



QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH & HOUSING

Q2 2013 -14
July – September 2013

Portfolio holder:
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Section 1: Director's Commentary

There was significant activity in the second quarter of the year with further changes in legislation, particularly around benefits, starting to happen, as well as other developments across the department.

There have been a number of welfare changes that have been implemented in the first two quarters of the financial year. These include the benefit cap, reduction of housing benefit due to under occupation and the Council's council tax benefit scheme. Although these may have meant difficult decisions for households faced by these changes the Council continues to provide advice on managing finances and to date there has been no discernible impact on council tax arrears. As a result the risk of increased Council tax arrears has been downgraded in the Departments risk register.

In Housing, at the beginning of July the allocation policy change was implemented resulting in 330 households moving up a band as they have been waiting 6 years or more on the housing register.

The new Sensory Needs service is now up and running. The clinic was launched on 16th July. People are now able to attend and try out a wide range of specialist equipment before deciding upon what best meets their needs. Specialist visual needs assessments and rehabilitation programmes are being undertaken by preferred providers. Feedback on all aspects of the new service has to date been very positive.

The Department is delighted to report that the Community Response and Reablement (CR&R) In Reach Hospital Social Worker Team has been shortlisted for an award for the category Social Work Team of the Year, and that Linda Parsons, Registered Manager at Heathlands, is a finalist in the National Care Awards - Dementia Care Manager Category. Congratulations are due to both, and we wish them all every success at the award ceremony in November.

The Public Health teams have now fully recruited to their structures. A work program has been put in place prioritising those contracts inherited from the PCTs that should be recommissioned, with the Sexual Health contracts, as the biggest value contracts, taking precedence.

In September, the government launched the "Caring for our future" consultation document, providing much more detail on proposed changes to adult social care with the proposed introduction of the cap in social care costs for people. The Department will be responding to the consultation, and taking part in events with colleagues in other authorities to develop understanding, and start planning, for the changes.

Budget monitoring reports for the year are showing that the Department is managing early demand pressures that appeared, and although a small overspend is currently showing, the department is now on course to balance its budget. In previous years the Department produced significant underspends, aiding the Council's glidepath towards lower levels of expenditure, however a significant underspend is unlikely to be achieved this year. The department will continue to strive for efficiencies in year between budget setting rounds to help minimise the impact of budget reductions.

Delivery against actions in the Service Plan is looking very strong. Of 84 actions, 29 were already completed at the end of the second quarter, with 54 expected to be met and 1 action delayed, namely the dementia training to be provided to retailers, leisure centres and transport providers by 31 October.

There were difficulties in transferring the money to the Local Authority, following the demise of the Strategic Health Authority. This led to a significant delay to the start of this project. The provider has now selected and commissioned to deliver dementia awareness training. The project start date was 1st September 2013 with a revised completion date of April 2014.

The one action that was reported as delayed at the end of quarter 1, namely development of The Prevention and Early Intervention Guide, is now complete, and the Guide will be presented to Health and Well Being Board in December.

There was 1 indicator in quarter 2 with a current status of red:

NI 178 - Indicator NI 178 (number of household nights in B&B across the quarter):

There were a higher number of homeless households who required emergency accommodation during the month of August than predicted. It is increasingly difficult to secure homes in the private rented sector for households so they can avoid homelessness. The Council will take ownership of two properties in September/ October which it has purchased to provide accommodation for homeless households and this will go some way towards meeting the increased homeless demand.

There is an apparent drop in the numbers of people receiving a Direct Payment since 2012/13. In fact the drop in reported numbers is the result of changes in what is reported as a Direct Payment, which has resulted in those carers who receive a grant from the Carers' Grant via Berkshire Carers' Service no longer being included in this figure. There has been no change to the service that these people receive.

Every quarter the department reviews its risks, in the light of events, and also in the light of management action taken, and updates its risk register accordingly.

One risk has disappeared as a result of management action, and two new risks have been placed on the risk register to be managed. One risk has diminished that of increased council tax arrears due to the cumulative effect of the welfare reforms mentioned above.

The risk that has disappeared is that of pre-employment checks not being properly applied, resulting in staff being employed without such checks having happened. New recruitment processes have been put in place, and one result of this is that it is more likely that Human Resources would pick up at an earlier stage if the necessary checks had not taken place. The reduction in risk is such that this disappears from the risk register.

The first new risk is in respect of the integration agenda announced in the last spending review. This creates risks that the Council and the Clinical Commissioning Group (CCG) will not meet the agenda, with attendant financial risks, as some of the NHS money for social care will be linked to meeting certain key targets. The failure of IT systems in the NHS and Social Care to talk to each other is one barrier to closer integration. This Council and the NHS locally have been at the forefront of integration, and these risks will be managed by working with the CCG to ensure that plans for integration do meet the council's and Department of Health's requirements.

The second new risk is in relation to proposed changes to how sexual health contracts in Berkshire are paid for. The current joint arrangement provides for such costs to be shared between authorities pro rata to their public health grant. It is proposed that this

changes to each authority paying for its cases. This creates some financial risk, although it is also possible this will be of financial benefit to the Council. This will be closely monitored as part of normal budget monitoring.











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

In the second quarter, Adult Social Care received 6 complaints, of which 3 were not upheld, and 3 are ongoing. This compares to the previous quarter when 4 complaints were received. Of these, 1 was partially upheld, 2 were not upheld, and 1 is on-going. An additional complaint received in quarter 1 was referred to the Local Government Ombudsman, and remains on-going. There were in addition 29 compliments received in the quarter, a reduction compared to 39 in the previous quarter.

In Housing, there were 4 new complaints, 3 at stage 2 and 1 at stage 4, 3 of which were partially upheld and 1 not upheld. The number of complaints is less than quarter 1, when there were 6 (2 at stage 2 and 4 at stage 3) of which 1, at stage 3, was partially upheld and 5 were not upheld. There were 5 compliments in the quarter, compared to 8 in the previous quarter.

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

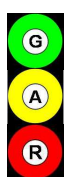
Section 2: Department Indicator Performance

Ind Ref	Short Description	Previous Figure Q1 2013/14	Current figure Q2 2013/14	Current Target	Current Status	Comparison with same period in previous year
ASCHH All Sections – Quarterly						
NI132	Waiting times for assessments (Quarterly)	91.5%	88.0%	90.0%		⇒
NI133	Waiting times for services (Quarterly)	95.3%	Data not available	90.0%	N/A	N/A
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information (Quarterly)	10.6%	20.3%	18.8%		↘
OF2a.1	Permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	1.40	2.70	6.8 (for the year)		⇒
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	210.30	343.40	750.6 (for the year)		↘
L137	Number in residential care (quarterly)	168.00	167.00	No target set	N/A	↗
L138	Number in nursing care (Quarterly)	136.00	141.00	No target set	N/A	↘
L159	People receiving Self-Directed Support as a percentage of Eligible People (Quarterly)	97.5%	99.2%	98.0%		↗
L172	Timeliness of financial assessments (Quarterly)	96.80%	97.50%	95.00%		↗
Community Mental Health Team - Quarterly						
OF1f	Adults receiving secondary mental health services in employment (Quarterly)	15.9%	Data not yet available	13.0%	N/A	N/A
OF1h	Adults receiving secondary mental health services in settled accommodation (Quarterly)	75.9%	Data not yet available	84.0%	N/A	N/A
Community Response and Reablement - Quarterly						
OF2c.1	Delayed transfers of care - total delayed transfers per 100,000 population (Quarterly)	2.3	3.9	10.0		⇒
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care per 100,000 population (Quarterly)	0.0	1.4	7.0		↗
L135.1	Percentage of Intermediate Care Referrals seen with 2 hours (quarterly)	100.00	100.00	97.00		↗
L135.2	Waiting time for OT support (Quarterly)	88.40	90.60	90.00		⇒
Community Support & Wellbeing - Quarterly						
L136.1	Number in receipt of direct payments (Quarterly)	187.00	218.00	No target set	N/A	↘
L136.2	Number in receipt of community support excluding direct payments (Quarterly)	1,130.00	1,192.00	No target set	N/A	↗

Ind Ref	Short Description	Previous Figure Q1 2013/14	Current figure Q2 2013/14	Current Target	Current Status	Comparison with same period in previous year
Community Team for People with Learning Difficulties - Quarterly						
OF1e	Adults with learning disabilities in employment (Quarterly)	16.4%	16.3%	15.0%		
OF1g	Adults with learning disabilities in settled accommodation (Quarterly)	84.9%	85.4%	86.0%		
Housing - Benefits - Quarterly						
NI181	Time taken to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	9.0	10.0	11		
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	96.6%	96.4%	96.5%		
L177	Average time from when customer first seen to receipt of benefit payment (Quarterly)	6	13	14		N/A
Housing – Forestcare - Quarterly						
L030	Number of lifelines installed (Quarterly)	109	139	120		
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	98.03%	96.42%	97.50%		
L180	Time taken for Forest Care customers to receive the service from enquiry to installation (Quarterly)	12	12	15		N/A
Housing - Options - Quarterly						
NI155	Number of affordable homes delivered (gross) (Quarterly)	53	82	77		
L178	Number of household nights in B&B across the quarter (Quarterly)	455	607	475		N/A
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	92.64%	92.00%	90.00%		N/A

Traffic Lights

Compares current performance to target



Achieved target or within 5% of target

Between 5% and 10% away from target

More than 10% away from target

Comparison with same period in previous year

Identifies direction of travel compared to same point in previous year

Performance has improved

Performance sustained

Performance has declined

The following are annual indicators that are not being reported this quarter:

- OF3a - Overall satisfaction of people who use services with their care and support (Annual)
- OF3b - Overall satisfaction of carers with social services (Every two years)
- OF3c - The proportion of carers who report that they have been included or consulted in discussion about the person they care for (Every two years)
- OF3d - Proportion of people who use services or carers who find it easy to find information about services (Every two years)
- OF4a - The proportion of people who use services who feel safe (Annual)
- OF4b - The proportion of people who use services who say that those services have made them feel safe and secure (Annual)
- OF2b - Achieving independence for older people through rehabilitation or intermediate care (Annual)
- OF1a - Social Care Related Quality of Life (Annual)
- OF1b - Proportion of People who use services who have control over their daily life (Annual)
- OF1c.1 – Percentage of social care clients receiving self-directed support (Annual)
- OF1c.2 – Percentage of social care clients receiving Direct payments (Annual)
- OF1d - Carer – reported quality of life (Annual)
- L032 - Number of benefits prosecutions and sanctions in the year (Annual)

Section 3: Compliments & Complaints

Compliments Received

34 compliments were received by the Department during the quarter which were distributed as follows within the following teams:

Adult Social Care

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

Community Response & Reablement (CR&R) Team – 18 compliments (9 of which were about Bridgewell)

Older People & Long Term Conditions (OP<C) Team – 3 compliments (2 of which were about Heathlands)

Community Team for People with Learning Disabilities (CTPLD) – 8 compliments

Housing

5 compliments were received in Housing which consisted of:

Benefits team – 2 compliment

Housing Options team -1 compliment

Forestcare team – 2 compliments

Complaints Received

There were a total of 10 complaints received in the Department in the quarter.

Adult Social Care Complaints:

Stage	New complaints activity in quarter 2	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	6	10	1 Partially Upheld, 5 not upheld and 4 ongoing.
Local Government Ombudsman	0	1	Ongoing

There were 7 concerns received in Adult Social Care.

Nature of complaints/ Actions taken/ Lessons learnt:

The nature of the 6 complaints received in quarter 2 about Adult Social Care was as follows:

- Concerning care provided following respite – 1 complaint
- Concerning care provided following discharge from Hospital – 1 complaint
- Regarding attitude of members of staff - 2 complaints
- Regarding communication received from someone with learning disabilities – 1 complaint
- Regarding charges for home care – 1 complaint

There are regular meetings within Adult Social Care to ensure learning from complaints is disseminated and acted on. The data is collated as the year progresses and is reported annually within the Complaints Report for Adult Social Care.

Housing Complaints:

4 complaints were received in the quarter in Housing.

Stage	New complaints activity in quarter 2	Complaints activity year to date	Outcome of total complaints activity year to date
New Stage 2	3	5	2 partially upheld, 3 not upheld
New Stage 3	0	4	1 partially upheld, 3 not upheld
New Stage 4	1	2	1 partially upheld
Local Government Ombudsman	0	1	1 ongoing

Nature of complaints/ Actions taken/ Lessons learnt:

The nature of the 4 complaints received in quarter 2 about Housing was as follows:

- Housing Strategy & Needs / Benefits - 2 complaints
- Benefits – 1 complaint
- Housing Options – 1 complaint

There is no discernible pattern to the nature of the complaints although what is clear is that the complex housing and benefit complaints do progress to stage 2 in the procedure. The key learning point is that it may be better to offer a meeting with complainants if they are prepared to accept this as it should be easier to explain different interpretations of the service provided in person rather than via correspondence. Following the meeting, written confirmation of what was agreed during the meeting is sent to the complainant.

Section 4: People

Staffing Levels

Section	Total Staff in Post	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
Directorate Management Team / PAs	12	10	2	11	0	0
Older People and Long Term Conditions	203	92	111	131.83	9	4.24
Adults & Joint Commissioning	94	63	31	81.04	5	5.05
Performance & Resources	27	21	6	24.39	0	0
Housing	70	51	19	58.16	3	4.1
Public Health Shared	11	8	3	9.08	0	0
Public Health Local	4	4	0	4	0	0
Department Totals	421	249	172	319.50	17	3.88

Staff Turnover

For the quarter ending	30 September 2013	2.19%
For the year ending	30 September 2013	8.76%

Total voluntary turnover for BFC, 2011/12: 12.69%

Average UK voluntary turnover 2011: 9.3%

Average Public Sector voluntary turnover 2011: 6.7%

(Source: XPerHR Staff Turnover Rates and Cost Survey 2012)

HR Comments:

Staff Turnover has decreased this quarter from 2.8% to 2.19%. There have been fewer voluntary leavers during this quarter which explains the reduced number of vacancies.

Staff Sickness

Section	Total staff	Number of days sickness	Quarter 2 average per employee	2013/14 annual average per employee
Directorate Management Team / PAs	12	4	0.33	0.83
Older People and Long Term Conditions	203	383	1.89	8.21
Adults & Joint Commissioning	94	74	0.79	6.25
Performance & Resources	27	21	0.78	1.78
Housing	70	77.5	1.11	4.98
Public Health Shared	11	0	0	0
Public Health Local	4	0	0	0
Department Totals (Q2)	421	559.5	1.33	
Actual Totals	421	2,662		6.32

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 12/13	5.56 days
All local government employers 2011	8.1 days
All South East employers 2011	6.4 days

(Source: Chartered Institute of Personnel and Development Absence Management survey 2012)





N.B. 20 working days or more are classed as long term sick.

HR Comments:

Staff Turnover has decreased this quarter from 2.8% to 2.19%. There have been fewer voluntary leavers during this quarter which explains the reduced number of vacancies.

Section 5: Progress against Medium Term Objectives and Key Actions

Progress has been monitored against the Key Actions from the Adult Social Care Health & Housing Service Plan for 2013/14. This contains 84 Key Actions detailed actions in support of 7 Medium Term Objectives. Annex A provides detailed information on progress against each of these detailed actions:

29 actions have been completed () with 54 on schedule (). No actions are reported as potentially delayed (), and 1 action was reported as delayed ().

Section 6: Money

Revenue Budget

The cash budget for the department is £31,991k, and a breakdown of this is attached in Annex B1. The forecast outturn in the latest budget monitoring is £32,116k, an overspend of £125k. Action plans are in place to address this overspend, and the department is confident that the budget will breakeven at the end of the financial year.

The department has identified a number of budgets that can pose a risk to the Council's overall financial position, as they are vulnerable to significant changes in demand for a service, which has to be met. The current position with regard to each of these budget areas is as follows:

Service Area	Net Budget £000	Forecast Outturn £000	Comments
People with Physical Disabilities – residential care	188	280	Volatile, demand led area of expenditure but current trends indicate an overspend at year end due to increased demand.
Older People Residential Care including EMI	568	591	Volatile, demand led area of expenditure but current trends indicate an over spend at year end due to changes in demand arising after budget development.
Mental Health - Supported Living	226	479	The demand for the service and the cost of individual support is significantly higher than budgeted.
Older People - Homecare	1,547	1,611	Volatile, demand led area of expenditure but current trends indicate an overspend at year end.

Housing - Homeless Families, B&B costs	85	94	Volatile, demand led area where current estimates suggest a small overspend but the overspend could increase significantly if historical trends are followed as well expenditure in the most recent month continues for the remainder of the year.
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The current forecast is based on current commitments plus any known changes that will arise prior to the year end. The significant risks that may impact on this reported position are outlined below:

Ordinary residence risk and Continuing Health Care

Previous reports to CMT have highlighted as an emerging issue the ongoing ordinary residence risk arising from plans to de-register local residential homes and the potential additional costs from changes initiated by the now defunct Primary Care Trust in its approach to Continuing Health Care, and continued by the CCGs in Berkshire. These issues remain, although the risk has diminished to an extent.

Capital Budget

The approved capital budget for the department is £5.7m and it is projected to spend the full amount by year end. In most cases programmes are being forecast as fully spent until the picture becomes clearer as the year progresses. A detailed list of schemes together with their approved budget and forecast spend is available in Annex B2.

Section 7: Forward Look

ADULTS & JOINT COMMISSIONING

Approach to Assistive Technology

Staff guidance and an e-learning package have been developed available to all front line teams: all front line staff members are expected to undertake the training. An information leaflet for the public will be developed.

Autistic Spectrum Disorders (ASD)

Through the 3rd quarter the remaining staff will be supported to either undertake or book the appropriate training.

Joint Commissioning

A workshop will be held for members and advisers to the Health and Wellbeing Board along with Elected Members from the Health Overview and Scrutiny Panel and colleagues from NHS providers. The purpose of the workshop is to clarify the role of the Health and Wellbeing Board, and the wider partnership with the NHS providers and Scrutiny, in order to implement the recommendations made in the Francis report and to inform the way in which the Board conducts its business.

The Commissioning Strategy for people with dementia will be presented to the Executive.

Learning Disabilities

Over the next quarter, the learning disability service in partnership with the CCG will be co-ordinating and developing a response to the annual DH Learning disability self assessment. This assessment is about how the needs of people with a learning disability are being responded and met.

Mental Health

A training provider has been selected and commissioned to provide dementia awareness training in the community. A meeting is taking place in early October to plan delivery, aiming for training to commence in November.

Safeguarding Adults

The Safeguarding Board is developing its own website. This will contribute to the actions set out in the empowerment strategy. The website is due to 'go live' by the end of December 2013.

Staff from the learning disability services are working with colleagues in the Contracts Team to develop a consistent approach to quality assurance for people with learning disabilities. This work will inform the development of the Departmental review of the Quality Assurance Framework which will commence in Q3.

HOUSING

Housing Strategy & Housing Options

The development of the Santa Catalina site, previously owned by the Council will begin the quarter. The development will provide 6 flats for people with learning disabilities with the ground floor flats being fully wheelchair accessible. The Council has provided £394,000 towards the cost of the development.

The second low cost home ownership evening will be held on the 23rd October. This will promote the Council's BFC my home buy scheme, cash incentive scheme and mortgages. It will also offer the opportunity to consult on potential changes to the Council's mortgage offer.

Benefits

There will be three consultations happening during the period.

First consultation will take place on the introduction of fixed civil penalties for those people who have an overpayment of housing or council tax benefit due to failing to inform the Council of a change of circumstance without good cause or through negligence. The penalty is proposed to be a £50 fine for any overpayment up to £500. Overpayments above £500 are referred to the Council's fraud team to investigate.

Secondly, consultation will take place on revising the Council's discretionary housing payment policy. The proposed revisions are to remove the set amounts for paying for removals when it is in a customer's interest to move and also to introduce the ability to make awards conditional upon customers undertaking agreed actions. Following and subject to consultation responses the Executive member will be asked to consider the revisions.

Lastly, it will be necessary to consult on changes in the Council's local council tax benefit scheme so that charges such as non-dependent charges for working age households are in line with those set in the national pensioner schemes.

Work will begin during the quarter on preparing for year end and billing for the next financial year. The Council will need to test and install necessary software changes.

The loading of data onto the benefit ICT system for those eligible for free school meals will be complete and the module turned on so that when households apply for housing benefit and are eligible for free school meals they will automatically receive a letter confirming their entitlement.

The redesign of the housing and benefit service has reached an important point. The service now deals with all customer demand either via telephone or face to face contact and as such customer services are no longer providing the initial face to face contact with customers. The service redesign has demonstrated faster responses to customer demand and increased customer satisfaction, delivered from the existing staff resource. The service will continue to be redesigned on an on going basis against 7 core operating principles,

- Remove functional splits;
- Take expertise / decision making as close to the customer as possible;
- Take a holistic approach;
- Maximise initial face to contact with customers;
- Set up customers service requests clean;
- Learn from customer demand and design against it;
- Develop case ownership so that staff support/ "bat for the customer".

The housing and benefit service staff will be consulted on the restructure of the service to deliver a service the purpose of which is to maximise customers income and independence. This will involve new generic job descriptions that reflect the service purpose for front line staff.

Forestcare

Forestcare will begin a new contract supporting Berkshire women's aid. The service now has dedicated installers of lifeline equipment and this is showing dividends in the number of installations that are provided each month. The service will continue to deliver the new services for vulnerable people to prevent admission to hospital or enable early discharge.

OLDER PEOPLE & LONG TERM CONDITIONS

Business Support

The team has supported the Assistant Care Manager for Carers and Berkshire Carers Service (BCS) to ensure that carers' assessments are being recorded in a timely manner, whilst one member has taken on responsibility for organising appointments with the Sensory Needs and Falls Clinics. The team will also attend team meetings to ensure that staff understand the demands and complexities of work undertaken.

Bridgewell

The team will be recruiting to the post of Registered Manager for the Bridgewell Centre.

Carers

The Big Partnership continues to meet to review local and national carers support. The new Carers Information Booklet has been launched and the aim now is to encourage GP practices to refer carers to BCS as a matter of course.

Community Response and Reablement (CR&R)

A tendering exercise will commence regarding the employment of staff with health contracts who work exclusively for CR&R. The team are working with health to co-locate a nurse with Duty Officers in Time Square in order to ensure that people's Social Care and Health needs are met in an integrated way.

Drug and Alcohol Action Team (DAAT)

Following the review of the mephedrone strategy it has been agreed that this group will be merged with the Drug & Alcohol Strategy Group in order to maintain an overview of the work around mephedrone and legal highs. The terms of reference and membership of the strategy group will be reviewed in quarter 3 to ensure that they take into account the expanded remit of the group.

A second Berkshire-wide Drug and Alcohol Learning Set will take place in quarter 3 with a focus on alcohol. This Berkshire event will also be used as an opportunity to feedback on the first session and make recommendations on how to take forward a proposal around improving services and knowledge in respect of Child Sexual Exploitation, sexual health and the links between sex workers and substance misuse.

Emergency Duty Services (EDS)

The EDS database upgrade will be completed. It will be tested for 1 month with all staff receiving 1 days training on new system.

Heathlands

Refurbishment of individual's bedrooms is on-going and should be completed in early December. Volunteers have been recruited to assist in decorating the home for the holiday period and a range of activities are planned, including a trip to see a pantomime and carol performances. Heathlands Day-Centre's sensory room is available to the younger adults group as well as attendees. The centre is also now hosting a monthly carer's meeting for people caring for loved-ones or friends with memory loss.

Older People and Long Term Conditions team

The community team are participating in a project which will "pilot" the use of an external agency to provide support for people to plan and arrange their own support. The comparison of people's experiences, outcomes and costs will inform options for future commissioning.

PERFORMANCE & RESOURCES

Finance

In addition to the core functions of accounting, budget monitoring and financial advice, the Accountancy team will be focussed on preparation of the Housing Benefit mid-year subsidy claim. The team will also be working on implementing the "Finance Manager" module of Electronic Monitoring, which will link the data on call times to automatically produce invoices.

In the last quarter of the calendar year the finance team will be preparing the detailed budgets for 2014/15 and supporting the implementation of Zero Based Review.

HR

The revised recruitment process has been operating since 1 August 2013 and seems to be working well with recruitment managers having access to all the necessary documents early and being able to seek help from HR as needed. There will be a monitoring meeting toward the end of October to see how it is going. HR continues to provide support to Chief Officers, Heads' of Service and Team Leaders as necessary for Organisational Change and Employee Relations issues.

IT

The Electronic Social Care Record IT systems Replacement Functional Specification has been drafted and further discussions around the gap between what the system currently provides and what tendering at this stage could hope to achieve is taking place. The major shortcoming is on integrating with health systems, and at this stage the Council and partners are not in a position on integration to draw up a specification in the timeframe required for implementing in February 2015. What is done in various places around the country is being looked at to see if anyone has successfully integrated their health and social care systems. The team is waiting for further information on the replacement of the Health Community system.

The VISA Prepaid Card project will be progressing with a pilot commencing in November. Further work will be ongoing around the processes, electronic transfer of information, training plan and marketing documentation that is required for implementation.

Performance

Work will continue in implementing the changes within the Zero Based Review, with IAS system testing taking place in November and December. Teams will also be involved in providing the data input for Primary Support Reasons and Health Conditions as outlined in the guidance. Public Health indicator outturns will be reported in Q3, and it is proposed that they will include 4 week quits (local smoking indicator) and Health Checks.

PUBLIC HEALTH

A set of proposed Public Health priorities for 2013/14 was presented and agreed by the Health & Well-Being Board at the start of July 2013. Quarter 2 saw all of these projects get underway and make progress towards their aims. In Quarter 3 the Public Health team will focus on ensuring that these projects continue to develop. As in previous reports, the work will be considered under three key headings:

Public Health Intelligence

The substantial work involved in refreshing the Joint Strategic Needs Assessment (JSNA) and moving it to a web-based format is well underway. A 'beta' version will be ready for consultation and comment in December. Since the availability of health information at a ward level is often not available from central sources the, Bracknell Forest Public Health Survey will be also be completed by December.

Health Protection







Work will continue on the MMR 'catch up' campaign with the aim of vaccinating as many unvaccinated and partially vaccinated 10-16 year olds as possible. Efforts to improve the uptake of immunisation against the seasonal flu virus will also continue, including work with front-line health and social care staff, as well as promotion of the new vaccination schedule aimed at young children.










Health Improvement








The delivery of NHS Health Checks improved significantly from quarter 1 to quarter 2. In quarter 1, there were 232 invites sent and 164 Health Checks undertaken compared to 768 invites sent and 601 Health Checks undertaken in quarter 2.









This upward trend will be maintained in quarter 3 by the delivery of community based Health Checks via pharmacies and other settings. In addition, two key campaigns are already underway that will generate health improvement outcomes in quarter 3: a Berkshire-wide promotion of 'Stoptober', the 28-day stop smoking challenge, and also a alcohol harm reduction campaign being run in community pharmacies in partnership with Drink Aware.










Annex A: Progress on Key Actions










Progress on Key Actions				
MTO 1: Re-generate Bracknell Town Centre				
Sub-Action	Due Date	Owner	Status	Comments
1.9 Implement an Accommodation Strategy to rationalise the number of buildings used by the Council.				
1.9.10 Move ASCHH to final locations in Time Square.	31/10/2014	ASCHH		Phase 2 - 2N to 3N completed smoothly. Detailed plans for final moves to 1S under development.
1.9.12 Implement flexible and mobile working across all town centre offices.	31/03/2014	ASCHH		Ongoing.
MTO 4: Support our younger residents to maximise their potential				
Sub-Action	Due Date	Owner	Status	Comments
4.8 Ensure all children and young people feel safe, are protected from harm and abuse, have their views respected and gain confidence as a member of the local community.				
4.8.4 Commission a full range of substance misuse services which ensure that young people, their families and friends have access to advice, information and support.	31/03/2014	ASCHH		The Family & Friends Group continues to be well attended. A Parents Group is now delivered once a week specifically aimed at parents who are engaged with treatment and aims to highlight the impact of their substance misuse on their child. This group is currently attended by up five new parents, 3 of whom do not currently look after their child.
MTO 6: Support Opportunities for Health and Wellbeing				
Sub-Action	Due Date	Owner	Status	Comments
6.2 Support the Health and Well Being Board to bring together all those involved in delivering health and social care in the Borough.				
6.2.1 Develop the mechanism and timescales to renew the Joint Health and Wellbeing Strategy.	31/03/2014	ASCHH		The group is meeting regularly to review implementation and renewal.
6.2.2 Work with the Clinical Commissioning Group to improve outcomes for residents.	31/03/2014	ASCHH		Presentation to Health and Well Being Board in Q2 saw establishment of integration task force. Active involvement in "Winter Pressures" work around Wexham system.
6.3 Continue to support the development of a local Healthwatch to provide local patients with a voice.				
6.3.1 Monitor local Healthwatch and review to ensure successful delivery.	31/10/2013	ASCHH		Contract compliance meetings have been taking place and will continue.
6.5 Integrate the new responsibilities for Public Health within the Council.				










Progress on Key Actions				
6.5.1 Develop a Public Health action plan for the Borough.	31/12/2013	ASCHH		Completed. Report Agreed. Progress of priorities to be monitored.
6.5.2 Establish the necessary governance frameworks for hosting the Public Health structure in Berkshire.	30/04/2013	ASCHH		Completed. Public Health advisory Board established and chaired by SDPH. Links to Berkshire Chief Executives (3 monthly) and Leaders (6 monthly) Groups.
6.5.3 Ensure that the local authority has the ability to report on the Public Health Outcomes framework in conjunction with the core Public Health Team.	30/09/2013	ASCHH		Completed. Initial Public Health outcomes to be reported will include the local indicator for smoking (4 week quits) and NHS Health checks completed (from the Public Health Outcomes Framework). Profiles of performance of these indicators will appear in the Q3 Quarterly Service Report.
6.5.4 Establish and embed Public Health teams into the local authority workforce.	31/05/2013	ASCHH		Completed. All staff successfully transferred. Vacancies are being recruited to.
6.5.5 Absorb and induct Public Health Teams into Adult Social Care Health & Housing and wider council.	31/05/2013	ASCHH		Completed. Consultant in Public Health now part of DMT. All departments have been part of Inductions for staff
6.5.6 Develop monthly budget monitoring for Public Health.	31/05/2013	ASCHH		Completed. This is now in place.
6.8 Preserve and promote Public Health.				
6.8.5 Improve the quality of the information in the Joint Strategic Needs Assessment (JSNA) by collecting new, local health related data from residents.	31/12/2013	ASCHH		This project is on schedule and we still aim to complete the work by the end of December 2013. The interview and methodology have been designed in consultation with council colleagues from all departments, CCG Directors, Health & Well-Being Board and Overview & Scrutiny Chairs. The methodology was finalised with the research team and the start date is set for data collection (9th October).
6.8.6 Increase the number of people accessing an NHS Health Check or specialist health improvement programmes such as Stop Smoking Services.	31/03/2014	ASCHH		This work is on schedule. The number of Health Checks delivered in Q2 was increased by over 300% on Q1. The initiatives in community settings are underway.
6.8.7 Deliver a range of programmes aimed at improving mental health in the local population, including training for staff across a range of agencies in supporting people with mental health issues and outreach work focused on at-risk, older people in the community.	31/03/2014	ASCHH		This work is on schedule. The Mental Health First Aid courses have begun. The first intensive (12-hour course) has delivered (September 2013). The first 'Mental Health First Aid- Lite' (3 hours) course was also delivered in September with 3 more scheduled for the rest of the year. The Older People's Health project is also on schedule with the first event scheduled for 14th October in








Progress on Key Actions				
				Owlsmoor.
6.8.8 Carry out specific assessments of the services we commission including sexual health services, stop smoking services and other health improvement programmes.	31/03/2014	ASCHH		The sexual health needs assessment has been completed as has a local consultation with young people. This information is being fed into the re-tendering process which is led by Angela Snowling in Slough BC. A report on the Stop Smoking Service is also underway which is scheduled for November. Finally, we have successfully renegotiated the contract for weight management services and switched to a programme that offers more detailed data returns from the provider.
6.8.9 Work with the Clinical Commissioning Group to assess how well hospital and community NHS services are performing.	31/03/2014	ASCHH		Working with Director Nursing to look at implications of CQC report on HWPT.
6.9 Support people who misuse drugs and/or alcohol to recover by providing appropriate interventions.				
6.9.1 Ensure that people who misuse substances have access to blood-borne virus services and to monitor the effectiveness of these services.	31/03/2014	ASCHH		Quarter 2 figures are not yet available.
6.9.2 Provide training to local pharmacies to improve the level of advice offered on reducing harm caused by drugs and alcohol abuse.	31/07/2013	ASCHH		Completed. The training has now been provided.
6.9.3 Work with all relevant agencies and departments to increase access to housing, employment, and training to improve outcomes for people who misuse substances.	31/03/2014	ASCHH		Bracknell Floating Support provide a housing drop in once per week at New Hope which is accessible to people who are homeless or are at risk of becoming homeless due to their substance misuse.
6.9.4 Evaluate the effectiveness of the Payment by Results project by monitoring successful delivery of outcomes.	31/03/2014	ASCHH		Payment by Results is still working well and outcomes are improving in most areas. Abstinence from alcohol is still lower than the national and baseline figures as are successful completions. For drug users the percentage of people successfully completing treatment is higher than the national and local baseline figures. The national evaluation is still ongoing.
6.10 Support the Bracknell & Ascot Clinical Commissioning Group to focus on improving local health services for our residents.				
6.10.1 Work with health and the voluntary sector to improve hospital discharge for people living with dementia.	30/11/2013	ASCHH		The hospital Social work team and the Community Mental Health Team for Older People are working closely together to facilitate discharge into the community for people with








Progress on Key Actions				
				dementia.
6.10.2 Monitor delivery of End of Life Care to ensure high standards of care.	31/03/2014	ASCHH		End of Life training has been commissioned from Learning and Development who will be delivering a bespoke course for the Bridgewell Centre.
6.10.3 Work with Health and the voluntary sector to develop robust and early supported discharge for people suffering from stroke.	31/03/2014	ASCHH		The new Community Stroke Worker continues to support people who have been deemed suitable for early supported discharge following stroke. This ensures that individuals and carers are made aware of available support networks, provided advice on benefits and encouraged to be active partners in their recovery.
6.10.4 Work with health agencies as part of the 'shaping the future' programme to establish sustainable local health trusts.	31/03/2014	ASCHH		Working with the CCG to assist in implementing Shaping the future requirements and the acquisition of HWPT by Frimley.
6.10.5 Work with partners to improve the sustainability of Brants Bridge Health Facility.	31/03/2014	ASCHH		Urgent Care Tender underway - Council involved in selection of approved provider.
6.10.6 Work with the Stroke Association to ensure that people who have had a stroke, have a review every 6 months to make sure that their needs and the needs of their carers are met	31/07/2013	ASCHH		Completed. Adult Social Care continues to work closely with the Stroke Association to ensure that individuals are reviewed every six months and that carers and the wider family are supported with information, advice and signposting to Carer's services.
MTO 7: Support our older and vulnerable residents				
Sub-Action	Due Date	Owner	Status	Comments
7.1 Secure preventative and early intervention measures to ensure residents have the maximum choices to allow them to live longer in their own homes.				
7.1.1 Work with housing, health and community groups to provide extra care housing for 65 households.	31/03/2014	ASCHH		Ground has now broken on the new scheme of 65 extra-care sheltered flats with completion planned for early 2015. ASCHH will be leading on developing a service specification and preparing tender documents for the planned 24 hour support service over the coming months.
7.1.2 Monitor and report on the action plan within the Long Term Conditions Commissioning Strategy.	31/12/2013	ASCHH		The Long-term conditions Strategy is on target for a December launch. Meantime, consideration will be given to offering further support for the NICE plans to develop social care guidance for supporting older people with long-term conditions.
7.1.3 Review of the Long Term Conditions Joint	31/06/2013	ASCHH		Completed. The review is complete and the Long Term Conditions Joint








Progress on Key Actions				
Commissioning Strategy.				Commissioning Strategy has been approved by the Executive.
7.1.4 Review the Prevention and Early Intervention Guide.	31/07/2013	ASCHH		Completed. The draft has been presented to Departmental Management Team for approval. It was decided to present the guide to the Health and Wellbeing Board meeting in December.
7.1.5 Assist in developing the Joint Strategic Needs Assessment.	31/03/2014	ASCHH		The first stage of the JSNA has been submitted.
7.1.6 Review of Older Person's Joint Commissioning Strategy.	31/05/2013	ASCHH		Completed.
7.1.7 Develop Action Plan following development of Older People Commissioning Strategy and subsequent monitoring arrangements.	30/06/2013	ASCHH		Completed. Action plan approved by Older People Partnership Board and delivery will be monitored through Older Partnership Board.
7.1.8 Participate in Dementia Awareness Week.	31/05/2013	ASCHH		Completed. The Bracknell memory clinic along with the Alzheimer's Society held two information events at local supermarkets. Both events were successful and generated a lot of requests for information (on dementia, diagnosis, services, benefits etc). An evening drop in session was arranged at Church Hill House but no-one attended this.
7.1.9 Undertake the Dementia Friendly Community consultation of people affected by dementia.	31/07/2013	ASCHH		Completed. Feedback from the consultation has informed the development of the dementia strategy as well as the dementia training project as detailed in action 7.1.10.
7.1.10 Dementia training to be provided to retailers, leisure centres and transport providers.	31/10/2013	ASCHH		There were difficulties in transferring the money to the Local Authority, following the demise of the Strategic Health Authority. This led to a significant delay to the start of this project. The provider has now been selected and commissioned to deliver dementia awareness training. The project start date was 1st September 2013 with a revised completion date of April 2014.
7.1.11 Review of the Dementia Joint Commissioning Strategy.	31/12/2013	ASCHH		The consultation has now closed and almost 600 comments were received from people, carers and other stakeholders. The strategy will be presented to the Executive in December.
7.1.12 Development of Carers Education Course for carers of people with dementia	31/10/2013	ASCHH		Completed. Carers Education course delivered as a one day event to target carers who are in employment. This is in addition to the rolling 6 week programme.







Progress on Key Actions				
7.1.13 Develop and Implement Workforce Development Strategy to ensure efficient delivery of personalised approaches.	31/03/2014	ASCHH		Meetings have taken place with consultant's decision - October 2013.
7.1.14 Review of the Learning Disability Joint Commissioning Strategy.	31/12/2013	ASCHH		The consultation has now closed and the strategy will be presented to the Executive in December.
7.1.15 Roll out of the Integrated Care Team pilot.	31/03/2014	ASCHH		Completed. The cluster meetings continue to take place every three weeks. Further evaluation of the effectiveness of this process is ongoing.
7.2 Work with all agencies to ensure people feel safe and know where to go for help.				
7.2.1 Ensure the safe and effective transfer of increased DoLS responsibilities from the PCT.	30/04/2013	ASCHH		Completed. The Deprivation of Liberty Safeguards (DoLS) function was transferred to the Council on the 1st April. Appropriate applications have been received from local NHS provider trust, which is indicative of the success of the detailed transfer plan.
7.2.2 Develop and implement a Quality Assurance programme to ensure social care assessments continue to be compliant with the Mental Capacity Act.	31/07/2013	ASCHH		Completed. Analysis of the audit is due to be presented to senior managers in the first week of Q3. Learning from the audit will be embedded into practice following this.
7.4 Continue to modernise support and include new ways of enabling the delivery of that support.				
7.4.1 Implement the Assistive Technology Strategy.	31/03/2014	ASCHH		During the second quarter the steering group developed assistive technology guidance and an e-learning training package for staff as part of raising awareness and ensuring the opportunities assistive technology offers to support people are maximised.
7.4.2 Develop Learning Disability Commissioning Strategy.	31/01/2014	ASCHH		The consultation has now been completed and analysis of the feedback is underway to help determine the priorities for the strategy.
7.4.3 Develop a market position statement in order to improve choice and quality for people who need support.	31/07/2013	ASCHH		Completed. The Market Position Statement has been developed. The Developing Care Market for Quality and Choice programme is being supported by the Institute for Public Care (IPC). The IPC will be supporting the council in the next stages of the programme.
7.4.4 Carry out assessments of all applicants not automatically eligible for Blue	30/06/2013	ASCHH		Completed. Changes to Blue Badge eligibility have prompted an increase in appeals. The Department has an

Progress on Key Actions				
Badges and develop suitable appeals systems.				appeals panel with a clinical lead. Physiotherapy assessments are available to anyone who is not automatically eligible or who has appealed a decision not to issue a badge.
7.4.5 Review of carers' services provided at Waymead.	31/08/2013	ASCHH		Completed. Reviews have been completed with information being used as part of the feedback for the development of the Learning Disability strategy.
7.4.6 Further develop and expand support for carers known only to their GPs in partnership with health, carers and the voluntary sector.	31/01/2014	ASCHH		The new Carers Information has been finalised and first copies have been distributed. Berkshire Carers Service is working with local GP practices to encourage more referrals. Meanwhile the Integrated Care Team members are reminded that Carers need to be included in treatment plans whenever possible.
7.4.7 Provide support and training to enable carers to return to paid or voluntary work.	31/03/2014	ASCHH		Carers are able to apply for grant funding for training to gain skills that can enable them to return to the workplace. Both Berkshire Carers Service and Bracknell Forest Voluntary Action offer opportunities for carers to undertake voluntary work to gain experience and enhance prospects for employment.
7.4.8 Identify training needs to enable the service to deliver new ways of working by analysing the calls that come into the service.	31/03/2014	ASCHH		Call Facilitators have now undertaken a Training day focusing on data protection and sharing of information. Further training day booked for customer skills in December 2013.
7.4.9 Evaluate the implementation of the new operational model in the Emergency Duty Service.	31/01/2014	ASCHH		Customer Survey results have now been received. These are being analysed and results will be incorporated into the Annual Report.
7.4.10 Review the needs of people who receive out of hours services and develop a model that meets these needs.	31/03/2014	ASCHH		Work continues to identify an appropriate model.
7.4.11 Expand the function of Bridgewell to include establishment of a Community Dentistry clinic and a Telecare clinic.	31/03/2014	ASCHH		The sensory needs clinic is proving effective. This includes the use of telecare. One bedroom in Bridgewell has been set up with some telecare sensors to help care for people with dementia.
7.4.12 Continue to work towards establishing a separate Autistic Spectrum Disorder Community Team within Adult Social Care & Health.	31/03/2014	ASCHH		Assessment and review has established a continued increase in demand necessitating in the recruitment of a part-time Team leader and Personal Facilitator.
7.4.13 Monitor delivery of domestic support provided for	31/10/2013	ASCHH		Completed. Contract compliance meetings have taken place and are

Progress on Key Actions				
compliance against contract.				ongoing.
7.5 Improve the range of specialist accommodation for older people which will enable more people to be supported outside residential and nursing care.				
7.5.1 Improve the range of specialist accommodation for older people by developing the Extra Care Housing scheme which will enable more people to be supported outside residential and nursing care.	31/03/2014	ASCHH		Completed. The extra care scheme is on site.
7.6 With partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse.				
7.6.1 Implement an Empowerment Strategy to enable people to safeguard themselves and feedback on people's experiences of the process.	31/03/2014	ASCHH		An update on the strategy and associated action plan was provided to the safeguarding board in Q2. The action plan remains on track to be fully implemented within the agreed timeframe.
7.6.2 Monitor and evaluate advocacy contract and guidance in relation to the Advocacy Policy and Best Practice Safeguarding guidance.	30/11/2013	ASCHH		Completed. The monitoring framework is now in place, with compliance with the policy and relevant practice guidance being monitored throughout the year.
7.6.3 Promote better understanding of Autistic Spectrum Disorder by delivering training and awareness across the department.	31/12/2013	ASCHH		The review during the 2nd quarter has reflected continued uptake of the training by front and non-front line staff.
7.7 Target financial support to vulnerable households.				
7.7.1 Implement the Council's local council tax benefit scheme.	31/01/2014	ASCHH		Modelling complete and the 2014/15 scheme can be delivered within available resources without the need for any further changes.
7.7.2 Review the financial advice and support provided to households in Bracknell Forest by the Council and voluntary organisations.	30/09/2013	ASCHH		Completed. Further meetings are being arranged with a view to providing the basis for the local support service for universal credit introduction.
MTO 8: Work with the police and other partners to ensure Bracknell Forest remains a safe place				
Sub-Action	Due Date	Owner	Status	Comments
8.1 Continue to seek to reduce overall crime levels, focusing particularly on domestic violence, sexual crimes and burglary.				
8.1.3 Deliver assertive outreach services offered by SMART in order to engage with hard to reach groups in order to reduce their levels of offending.	31/03/2014	ASCHH		1 Operation Ladybird initiative was undertaken in quarter 2. Staff have reported that the operation was quiet in terms of people with substance misuse issues. Weekly outreach sessions are still being delivered and are being particularly

Progress on Key Actions				
				well attended at Holly House and Rainforest Walk.
MTO 10: Encourage the provision of a range of appropriate housing				
Sub-Action	Due Date	Owner	Status	Comments
10.1 Ensure a supply of affordable homes.				
10.1.1 Ensure a supply of affordable homes by enabling affordable housing development at Jennets Park, the Parks, Broughs and Rothwell house (funded by HCA and the RPs)	31/03/2015	ASCHH		There are no revised completions dates for the affordable housing schemes.
10.1.2 Work with partners to identify a suitable location to enable the relocation of the Bridgewell Centre.	31/03/2014	ASCHH		Discussions are taking place.
10.1.3 Develop a new sensory needs service for Bracknell Forest by working in partnership with people who use our services and voluntary organisations.	31/01/2014	ASCHH		Completed. The Sensory Needs Clinic was launched on 16th July. People are now able to attend and try out a wide range of specialist equipment before deciding upon what best meets their needs. Specialist visual needs assessments and rehabilitation programmes are being undertaken by preferred providers. Feedback on all aspects of the new service has to date been very positive.
10.2 Support people who wish to buy their own home.				
10.2.1 Enable a programme of support for households to buy their own home on low cost basis.	31/03/2014	ASCHH		Another promotional drop in meeting is being arranged in October for the low cost home ownership schemes. Take up is still not at programme level.
10.2.2 Support the provision of the cash incentive scheme and BFC MyHome buy schemes	31/03/2014	ASCHH		Following on from last quarter, funding has been defrayed for the Rainforest Walk scheme.
10.3 Continue to find ways to enable people to secure a suitable home.				
10.3.1 Support those households who need to move home due to welfare changes through financial support and advice.	31/03/2014	ASCHH		Financial advice and support continues for households.
10.3.2 Redesign the housing and benefit service so that household's income and independence is maximised.	31/03/2014	ASCHH		The services redesign is now at the stage to consider full implementation.
MTO 11: Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money				
Sub-Action	Due	Owner	Status	Comments

Progress on Key Actions				
	Date			
11.1 ensure services use resources efficiently and ICT and other technologies to drive down costs.				
11.1.4 Implement Electronic Monitoring within Community Intermediate Care and monitor the financial and activity impact.	31/12/2013	ASCHH		Electronic call monitoring systems are now in place for most people supported. Implementation of finance modules to enable payments to be made on the basis of electronic monitoring is scheduled for Quarter 3, and so this is still on track.
11.1.5 Complete options appraisal and undertake tender process for IAS Contract.	31/03/2014	ASCHH		Gap Analysis complete and waiting further discussion within the Department on next steps.
11.2 ensure staff and elected members have the opportunities to acquire the skills and knowledge they need.				
11.2.4 Deliver appropriate training within the department in relation to adult safeguarding.	31/03/2014	ASCHH		A detailed analysis of the current position across the department has taken place. Plans are in place to further ensure that all staff within the department have received the appropriate level of training.
11.2.5 Ensure that the local workforce is appropriately trained to identify substance misuse issues in order to offer information and advice.	31/03/2014	ASCHH		Four training courses were delivered in quarter two. A total of 19 Bracknell Forest Staff attending the training as follows: Drugs & Alcohol Level 1 - 1 person attended Drugs & Alcohol Level 2 - 4 people attended Dual Diagnosis - 8 people attended Mephedrone - 8 people attended
11.3 publish information about the Council to promote openness and cost-effectiveness and accountability.				
11.3.3 Publicise advice and information options for people who fund their own support.	31/01/2014	ASCHH		The council has now entered into a partnership arrangement with My Care, My Home to provide information, advice (including financial advice) and brokerage support to people who are paying for their own support.
11.5 develop appropriate and cost effective ways of accessing council services				
11.5.4 Maintain the i-hub to enable people in the community to access relevant and up-to-date information to plan their support and activities and also enable providers to maintain their own records on the system to ensure accuracy.	28/02/2014	ASCHH		The i-hub continues to be updated on an ongoing basis. Some providers are taking the opportunity to update their own records, which are then moderated by the council staff before appearing on the live i-hub.
11.5.5 Plan and implement changes to the cost centre structure brought about by both the Zero Based Review	31/03/2014	ASCHH		Proposed changes to cost centre structure have been discussed and agreed with chief officers with detailed discussions on

Progress on Key Actions				
and the transfer of responsibilities to Public Health to ensure compliance with new reporting requirements.				implementation the new structure due to take place by the end of October.
11.5.6 Review Forestcare services to ensure they meet customer demand.	31/03/2014	ASCHH		The Public health funded scheme has provided the Forest care service to 6 people who have been discharged from hospital and 10 existing customers have been referred to the falls service.
11.7 work with partners and engage with local communities in shaping services.				
11.7.4 Work with Wexham Park, Frimley Park and Royal Berkshire Hospitals to create a whole systems approach to hospital discharge.	30/06/2013	ASCHH		Completed. We now have membership on Urgent Care and Transformation Board for all 3 acute trusts to ensure a whole system approach to hospital discharge.
11.7.6 Contribute to the Dementia Service Directory.	31/01/2014	ASCHH		First draft is going through initial approval processes.
11.7.7 Work in partnership with the Bracknell and Ascot Clinical Commissioning Group and Bracknell Healthcare Foundation Trust to create an integrated service for adults with long term conditions.	31/05/2013	ASCHH		Completed. Initial evaluation has been completed a further evaluation will take place in March 2014.
11.7.8 Establish a clinical governance post which ensures that intermediate care services operate safely and effectively and to a high standard.	30/06/2013	ASCHH		Completed. The post was successfully recruited to and filled in September.
11.8 implement a programme of economies to reduce expenditure				
11.8.7 Develop proposals to help the Council produce a balanced budget in 2014/15.	31/03/2014	ASCHH		Initial proposals have been developed and considered by the Council's Corporate Management team, before presentations to members to happen in quarter 3.

Annex B: Financial Information

Annex B1

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - August 2013									
	Original Cash Budget	Virements & Budget C.fwds	NOTE	Current approved cash budget	Spend to date %age	Department's Projected Outturn	Variance Over / (Under) Spend	Variance This month	NOTE
	£000	£000		£000	%	£000	£000	£000	
Director	746	(971)		(225)	840%	(216)	9	(29)	
	746	(971)	1	(225)	840%	(216)	9	(29)	1
Adults and Commissioning	(126)	14		(112)	0%	0	112	0	
Mental Health	1,936	(62)		1,884	35%	2,205	321	52	
Mental Health EMI	2,290	48		2,338	36%	2,321	(17)	31	
Learning Disability	13,573	154		13,727	22%	13,452	(275)	(114)	
Specialist Strategy	199	10		209	26%	200	(9)	0	
Joint Commissioning	490	77		567	33%	552	(15)	1	
Autism	259	136		395	15%	347	(48)	0	
	18,621	387	2	19,008	25%	19,077	69	(30)	2
Housing									
Housing Options	320	8		328	16%	139	(189)	9	
Strategy & Enabling	250	14		264	22%	229	(35)	5	
Housing Management Services	(58)	27		(31)	32%	-9	22	4	
Forecare	(16)	16		0	0%	46	46	(4)	
Supporting People	1,065	35		1,100	27%	1,056	(44)	0	
Housing Benefits Payments	98	0		98	-162%	102	4	(4)	
Housing Benefits Administration	284	43		327	-54%	178	(149)	0	
Other	17	(65)		(48)	-14%	17	65	0	
	1,960	78		2,038	-3%	1,758	(280)	10	3
Older People and Long Term Conditions	(199)	(93)		(292)	0%	0	292	0	
Long Term Conditions	2,122	115		2,237	35%	2,349	112	(16)	
Older People	5,589	403		5,992	35%	5,896	(96)	69	
Community Response and Reablement - Pooled Budget	1,658	14		1,672	54%	1,732	60	(11)	
Emergency Duty Team	41	(3)		38	-3%	29	(9)	0	
Drugs Action Team	92	(35)		57	-154%	57	0	0	
	9,303	401	3	9,704	38%	10,063	359	42	4
Performance and Resources									
Leadership Team and Support	(31)	0		(31)	0%	0	31	0	
Information Technology Team	277	1		278	42%	337	59	7	
Property	173	0		173	20%	107	(66)	8	
Performance	221	0		221	35%	207	(14)	(1)	
Finance Team	503	38		541	29%	498	(43)	(4)	
Human Resources Team	184	0		184	29%	185	1	1	
	1,327	39		1,366	32%	1,334	(32)	11	5
Public Health									
Bracknell Forest Local Team - Gross Expenditure	0	2,872		2,872		2,872	0	0	
Bracknell Forest Local Team - Public Health Grant	0	(2,772)		(2,772)		(2,772)	0	0	
	0	100	4	100	98%	100	0	0	
TOTAL ASCHH	31,957	34		31,991	35%	32,116	125	4	
Memorandum item:									
Devolved Staffing Budget				12,860	42%	13,111	251	36	
Non Cash Budgets									
Capital Charges	642			642	0%	642	0	0	
FRS17 Adjustments	433			433	0%	433	0	0	
Recharges	2,839	66		2,906	0%	2,906	0	0	
	3,914	66		3,981		3,981	0	0	

Annex B2

Adult Social Care Health and Housing Virements and Budget Carry Forwards		
Note	Total	Explanation
	£'000	
		DEPARTMENTAL CASH BUDGET
	22	Total previously reported
		Budget Carry Forwards
	0	LINKS Budget into the Director Budget
		Virements
1	-110	Director Budget for Public Health moved out of Directorate, transfer of winter pressures funding to Adults and Commissioning and transfer of Broadband Allowance and Telephony Budget from Corporate.
2	13	Adults and Commissioning Transfer of winter pressures funding from directorate and transfer of Broadband Allowance and Telephony Budget from Corporate.
	0	Housing None to report
3	9	Older People and Long Term Conditions Funding for severance payment transferred to Corporate reserve to department and transfer of Broadband Allowance and Telephony Budget from Corporate.
	0	Performance and Resources None to report
4	100	Public Health Net Budget transferred from Director
	34	Total
		DEPARTMENTAL NON-CASH BUDGET
	66	Total previously reported
	0	Virements none to report
	66	Total
	100	Total

Annex B3

Adult Social Care Health and Housing Budget Variances		
Note	Reported Variance over/ (under)	Explanation
	£'000	
		<u>DEPARTMENTAL BUDGET</u>
	121	Total previously reported
1	(29)	Due to the separate reporting of the shared Public Health team there is now an additional £36k of income being the administration recharge to the shared team this is partially offset by increased costs (£10k) associated with carers costs
2	(30)	There has been an decrease in the projected overspend in Adults and Joint Commission, the key reasons are as follows :- Mental Health shows an adverse movement of £63K due to three new packages being added. Mental Health EMI has an monthly adverse variance of £31k where the projected number of recipients for the year has increased further. There is positive monthly movement on Learning Disability of £114k adverse due to a number of packages being closed.
3	10	There has been a small adverse movement in the variance for Housing, the key reasons are as follows:- Housing Options is showing a small pressure on B&B costs (£5k) and communal cleaning costs for Banbury (£2k), for Strategy and Enabling a £5k debt write-off, Housing Management Services a continued increase in projected water costs and income adjustment £4k, offset by the reduction in project overtime costs for Forestcare £4k and a reduction in irrecoverable overpayments payments in Housing Benefits £4k.
4	42	There has been a small adverse movement in the OP & LTC, the key reasons for the movement are as follows:- LTC a positive movement of £16k due to one less recipient projected for the year, Older People an adverse movement in projected Home Care costs (£58k) based on profile year to date and agency costs at Heathlands (£21k) and CR&R a positive movement in staff costs across various cost centres (£11k).
5	11	For Performance and Resources there is an adverse movement due to revised projections for staff costs.
	125	Grand Total Departmental Budget
		<u>DEPARTMENTAL NON-CASH BUDGET</u>
	0	Total previously reported
	0	No variances to report
	0	Grand Total Departmental Non-Cash Budget

Unrestricted

Annex B4

CAPITAL MONITORING 2013/14												
Dept:	Adult Social Care, Health and Housing											
As at:	31st August 2013											
Cost Centre	Cost Centre Description	2012/13 Brought Forward	2013/14 Budget	Virements Awaiting Approval	Total Virements	Approved Budget	Cash Budget 2013/14	Expenditure to Date	Current Comm'n't s	Estimated Outturn 2013/14	Carry Forward 2014/15	(Under) / Over Spend
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
	Housing											
YP260	Help to Buy a Home (Home Affordability Scheme)	816.1	17.6		0.0	833.7	833.7			833.7	0.0	
YP261	Help to Buy a Home (Cash Incentive Scheme)	532.4	0.0		0.0	532.4	532.4			532.4	0.0	
YP262	Enabling More Affordable Homes (Temp to Perm)	255.7	679.2		0.0	934.9	934.9	1.7		934.9	0.0	
YP304	Mortgages for Low Cost Home Ownership Properties	137.4	0.0		0.0	137.4	137.4			137.4	0.0	
YP316	BFC My Home Buy	688.9	0.0		0.0	688.9	688.9	-22.0		688.9	0.0	
YP440	Garth Extra Care Scheme	0.0	1,567.2		0.0	1,567.2	1,567.2	1,567.2		1,567.2	0.0	
YP441	Rainforest Walk Scheme	0.0	0.0		0.0	0.0	0.0			0.0	0.0	
	Adult Social Care & Health											
YS429	Mental Health	22.1	0.0		0.0	22.1	22.1	21.6		22.1	0.0	
YS430	Social Care	29.2	0.0		0.0	29.2	29.2			29.2	0.0	
YS527	Social Care Reform Care	43.7	0.0		0.0	43.7	43.7			43.7	0.0	
YS528	Care Housing Grant	15.4	0.0		0.0	15.4	15.4			15.4	0.0	
YS529	Community Capacity Grant	298.8	195.0		0.0	493.8	493.8	0.7		493.8	0.0	
YH126	Improving Info for Social Care (Capital Gr)	64.7	0.0		0.0	64.7	64.7			64.7	0.0	
YS418	ASC IT Systems Replacement	130.3	180.0		0.0	310.3	310.3			310.3	0.0	
		3,034.7	2,639.0	0.0	0.0	5,673.7	5,673.7	1,569.2	0.0	5,673.7	0.0	0.0