years

Good progress is being made with resolving the issues of sharing performance data with the PCT. BFC has held meetings with the other BEPCT unitaries and agreed a single timetable, list of indicators and format for reporting. A joint meeting between the councils and the PCT will be held in November to agree a final resolution.

No estimated outturn is currently available for this indicator. No outturn on this indicator has yet been formally reported or recorded. Benchmarking and quartile information is not currently available for this indicator.

Unit: %  ●  Polarity: Low  ●  BFC Lead: Mary Purnell

NI 121: Mortality rate from all circulatory diseases at ages under 75

Good progress is being made with resolving the issues of sharing performance data with the PCT. BFC has held meetings with the other BEPCT unitaries and agreed a single timetable, list of indicators and format for reporting. A joint meeting between the councils and the PCT will be held in November to agree a final resolution.

No estimated outturn is currently available for this indicator. This CAA indicator has a complex cumulative target measured by data collection. No outturn for this indicator has yet been formally reported or published. Benchmarking and quartile information is not currently available for this indicator.

Unit: Rate  ●  Polarity: Low  ●  BFC Lead: Mary Purnell
Good progress is being made with resolving the issues of sharing performance data with the PCT. BFC has held meetings with the other BEPCT unitaries and agreed a single timetable, list of indicators and format for reporting. A joint meeting between the councils and the PCT will be held in November to agree a final resolution.

No estimated outturn is currently available for this indicator. This CAA indicator has a complex cumulative target measured by data collection. No outturn for this indicator has yet been formally reported or published. Benchmarking and quartile information is not currently available for this indicator.

Unit: Number  ● Polar: Low  ● BFC Lead: Mira Haynes

ACTIONS IN SUPPORT OF MTO 5

Due Date  Owner  Comments

5.1 Develop and implement a comprehensive health strategy for the Borough with partners, which identifies clear priorities and actions to address local health inequalities and to improve health and wellbeing.

5.1.1 Develop a local stroke strategy and purchasing plan to ensure good use of grant monies from Department of Health.

May 2009  ASCH  ✔ Following further consultation, final strategy is complete with an agreed purchasing plan which will be agreed in Quarter 3.

5.1.2 Develop a clear pathway for agency responses to the national end of life strategy through work with the PCT.

Mar 2010  ASCH  ✔ A local subgroup has been formed to develop local EOL care options as well as contributing to Berkshire East.

5.2 Work with health partners to secure more outpatient and diagnostic facilities in the Borough.

5.2.1 Work in partnership with the PCT to develop an urgent care centre within Bracknell as a response to the PCT commissioning plan.

Mar 2011  ASCH  ✔ ASCH is part of urgent care programme board. Urgent care centre will be part of Healthspace.

5.4 Produce an annual report on public health.

5.4.1 Work with partners to produce the Joint Strategic Needs Assessment (JSNA).

Oct 2009  ASCH  ✔ In progress and due to be presented to Executive in Quarter 3.
Medium-Term Objective 7:
Seek to ensure that every resident feels included and able to access the services they need.

**ACTIONS IN SUPPORT OF MTO 7**

<table>
<thead>
<tr>
<th>Due Date</th>
<th>Owner</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep 2009</td>
<td>ASCH</td>
<td>✓ Completed.</td>
</tr>
</tbody>
</table>

7.5 Implement a disability equality scheme and gender equality scheme, and implement the Council’s race equality scheme.

7.5.1 Implement the disability, race and gender equality schemes’ actions due for completion in 2009/10, and progress those actions due for completion in later years.

7.8 Work within Bracknell Forest Partnership to show continuous improvement in equalities and diversity in the Council and its services, and achieve the equivalent of Level 3 of the Equality Standard.

7.8.1 Conduct equality impact assessments (EIAs) for new services, strategies and policies, and review existing EIAs as part of a rolling three-year programme, ensuring all actions resulting from these are built into business/work plans.

**Medium-Term Objective 8:**
Reduce crime and increase people’s sense of safety in the Borough.

**PERFORMANCE INDICATORS FOR MTO 8**

<table>
<thead>
<tr>
<th>Due Date</th>
<th>Owner</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar 2010</td>
<td>ASCH CPS CXO CYPL ECC</td>
<td>✓ ASCH: Reported separately within PMR. CPS: EIAs published this quarter for Appeals, Member Development and Appointments made by the Council. CXO: EIAs completed for Communications Strategy, Community TV, and Economic &amp; Skills Development Partnership action plan. ECC: Equalities Impact Assessments published in the quarter are Supporting People, Housing Strategy, Allocation Policy, Travellers’ Park Client-side, Housing Advice/ Homelessness Prevention, Emergency Planning, Planning Policy consulted the Minorities Alliance on the content of their EIA on 30 September.</td>
</tr>
</tbody>
</table>

8.5 Reduce the number of people, particularly young people, abusing drugs and alcohol.

8.5.1 Retender the substance misuse contracts for East Berkshire to continue to ensure that services are relevant to demands for support.

**Medium-Term Objective 9:**
Promote independence and choice for vulnerable adults and older people.

**PERFORMANCE INDICATORS FOR MTO 9**

<table>
<thead>
<tr>
<th>Year: 2009/10</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>7.2</td>
<td>7.3</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>LAA Target</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>Last Reported</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

LAA INDICATOR (Designated)
Department: ASCH

This indicator represents the numbers of adults and carers receiving self-directed support across the year as a percentage of clients receiving community-based services and carers receiving carer’s services aged ≥18. The target for all LAs is 30% of all relevant people, to be achieved by March 2011. A workstream has begun to develop a profile for this by the end of Quarter 3.

The current estimate is based on unvalidated current data. This LAA (Designated) indicator has a complex cumulative target measured by data collection. Benchmarking and quartile information is not currently available for this indicator.

Unit: Rate per 100k pop. ● Polarity: High ● BFC Lead: Zoe Johnstone
NI 135: Carers receiving needs assessment or review and a specific carer’s service, or advice and information

LAA INDICATOR (Designated)
Department: ASCH

This is a cumulative indicator where the total builds across the year. We anticipate that the target will be met. A workstream has commenced to ensure that all carers and joint assessments taking place are correctly recorded within each care group.

<table>
<thead>
<tr>
<th>Year: 2009/10</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
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<tbody>
<tr>
<td>Current</td>
<td>7.3</td>
<td>8.1</td>
<td>18.7</td>
<td></td>
</tr>
<tr>
<td>LAA Target</td>
<td>[Annual]</td>
<td>[Annual]</td>
<td>16.4</td>
<td></td>
</tr>
<tr>
<td>Last Reported</td>
<td>7.3</td>
<td>8.1</td>
<td>18.7</td>
<td></td>
</tr>
<tr>
<td>Benchmark</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Current Quartile</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

NI 136: People supported to live independently through social services (all adults)

LAA INDICATOR (Designated)
Department: ASCH

Following a definition change in February, work has focused on ensuring that some grants go via Adult Social Care and Health to maximise impact. Work is underway with GOSE to amend targets.

<table>
<thead>
<tr>
<th>Year: 2009/10</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tbody>
<tr>
<td>Current</td>
<td>2,295</td>
<td>2,395</td>
<td>3,060</td>
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<tr>
<td>LAA Target</td>
<td>[annual]</td>
<td>[annual]</td>
<td>[annual]</td>
<td>16.4</td>
</tr>
<tr>
<td>Last Reported</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Benchmark</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Current Quartile</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

NI 146: Adults with learning disabilities in employment

LAA INDICATOR (Designated)
Department: ASCH

Current outturn of 13.4% represents 41 people in employment. The target is 45 people, which is seen to be realistic given the current economic climate.

<table>
<thead>
<tr>
<th>Year: 2009/10</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tr>
<td>Current</td>
<td>13.4</td>
<td>13.4</td>
<td>14.7</td>
<td></td>
</tr>
<tr>
<td>LAA Target</td>
<td>[annual]</td>
<td>[annual]</td>
<td>[annual]</td>
<td>16.4</td>
</tr>
<tr>
<td>Last Reported</td>
<td>14.2</td>
<td>13.4</td>
<td>14.7</td>
<td></td>
</tr>
<tr>
<td>Benchmark</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Current Quartile</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### NI 124: People with a long-term condition supported to be independent and in control of their condition

**CAA Indicator (non-LAA)**  
Department: ASCH

Good progress is being made with resolving the issues of sharing performance data with the PCT. BFC has held meetings with the other BEPCT unitaries and agreed a single timetable, list of indicators and format for reporting. A joint meeting between the councils and the PCT will be held in November to agree a final resolution.

No estimated outturn is currently available for this indicator. This CAA indicator has a snapshot target measured by survey. No outturn for this indicator has yet been formally reported or published. Benchmarking and quartile information is not currently available for this indicator.

<table>
<thead>
<tr>
<th>Year: 2009/10</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tr>
<td>Current</td>
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<tr>
<td>Local Target</td>
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<td>N/A</td>
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<tr>
<td>Benchmark</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Current Quartile</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### NI 125: Achieving independence for older people through rehabilitation/intermediate care

**CAA Indicator (non-LAA)**  
Department: ASCH

Bracknell’s Forest’s performance in 2008/9 was 77.4% which was slightly below the England average of 78.9% and that of our statistical neighbours which was 79.5%. A workstream has been set up to look at performance improvement. Data recording for this indicator in 2009/10 commenced beginning of October and an outturn is expected in Quarter 3.

No estimated outturn is currently available for this indicator. This CAA indicator has a complex cumulative target measured by data collection. No outturn for this indicator has yet been formally reported or published. Benchmarking and quartile information is not currently available for this indicator.

<table>
<thead>
<tr>
<th>Year: 2009/10</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Local Target</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>79.5</td>
</tr>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Current Quartile</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### NI 127: Self reported experience of social care users

**CAA Indicator (non-LAA)**  
Department: ASCH

Introduction of this indicator has been deferred by central government, and its final technical definition is still awaited.

No estimated outturn is currently available for this indicator. This CAA indicator has a snapshot target measured by survey. No outturn for this indicator has yet been formally reported or published. Benchmarking and quartile information is not currently available for this indicator.

<table>
<thead>
<tr>
<th>Year: 2009/10</th>
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<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Local Target</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Benchmark</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Current Quartile</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
NI 128: User reported measure of respect and dignity in their treatment

CAA Indicator (non-LAA)
Department: ASCH

Introduction of this indicator has been deferred by central government, and its final technical definition is still awaited.

No estimated outturn is currently available for this indicator. This CAA indicator has a snapshot target measured by survey. No outturn for this indicator has yet been formally reported or published. Benchmarking and quartile information is not currently available for this indicator.

Unit: %  ●  Polarity: High  ●  BFC Lead: Glyn Jones

Current
N/A  N/A
Local Target
N/A  N/A
Last Reported
N/A  N/A
Benchmark
N/A  N/A
Current Quartile
N/A  N/A

NI 129: End of life care -- access to appropriate care enabling people to be able to choose to die at home

CAA Indicator (non-LAA)
Department: ASCH

Good progress is being made with resolving the issues of sharing performance data with the PCT. BFC has held meetings with the other BEPCT unitaries and agreed a single timetable, list of indicators and format for reporting. A joint meeting between the councils and the PCT will be held in November to agree a final resolution.

No estimated outturn is currently available for this indicator. This CAA indicator has a complex cumulative target measured by data collection. No outturn for this indicator has yet been formally reported or published. Benchmarking and quartile information is not currently available for this indicator.

Unit: %  ●  Polarity: High  ●  BFC Lead: Mira Haynes

Current
N/A  N/A
Local Target
N/A  N/A
Last Reported
N/A  N/A
Benchmark
N/A  N/A
Current Quartile
N/A  N/A

NI 131: Delayed transfers of care

CAA Indicator (non-LAA)
Department: ASCH

There are challenges around receiving regular updates of DoH status which we are trying to address. As a consequence, it is likely that the figures are under-reported.

The current estimate is based on unvalidated current data. This CAA indicator has a complex cumulative target measured by data collection. No outturn for this indicator has yet been formally reported or published. Benchmarking and quartile information is not currently available for this indicator.

Unit: Rate  ●  Polarity: Low  ●  BFC Lead: Mira Haynes

Current
1.15  2.31
Local Target
[Annual]  [Annual]
Last Reported
N/A  N/A
Benchmark
N/A  N/A
Current Quartile
N/A  N/A
Current performance of 91.3% is slightly below last year’s performance of 92.4% and this year’s target of 95.0%. Work is underway to validate the supporting data which in turn will provide an action plan, and it is anticipated that performance will rise in subsequent quarters.

The current estimate is based on unvalidated current data. This CAA indicator has a complex cumulative target measured by data collection. The 'last reported' figure is from Q4 2008-9 PMR (June 2009). Benchmarking and quartile information is not currently available for this indicator.

Current performance of 92.1% is below last year’s performance of 96.2% and this year’s target of 96.0%. Work is underway to validate the supporting data which in turn will provide an action plan, and it is anticipated that performance will rise in subsequent quarters.

No data for this indicator will become available until after the 2011 census, data from which will be necessary to construct life expectancy tables. This work will eventually be undertaken by the Department of Work and Pensions.

No estimated outturn is currently available for this indicator. No outturn for this indicator has yet been formally reported or published. Benchmarking and quartile information is not currently available for this indicator.
NI 139: The extent to which older people receive the support they need to live independently at home

This is the final adjusted figure from the 2008 Place Survey. The national dataset is now available for comparison, as detailed in the figures provided here. A Place Survey action plan is currently being drafted.

The current figure uses validated final data. This CAA indicator has a snapshot target measured by survey. The ‘last reported’ figure is from the Place Survey (October 2008). Quartile shows the position of the current figure within the 2008 figures for all local authorities in England. Benchmark is the 25th percentile in the same figures.

Unit: TBC  ●  Polarity: High  ●  BFC Lead: Mira Haynes

NI 145: Adults with learning disabilities in settled accommodation

Currently there are 203 people in settled accommodation with a 2009/10 target of 221 people. The figure will marginally grow through December, with further developments in the New Year with the re-provision project.

No estimated outturn is currently available for this indicator. This CAA indicator has a complex cumulative target measured by data collection. The ‘last reported’ figure is from Q4 2008-9 PMR (June 2009). Benchmarking and quartile information is not currently available for this indicator.

Unit: %  ●  Polarity: High  ●  BFC Lead: Nick Ireland

NI 149: Adults receiving secondary mental health services in settled accommodation

Current performance of 94.64% exceeds last year’s performance of 80.70%. This has been attributed to more robust data recording.

The current estimate is based on unvalidated current data. This CAA indicator has a complex cumulative target measured by data collection. Benchmarking and quartile information is not currently available for this indicator.

Unit: %  ●  Polarity: High  ●  BFC Lead: Zoe Johnstone
A slight reduction in the outturn of this indicator against Quarter 1 is due to an increase in referrals for individuals who have lost employment through redundancy, which has impacted upon their mental health. There has also been more robust data recording.

The current estimate is based on unvalidated current data. This CAA indicator has a complex cumulative target measured by data collection. No outturn for this indicator has yet been formally reported or published. Benchmarking and quartile information is not currently available for this indicator.

Unit: %  Polarity: High  BFC Lead: Zoe Johnstone

<table>
<thead>
<tr>
<th>ACTIONS IN SUPPORT OF MTO 9</th>
<th>Due Date</th>
<th>Owner</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 Modernise services for vulnerable adults and older people by reducing reliance on residential care and improving access to community-based services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.1.1 Successfully implement the transfer of responsibility for the social care of adults with a learning disability from the NHS to the local authority and develop an appropriate redistribution formula.</td>
<td>Mar 2010</td>
<td>ASCH</td>
<td>BFC have agreed a way forward with the PCT, although this is subject to agreement with the other two unitary authorities. A meeting is arranged for November to resolve.</td>
</tr>
<tr>
<td>9.1.2 Implement the commissioning strategies for people with dementia and people with a sensory impairment.</td>
<td>Mar 2010</td>
<td>ASCH</td>
<td>Multi-agency strategy group meets bi-monthly to implement the agreed action plan for delivery.</td>
</tr>
<tr>
<td>9.2 Increase the number of people having direct control of the budgets for their care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.2.1 Review the workforce implications of the TASC pilot to ensure the workforce are appropriately developed and trained to deliver services effectively and develop a flexible framework to deliver the required outcomes.</td>
<td>Mar 2010</td>
<td>ASCH</td>
<td>The pilot commenced in July 2009. In addition, information from other LAs has been reviewed to determine the likely implications of the personalisation agenda.</td>
</tr>
<tr>
<td>9.2.2 Develop a pilot for transforming social care to test out resource allocation system and develop new ways of working.</td>
<td>May 2009</td>
<td>ASCH</td>
<td>On target. Pilot launched in July.</td>
</tr>
<tr>
<td>9.2.3 Ensure that appropriate policies and procedures (including the charging policy) are reviewed to ensure they reflect the requirements of the personalisation agenda.</td>
<td>Mar 2010</td>
<td>ASCH</td>
<td>The report to adopt DH Fairer Charging Guidance has been approved by the Personalisation Programme Board. Other policies will be informed by the pilot and developed as required.</td>
</tr>
<tr>
<td>9.2.4 Develop resource allocation system to model impact of individual budgets on pilot group of clients receiving care.</td>
<td>Aug 2009</td>
<td>ASCH</td>
<td>Draft model in place. Allocations now made to relevant clients on the pilot.</td>
</tr>
<tr>
<td>9.3 Develop a Borough-wide strategy for older people.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.3.2 Implement the actions from the older people’s strategy.</td>
<td>Mar 2010</td>
<td>ASCH CPS</td>
<td>ASCH: Key tasks being developed for the whole strategy. CPS: Work underway by Community Engagement Working Group to consider further inter-generational activities that could be developed. CXO: Work is ongoing.</td>
</tr>
</tbody>
</table>
### 9.4 Provide advice and support to vulnerable people to help maintain them in their own homes.

| 9.4.1 | Work with housing colleagues to develop an accommodation strategy for older people. | Sep 2009 | ASCH | ✔️ Housing strategy complete. Next step is for Older People vision. |
| 9.4.2 | Explore the use of community TV as an alternative means of getting information to people about the support available. | Jul 2009 | ASCH | ✔️ Achieved. Further topics to be identified for future inclusion in Community TV. |

### 9.5 Provide support for carers by working with statutory and voluntary partners.

| 9.5.1 | Refresh the strategy for carers, working with partners and carers. | Apr 2009 | ASCH | ✔️ Achieved and launched. |
| 9.5.2 | Implement the recommendations from the Members' working group on carers. | Jan 2010 | ASCH | ✔️ Action incorporated into carers strategy action plan. |
| 9.5.3 | Develop robust, practical and accurate data collection processes across a wide range of groups, produce advice and information in a range of appropriate formats, and use all communication channels to disseminate. | Mar 2010 | ASCH | ✔️ Working groups across services are working towards agreeing robust data collection processes. |

### OPERATIONAL RISKS TO MTO 9

| 9.1 | TASC pilot too short to consider all the workforce implications. Mitigation: Review the workforce implications of the learning disabilities review. Review arrangements in other local authorities. | ASCH | Continue to liaise with other LAs and with the personal facilitators. Revised/New Risk: None. |

### PRIORITY FIVE: VALUE FOR MONEY

**Medium-Term Objective 10:** Be accountable and provide excellent value for money.

**ACTIONS IN SUPPORT OF MTO 10**

| 10.8 | Implement all appropriate actions to ensure staff are in place with the right skills and capacity to deliver service outcomes and maximise service efficiency. | |

| 10.8.1 | Implement the actions due in 2009/10 in each departmental workforce plan. | Mar 2010 | ASCH CPS CXO CYPL ECC | ✔️ CPS: Workforce actions being implemented. ECC: In progress. Work has been started by managers in relation to planning for employees retiring. A programme on customer service training is in place. ECC has delivered a programme of training courses to employees on safeguarding. A number of managers have attended a Management Development Centre and undertaken appropriate training as a result. 50 first-line managers have attended a network event on managing conflict. |

### OPERATIONAL RISKS TO MTO 10

| 10.21 | Expertise/availability of staff to undertake review of recruitment and retention. Mitigation: Early identification of challenging recruitment areas. Workforce planning to be implemented across Social Care & Learning. Engage colleagues with the LA/workforce as appropriate. | CYPL ASCH | Workforce planning session run to the SLG. Secondary returners course to operate from October 2009. Revised/New Risk: None. |

### PRIORITY SIX: SUSTAIN ECONOMIC PROSPERITY

**Medium-Term Objective 12:** Promote workforce skills

**ACTIONS IN SUPPORT OF MTO 12**

| 12.1 | Contribute to the development of an appropriately skilled workforce through adult and community learning. | |

| 12.1.1 | Continue to ensure that employment opportunities exist for vulnerable people and hard-to-reach groups. | Mar 2010 | ASCH | ✔️ Work is on target but economic climate is proving difficult at present. Future options are being considered for Breakthrough (the employment arm of Learning Disabilities). |