

ADULT SOCIAL CARE, HEALTH & HOUSING

SERVICE PLAN

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Section 1: Services included in this plan

INTRODUCTION

The overall aims of the Department are to promote independence, wellbeing, social inclusion and maximum choice in service provision across Adult Social Care (ASC), Housing and Public Health. There is increasingly a shift away from simply responding to need by offering health or social care services to promoting health and wellbeing. This is reflected across the new provisions of the Care Act 2014, such as in the relationship between prevention and housing services.

The promotion of integration with other personal services, particularly with partners in the NHS, offers seamless care episodes and care pathways for people who have needs for both medical intervention and social care.

There is an increasing focus on the prevention of ill-health or social care dependency by much earlier intervention with information, advice and lower level services, often within community services such as leisure, transport, education, and through support for housing and employment.

Increasingly members of the Department are working in partnership across the Council, with the voluntary sector and with both public and commercial partners to deliver improved outcomes for people in Bracknell Forest.

Promoting the safeguarding of adults who are or may become vulnerable or at risk remains a key priority. This is achieved through working with partners under the overall oversight of the Safeguarding Adults Board, and also through raising public awareness of key issues.

Within ASC and Public Health, needs assessments and public health approaches are used to support the development of preventive services and to inform the Health and Wellbeing Board in its development of joint health and wellbeing strategies for the Borough.

ADULT SOCIAL CARE

Service Wide

Personalisation

Everything the Department does is within the context of personalised approaches. This approach reflects the fact that every individual is unique, with highly individual experiences, preferences and opportunities. This uniqueness must be recognised and reflected in each person's support plan, which is developed with the individual and any chosen representatives.

In support of this approach, the Department continues to work to develop a wider range of options for people to select from, and this includes the use of a pre-paid card as a way of delivering a Direct Payment.

Older People & Long Term Conditions

Community Response & Reablement (CR&R)

CR&R Front Desk is the main point of contact into the Department for older people and people with long term conditions.

The service acts as the single point of contact for people living in Bracknell who need help and advice in order to support them in the community. The CR&R Team assess and work with people who are in poor health or are suffering from a long term condition with the primary aim of helping people to maximise their independence so that they can be supported to live in their own homes and make choices about how they live their lives.

Alongside OP<C, the service responds to the needs of the local community.

The service also works with three local hospitals: Heatherwood and Wexham Park, Royal Berkshire and Frimley Park. The aim is to facilitate timely discharge from hospital back into the community and to prevent hospital admissions. Directly provided services include community based and residential based reablement care. The service operates 7 days per week and 24 hours a day and will respond to urgent crises within 2 hours.

Drug and Alcohol Action Team (DAAT)

The DAAT is responsible for ensuring that people in Bracknell Forest can access drug and alcohol services and for commissioning services in line with the national Drug Strategy and related guidance. The DAAT also responsible for co-ordinating activity between local authority Departments and partner agencies to ensure that people who misuse drugs and alcohol receive the best possible care and support.

The DAAT is also responsible for ensuring that young people, their families and friends can access advice, information and support as required. The DAAT provides the Local Screening Assessment and Referral Service for anyone wishing to access the local services. The DAAT undertakes performance management in respect of the commissioned services to ensure that the requirements are met for both national and locally agreed targets.

Emergency Duty Service (EDS)

EDS provides a statutory emergency 'out of hours' service for adults and children across all the six unitary authorities of Berkshire, with responsibility for social care and homelessness crises. The EDS Team provides advice and information, signposting to other agencies, support via telephone and safety and welfare home visits.

The service deals with urgent referrals, which cannot wait until the next working day and includes safeguarding of children and vulnerable adults enquiries, Mental Health Act assessments and advice on mental capacity issues, Community Care assessments, homelessness and appropriate adults.

Older People and People with Long Term Conditions (OP<C)

Services provided by the OP<C Team include long-term case management, through social work/care management, and occupational therapy, together with a review and monitoring function. Heathlands Residential Care Home for people with dementia is a 40 bed unit registered with the Care Quality Commission and there is a Day Centre operating on the same site. Also the administration of the Blue Badge scheme and the lead for DFGs, Assistive Technology, Carers Services, Sensory Services and Continuing Health Care (CHC) fall within the remit of the OP<C Team's responsibilities.

For people with dementia, Heathlands offers a wide range of specialist dementia services, including specialist day-care from early to late, 7 days of the week 365 days of the year, together with a carer's drop-in service, overnight respite and residential care for people with complex dementia support needs.

For people with a long term condition, the OP<C Team supports people to assess their needs and to develop a personalised support plan providing professional support and guidance. Occupational therapists work with individuals to use assistive technology along with aids and adaptations, in order to maximise independence and enable people to remain in their own homes and communities. There is an over 75's prevention and well-being service.

Sensory Needs are now directly provided within the OP<C Team. There is a specialist occupational therapist and occupational therapy assistant available, both of whom are able to use basic British Sign Language. Visual impairment assessments, dual-sensory loss and visual rehabilitation are commissioned through a range of preferred specialist providers and the OP<C Team works closely with BADHOGS (hearing loss) and the Macular Society (visual loss) to ensure that services are meeting local needs.

At the same time, the Sensory Service Clinic in Bridgewell offers a local resource to fast track assessment and equipment.

The service offers a range of support for carers through a contract with Berkshire Carers Service. There is a dedicated carer's support worker based in the OP<C Team.

People recovering from a stroke are supported by a dedicated worker in the OP<C Team employed by the Stroke Association.

The Business Support Team manage Blue Badge applications as well as supporting the Falls and Sensory Needs Clinics, supporting the Over 75's Assessments, data-cleansing and managing the supply chain for OP<C and CR&R.

The OP<C Team are working in partnership with Bracknell Forest Homes to ensure that the extra care housing facility in Clement House is able to offer 24/7 support for people. The OP<C Team is providing support for the transition into Clement House for eligible people.

Disabled Facilities Grants (DFG)

Assessment for adaptations to properties to meet the needs of disabled people rests initially with the Department's Occupational Therapists (OTs). The OTs in the OP<C Team work with individuals to draw up a specification of works that will meet the needs identified during the assessment. The OTs also work closely with the grant's officer and technical officer from the DFG Support Team based within Environmental Health to progress the grant. The grant's officer must be satisfied that the relevant works are "necessary and appropriate" to meet the needs of the disabled person. The OT signs off the works at the end of the grant to confirm that the works have met the individual's needs.

Adults & Joint Commissioning

People with Autism (Autistic Spectrum Disorders)

Over the last year there has been a continued increase in demand for support from people with Autism. The Autism Team has grown and now supports over eighty people.

The Autism Team supports adults with a primary diagnosis of autism and their carers. The team is made up of three practitioners; one full time and two part time supported by a part time Team Leader. One of the workers focuses on young people approaching adulthood. Services include emotional support, information and support with benefits and voluntary groups, and personal, practical and social care support to maintain independence. The Autism Team also provides support with daily living skills, education and employment, help with arranging long-term support and accommodation and advice on travelling independently and using public transport.

The Autism Team also works closely with other organisations and agencies. They have a close working relationship with the Berkshire Healthcare Foundation Trust (BHFT) Assessment Team for diagnostic pathway and have taken part in joint training and conferences. They have worked with other local agencies to organise training courses for those they support and their carers.

People with Learning Disabilities

Community Team for People with Learning Disabilities (CTPLD), which is comprised of staff from Bracknell Forest Council (BFC) and BHFT, supports people with a learning disability. In addition to supporting individuals through assessing their needs and supporting people to develop personalised support arrangements, the Autism Team provides professional support and guidance. Ongoing support is commissioned from a range of independent sector providers.

Healthcare provided includes Physiotherapy, Occupational Therapy, Nursing, Psychology, Psychiatry, Dietetics and Speech and Language Therapy

Learning disability provider services organise and provide a range of activities and services for people in the community. These include respite for families, through the provision of overnight and daytime breaks, support for individuals to gain employment and support for people to access a range of mainstream leisure services.

Working with people, their families, advocates and partner organisations, the learning disabilities service will continue to respond to needs and wishes reflected in the new Joint Learning Disability Commissioning Strategy so that a full range of support is available to individuals and carers.

People with Mental Health problems

The Community Mental Health Team (CMHT) and Community Mental Health Team for Older Adults (CMHT OA) are both integrated teams which are comprised of NHS and ASC staff, and provide support to people living in Bracknell Forest with severe and enduring mental illness including dementia. The teams provide the following range of services.

The Care Pathways Team at CMHT is the local multi-disciplinary and multi-agency team providing assessments and services for people who may need secondary mental health services.

Individuals who present with first onset of psychosis are supported within the Enhanced Care Pathway. They are provided with intensive support in order to facilitate recovery

The Front Desk Team review people coming through to Common Point of Entry for allocation, ensuring that an individual's social needs have been assessed and addressed.

Approved Mental Health Professionals (AMHP) are trained to implement coercive elements of the Mental Health Act 1983, as amended by the Mental Health Act 2007, in conjunction with medical practitioners. They perform a pivotal role in assessing and deciding whether there are grounds to detain mentally disordered people, who meet the statutory criteria, without their consent

The Urgent Care Team visits patients in their own homes 24 hours a day, every day of the year. This service is for people who are very unwell, including those who might otherwise need hospital admission

A Mother and Baby service is provided by practitioners with a specialist interest and knowledge in post-natal psychosis. They co-ordinate community and in-patient care

STaR (Support, Time and Recovery) workers provide support for people to promote recovery and social inclusion based on individual needs

The Dementia Advisor works with people who have had a recent diagnosis of dementia and their families; the aim is to provide advice and information to keep people independent for as long as possible

A small team of support workers is based at Glenfield House, providing practical support to individuals in their own homes, in accordance with agreed support plans to meet assessed needs

Joint Commissioning

The role of the Joint Commissioning Team is to assist in the modernisation of the Department to deliver the aims of ASC, NHS and Public Health Outcomes Frameworks (PHOF) in order to enable people to be as independent and healthy as possible and to have choice and control over their own lives.

There are three functions within the Joint Commissioning Team. Firstly, the Strategic Joint Commissioning Team works with Heads of Service and operational managers to support the development and implementation of Joint Commissioning Plans. Secondly, the Contracts Team deals with all procurement and contractual issues for ASC and Bracknell Forest Public Health, from agreements with providers for individual support arrangements to tendering for major contracts. Thirdly, the Brokerage Team arranges the domiciliary support packages for OP<C as agreed through the personalised planning process.

Safeguarding Adults

The Local Authority is the lead agency for Adult Safeguarding in Bracknell Forest, and Adult Social Care, Health & Housing (ASCH&H) takes responsibility for that lead.

The Department provides both a strategic lead in the prevention of abuse, and leads on operational responses when there are concerns that an adult with care and support needs may be subject to abuse.

Although the Council has the lead, Adult Safeguarding is the responsibility of all agencies involved in supporting adults with care and support needs, including statutory agencies such as the NHS and the Police and non-statutory agencies such as providers of support.

Responses to individual safeguarding referrals are provided by the relevant community team e.g. OP<C Team, CTPLD, CMHT, CMHT OA and the Autism Team. The Bracknell Forest Safeguarding Adults Partnership Board is now a statutory Board with strategic oversight of adult safeguarding work and developments within Bracknell Forest.

The Adult Safeguarding Team supports providers to improve practice where necessary and also supports operational staff and relevant provider organisations in the implementation of the Mental Capacity Act, including the Deprivation of Liberty Safeguards (DoLS).

HOUSING

The Housing service develops the Council's strategy to support the development of a vibrant and effective housing market in Bracknell Forest. The Housing Strategy identifies where it is necessary to intervene to address market failure in the delivery of housing to meet the needs of the population of Bracknell Forest. This involves working with a variety of stakeholders in the local housing market as well as managing the provision of programmes and schemes developed or funded by the Council. The housing service supports and enables affordable housing development by registered social landlords.

The Housing service provides the statutory housing advice and homelessness services. Advice is provided to households to help them keep their home if they are threatened with losing it in any way. Advice is also provided on housing options such as renting privately, renting affordable housing and also buying a home. If households are threatened with homelessness, the housing division will try and help them keep their home or find another suitable home. If that is not possible, they will be provided with emergency temporary accommodation whilst it is established whether they should be offered a permanent home.

The Housing service purchases housing related support for vulnerable households to help them keep their home. This will include help with running a home where someone is not capable of doing so as well as help to find a suitable home.

The service also manages BFC my choice, the choice based letting scheme which provides access to affordable housing in Bracknell Forest. The Council advertises affordable housing that becomes available for letting and manages the applications and bids from households who want to be considered for affordable housing.

It is the responsibility of the Housing service to administer the housing benefit and Council Tax reduction benefit schemes to provide financial support for low income households. As well as assessing applications for the benefit schemes, the benefit service manages discretionary housing payments for households facing financial hardship in relation to their housing costs. The service provides crisis grants for households where their health and safety is threatened due to lack of finances and home emergency grants where certain households are setting up home for the first time.

Forestcare provides a lifeline monitoring service to vulnerable households. The service operates 365 days a year 24 hours a day to provide peace of mind and safety to vulnerable households in Bracknell Forest and the surrounding areas. Forestcare also provides a commercial service to corporate clients such as call monitoring and lone worker monitoring.

PUBLIC HEALTH

The Public Health Team is responsible for leading on collaborative efforts to monitor, protect and improve the health and well-being of the local population.

Public Health work begins with the effective assessment of health and well-being across the population. The findings of this work are collated within the Joint Strategic Needs Assessment (JSNA) together with recommendations in relation to service provision and development.

On the basis of needs assessment work, the Public Health Team commissions services aimed at health improvement. These services include the NHS Health Check programme, sexual health services, weight management programmes, mental wellbeing initiatives and stop smoking support.

Also on the basis of needs assessment work, the Public Health team provides advice to NHS colleagues on the areas in which they are responsible for commissioning. This 'core offer' of commissioning support includes reviewing evidence on treatment effectiveness and analysing data on outcomes or performance.

Finally, the Public Health Team is responsible for health protection. Health protection work aims to prevent or reduce the harm caused by communicable diseases and environmental hazards such as chemicals or radiation. Public Health Teams in local government work in collaboration with Public Health England and other agencies to prevent threats arising and ensure appropriate responses when health protection issues come to light.

The Public Health Team take a collaborative approach to its work, most notably in relation to its partnership with the Berkshire wide 'Shared' Public Health Team. Other close working relationships are with NHS commissioners and other Council Departments.

PUBLIC HEALTH BERKSHIRE

Public Health Berkshire is hosted by Bracknell Forest Council, with each Unitary Authority having their own Public Health Team. The Director of Public Health leads this team and her responsibilities are to:

- Be the strategic and principal advisor on public health matters to the six Berkshire unitary authorities
- Lead and manage a core public health team within Bracknell Forest Council
- Assist with localised health improvement programmes
- Be central to the detailed planning and implementation of new public health services in each of the six unitary authorities

PERFORMANCE & RESOURCES

The Performance & Resources division provides the framework to support the work of the rest of the Department, and also provides a key quality assurance role supporting operational staff. The section has direct links with colleagues in Corporate Services. The key functions carried out by the different teams are as follows:

Business Intelligence

The Business Intelligence Team have a key role in working with other teams across the Department to ensure that all of the ways in which people are supported are recorded accurately and reported in a timely and robust way to DMT, other internal stakeholders and central government agencies. Performance activity tells an important story about the strengths in Bracknell Forest and the Business Intelligence Team ensure that all of the work that is done by people across the Department is evidenced in the figures used internally for management information, externally to people within the community and to submit statutory returns. The team provide regular newsletters to ensure that all stakeholders are aware of key developments in performance that affect their work.

Finance

The Finance Team provide financial support to the ASCH&H divisions through involving DMT and budget managers in planning and understanding their budgets revenue & capital budgets and assisting them in monitoring them through the year and providing financial support for new & ongoing projects. The Finance Team also monitor and report activities such as debt, placements, grants and emerging issues and invoicing providers and calculating charges to individuals for services provided, as well as reconciling and monitoring direct payments made to individuals.

In addition to this, the service also links directly to people who receive support via the following activities.

Undertaking financial assessments of everyone receiving social care support to work out the level of contribution they are required to make to the costs of their support, and in addition providing welfare benefits advice to these people.

Through the appointeeship and deputyship role, support is provided to manage the financial affairs of vulnerable people who lack the capacity to manage their financial affairs themselves

Human Resources

Human Resources provide advice and guidance on employment policy and practice within the Department together with support to managers across ASCH&H in all Employee Relations matters which include absence management, capability, discipline and grievance. Support is also provided for recruitment, change management and exit.

IT

The IT Team lead and manage the strategic development and operation of the business systems that support the work of the Department. They support the Department by

managing day to day issues arising from calls logged through the Help Desk and where Departmental projects involve IT systems the IT Team play an active role in either participating or project managing the projects through to implementation and post system live.

The IT Team also supports the development of the Department's internal and external website pages, linked portal to the LAS system and supports the Departments BORIS publishers. This ensures information is both up to date and appropriate and meets corporate standards.

DEPARTMENT WIDE

Compliments and Complaints

The Department always aims to resolve complaints at the earliest possible opportunity. The way in which complaints are responded to is different dependent upon whether the complaint is about Housing or about ASC.

For complaints about Housing and Public Health, the corporate complaints procedure is used. This has four stages, which range from putting things right straight away to a panel being set up to review the complaint and recommend a solution. Further details on the corporate complaints procedure can be found at the link below:

<http://www.bracknell-forest.gov.uk/comments-compliments-and-complaints-booklet.pdf>

In ASC, there is a single approach to dealing with complaints. Where it is not possible to resolve a complaint straight away, the complainant is contacted to inform them what steps are being taken to investigate their complaint. When the outcome of the complaint is known, the complainant is contacted with the results of the investigation, and informed of any learning that has resulted from the complaint. Further details can be found at the link below:

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

On the rare occasions where the Department is unable to resolve a complaint, it may be referred to the Local Government Ombudsman for a decision.

The distribution of complaints in 2014-15 appears on page 22. ASC also produce an Annual Complaints Report which is published on the Council website. The 2013-14 annual report can be found at the link below:

<http://www.bracknell-forest.gov.uk/adultsocialcareannualcomplaintsreport2013to2014.pdf>

Section 2: Where we are now

INTRODUCTION

This looks at where different services currently are and their particular focus for the year ahead.

For ASC, a particular local context continues to be one of demographic changes with rising numbers of older people, and increasing diversity. This, together with increasing numbers of disabled people reaching adulthood, places additional demands on adult services. By 2021, the number of people aged 65 and over in Bracknell Forest is projected to rise to 19,400 people from a current population of 15,557 (ONS Mid-Year 2013 estimates). In the ONS Mid-Year 2013 estimates, the number of people aged 65 and over has increased from the ONS Mid-Year 2011 estimates by 1,290 people, a period of just two years.

A priority for the Autism team is working to promote autism awareness through training for employers, health practitioners and the local community. Trying to ensure that reasonable measures have been taken to enable people with autism to access all local facilities is of the utmost importance.

In Housing, over the last year there has been a 68% increase in the number of households the Council has a homeless duty towards, compared to a 25% increase in the previous year. In addition there has been an increase in the number of households who have approached the Council for help to manage their income in the face of the welfare reforms and in particular the help provided by the Council's new social fund. There is every reason to believe this direction of travel will continue.

The above factors will increase the demand for support from the Department.

ADULT SOCIAL CARE

Service Wide Care Act

The Care Act has remained, and will continue to be, a major focus. The first phase of reforms comes into effect on 1st April 2015, and there has been both a national and a local communications campaign. This has included sending leaflets to everyone currently receiving support, or known to the Council as a carer, articles in Town & Country, and meetings with voluntary organisations.

Consultation on the second phase of the reforms, alongside detailed draft guidance, in respect of Funding Reforms and a new Appeals System, commenced at the beginning of February, running until the end of March. The Council has responded to that consultation, and plans for implementation of this phase are well underway.

Personalisation

In response to the personalisation agenda, the Department has worked with other Departments in the Council, and the full range of providers of specialist services and community services to commission or develop a wider range of opportunities for people. People now have a wide choice of providers of registered care, domiciliary care, and opportunities for leisure and social activity many of which are 'mainstream'. The Department now only directly provides a limited range of specialist support.

Workforce Strategy

The adult workforce strategy continues to concentrate on the workforce changes required to support the personalisation agenda, and implement the Care Act, and programme of work associated with the Better Care Fund. The work is identifying the different skills and

knowledge required of staff at different stages in a person's contact with ASCH&H, and what actions need to be taken to ensure that the Department can respond in a timely and efficient way. The consultation is underway, having started on 27th March 2015.

Annual Report for ASC

Each year, ASC produce an annual report for the residents of Bracknell Forest, sometimes referred to as the Local Account. The report includes what ASC said it would do across the year, what was important, how well things were done and what difference they made to people's lives.

A copy of the 2013-14 report can be seen here:

<http://www.bracknell-forest.gov.uk/localaccount2013to2014>

In writing this report, it was important to consult those who know about the issues affecting the local community. The views of a range of partnership groups were consulted in compiling this year's report.

The Department also undertook three short video podcasts which show three important areas of work within ASC which are personalisation, dementia friendly communities and prevention and early intervention; these can be viewed on the Council's website here:

<http://www.bracknell-forest.gov.uk/localaccount2013to2014>

A credit-card sized summary of the annual report was produced and distributed widely across the community.

Older People & Long Term Conditions

Community Response & Reablement (CR&R)

The service continues to seek opportunities to work in an integrated way with partners. The district nursing team are now helping determine the priority of people's treatments based on their condition. This ensures that their nursing needs are integrated into their rehabilitation and support plan.

Also an integrated Falls Prevention programme is now provided. This is a nurse-led assessment clinic supported by a geriatrician, operated by BHFT and BFC, with in-house Occupational Therapy and Physiotherapy, and access thereafter to a 6 week exercise programme. There is a locally accessible Rapid Assessment Community Clinic if an urgent response is required.

In order to ensure the safe treatment of people using the registered services, a revised assessment and admissions process has been developed supported by a care dependency tool to ensure the service can respond to presenting needs of individuals referred. This helps to enable staff to meet the needs of people appropriately now and in the future as their needs become increasingly complex.

Drug and Alcohol Action team (DAAT)

The DAAT is one of 8 nationally selected pilot areas to adopt a new approach to commissioning and delivery of substance misuse services. Payment by Results (PbR) focuses on recovery, improved health and wellbeing and reducing offending. A local evaluation has been undertaken and has shown improvements in performance.

The number of people misusing mephedrone seeking support continues to be monitored. There has been a slight reduction in the number of referrals compared to previous years but the level of referrals and subsequent support provided for this group of people remains higher than the national average.

The current contract for adult services ends on 30th September 2015 and work is underway to look at options in respect of future service provision.

The Children Young People and Learning Overview and Scrutiny Panel have established a working group with a focus on young people who misuse substances and the impact of parental substance misuse. A report from the working group will be presented to the panel in March 2015 and any recommendations will be implemented during 2015/16.

Emergency Duty Services (EDS)

The EDS Joint Agreement is due to be renewed by June 2015. The EDS Team commenced consultation with the 6 unitary authorities and 12 Directorates on the 1st November 2014. Due to recent changes in legislation there will be the need for the business to comply with these statutory requirements. To enable a full review of the service to be carried out, the current joint agreement has been extended to December 2015.

After analysing the statistical data, EDS has seen an increase in both child safeguarding referrals and mental health act assessment requests. There have also been numerous changes to legislation in the last three years which have created statutory obligations to the service which does not reflect the current Joint Agreement or Service Specification, the result is that the current staffing levels at EDS cannot respond in a timely manner and as effective way as we would wish.

Older People and People with Long Term Conditions (OP<C)

The OP<C Team have been working in partnership with the Bracknell & Ascot Clinical Commissioning Group (CCG) in developing an integrated care team approach for people with long term conditions.

The intervention of the multi-disciplinary team identifies people with complex health and social care needs and creates individual plans aimed at improving their health and well-being, promoting independence and self-management of their condition. This approach enables people to remain and reduces the need for them to go into hospital.

The team are working in partnership with the voluntary sector, to support a Sensory Needs Clinic at Bridgewell. People with sight and/or hearing loss can now be assessed and then try out a wide variety of equipment and Telecare that can be used in their own home providing them with choice and control, and greater independence.

The application of a Blue Badge is supported by an assessment by a physiotherapist to clarify eligibility. If someone is ineligible, they are given advice on how to re-apply should their mobility decrease following their assessment.

Disabled Facilities Grants (DFG)

Working in partnership, OT Practice have been involved in supporting DFGs where appropriate and this has speeded up the process and streamlined throughput. Bracknell Forest's OT team within the OP<C team continue to manage complex intense cases.

OT managers are working with two of the three acute trusts to encourage them to involve community services earlier in the discharge process and to adopt a shared approach to risk assessments in order to identify those people who would benefit most from a DFG.

The DFG funding for 2015/16 is included in the Better Care Fund, although this will be received by the council directly from the Department of Communities and Local Government.

Adults & Joint Commissioning People with Autism

A range of opportunities have been developed for people with Autism in the community. Being Me is a course run by Berkshire Autistic Society, the purpose of which is to help people with Autism to understand their condition, and manage it better. A further course, called 'Social Eyes', is designed to support people with social interaction and communication.

Some people with Autism and their carers also took part in a project called "Rucksack" which, through the use of computer generated art, supported them to understand the impact of autism on their relationships. There is also a "drop in" service available, through Berkshire Autistic Society, called Helping Hands.

The Autism Team continued to receive specialist training to help them better support people with Autism in Bracknell.

The Joint Commissioning Strategy for People with Autism was approved by the Executive at the end of January 2015 and is now awaiting design approval from the Autism Partnership Board, prior to publication. The strategy will be available on the Council's website www.bracknell-forest.gov.uk from June 2015.

As part of developing the strategy, people with Autism and their families were asked what information and support they need to live the lives that they wish. This local information and the national priorities identified in 'Think Autism' have determined the local priorities set out in the strategy.

The action plan is still in draft format and is to be considered at the next Autism Partnership Board in May 2015.

People with Learning Disabilities

People with learning disabilities and their families were asked what information and support they need to live life in the way they want. Their responses have been used to develop the new Learning Disability Joint Commissioning Strategy which will provide the support to respond to their needs.

The outcome of the project into the quality of care being provided to people in residential care or acute/hospital placements was very positive. As a result, a revised approach to assessing and reviewing people has been developed, and is now being used to inform practice across all teams.

People with Mental Health problems

Community Mental Health Services are delivered in partnership with Berkshire Healthcare Foundation Trust (BHFT).

There is a proposed development of 6 extra flats at Glenfield House in partnership with Bracknell Forest Homes for medium term accommodation, respite and emergency accommodation for homeless people.

The group for people with bipolar illness continues to run every week and is open to those people who have this diagnosis.

The badminton and football groups are well attended every week by people who use CMHT services. The football group has been entered into the BOBI (Berkshire, Oxfordshire and Buckinghamshire Inclusive) League which is run by the Berkshire and Buckinghamshire Football Association.

The team also provides Cognitive Stimulation Therapy for people with dementia. The courses are 14 weeks long and there are 6 to 8 courses a year. The courses provide people with strategies to help them to cope with their memory problems.

Once or twice a year (dependent on demand), the team's psychologist provides a Cognitive Behaviour Therapy course for carers to give them strategies to enable them to identify and cope with the stresses of caring for the person with dementia. This is also provided on a one to one basis.

Joint Commissioning

In 2014-15, the Joint Commissioning Team updated and contributed to a range of projects such as the Dementia Directory, the "Helping You to Stay Independent" Guide, the ASC Annual Report and associated podcasts, and information for the Council's website. All this ensures that people have timely access to information about the wide range of support available in the community.

Other areas of work were undertaken by the team bringing substantial benefits to the organisation and local people. The examples below capture some of the highlights.

- The roll-out of the Objective Consultation Portal across the Department led to a co-ordinated approach to consultation activity
- Activities that took place in "Self-Care Week" raised awareness of prevention, self-care and self-management of long-term conditions. Information was also given to people about accessing the appropriate services for their health needs e.g. when to go to the Urgent Care Centre or Accident and Emergency at the hospitals
- Training was delivered to local employees e.g. shop workers, to raise awareness of dementia and how to positively interact with people with dementia in the community
- Feedback from people who attended the course was positive with many people saying they would share their learning with colleagues
- The Information and Advice strategy, Carers Strategy, Prevention and Self-Care Strategy, Joint Health and Wellbeing Strategy and the Intermediate Care strategy were developed through a joint approach with partners

Procurement exercises were also undertaken including the completion of a tender for the borough's first Extra Care Housing scheme in partnership with Bracknell Forest Homes, for which Optalis were successful. This will bring additional choice to the housing market for older people with support needs. For Mental Health services commissioned by the Council, there was a significant change from a service model to a PbR, paid against the Recovery STaR model to ensure that people's outcomes are improved.

Looking forward to 2015-16, the Joint Commissioning Team will be undertaking projects in support of the implementation of the Care Act and the delivery of the Better Care Fund programme.

The team will also be supporting the development of the Advocacy Strategy and the Sensory Needs Strategy. This will include the implementation of the Action Plans.

Other focus areas for 2015-16 include the delivery of a joint prevention programme with Public Health and Bracknell and Ascot CCG designed to help people keep healthy and to better manage ill health. The team will also be working with the Dementia Alliance Action

co-ordinator to ensure that Bracknell Forest becomes more dementia friendly. Other work includes developing a web version of Stats.Share, and supporting the Older People's Partnership Board Digital Inclusion Project.

Safeguarding Adults

The Adult Safeguarding Team supports the operational community teams in responding to concerns related to older people, people with long term conditions, people with a learning disability, autistic spectrum disorder or mental health problems including people with dementia. There are robust procedures in place to ensure that safeguarding concerns are assessed in line with national best practice and in line with the person's wishes (where they are able to make them known).

Since the Supreme Court judgement in March 2014, the Department has undertaken a review of its DoLS service. The review has resulted in additional Best Interest Assessor posts being created to manage the increased demand.

HOUSING

The local housing market in Bracknell Forest in common with the rest of the country is experiencing high demand for rented accommodation. Households on low or modest incomes are finding it hard to compete in the market for private rented accommodation due to the increased demand. The consequence of this is that over the last year there has been a significant increase in the number of households that the Council has accepted a statutory homeless duty towards and provided temporary accommodation pending offer of a long term home as it was not possible to prevent them becoming homeless. The lack of suitable temporary accommodation has meant that an increasing number of households have been housed on an emergency basis in non-self-contained accommodation.

The Government's Universal credit will be rolled out for single people in Bracknell Forest in the next year. This new welfare payment will amalgamate either out of work or in work benefit payments and pay them direct to the customer correcting payments in real time.

The housing and benefit service has been redesigned to provide a service which maximises customers income and independence. System thinking methodology has been used to redesign the service. Officers use knowledge of housing and benefits to help customers resolve their problems in a holistic way. The redesigned service operates through seven key operating principles.

There is a need to better target housing related support for households. Funded by the supporting people programme, services for older people and homeless households are procured to enable households to stay in their homes if that is what they choose. In addition, work continues to support the development of the accommodation strategy for older people.

Forestcare continues to grow the business in a competitive market. The range of services offered by Forestcare is being extended and improved over the next year via the procurement of new technology.

As such there are three over-arching challenges that face the service in 2015-16. Firstly, the need to maximise household incomes, linking with employment and welfare advice. Secondly, the need to maximise housing choice and options including the procurement of additional temporary accommodation for the most vulnerable households and thirdly, the need to redesign services to meet customers changing demands and expectations

PUBLIC HEALTH

In 2015-16, the Public Health Team will continue to develop its understanding of local health and well-being, and in doing so, further improve the Joint Strategic Needs Assessment

(JSNA) as a solid basis of its own commissioning and that of others. As in 2014/15, the JSNA will continue to be informed by the Public Health Survey in which a representative sample of residents are asked to provide information on their health, health related lifestyles and use of health care services. In addition, the Public Health Team will publish a comprehensive needs assessment in relation to drug and alcohol services in 2015/16.

Public Health will build on the significant success of local health improvement services. 2014/15 saw significant improvements in NHS Health Checks, smoking cessation and weight management services. New developments will include targeted programmes for those with specific health improvement needs (e.g.: people with mental health conditions) as well as entirely new initiatives such as community based falls prevention.

In relation to commissioning support, the Public Health Team has already met regularly with local NHS commissioners to help establish joint priorities for 2015/16. This has involved ensuring that preventative services match well and compliment treatment services in way that enables residents experience a seamless pathway when seeking support.

Finally, the Public Health Team will continue to play its part in the wider health protections system. Key priorities will be precautionary work in relation to Ebola as well as efforts to increase uptake of screening and immunisation programmes.

PERFORMANCE & RESOURCES

Business Intelligence

New statutory returns for ASC which were introduced in 2014-15 will continue in 2015-16, so reporting needs to remain robust and accurate to meet this challenge. The bedding down of a new data warehouse, introduced in 2014-15 will be a major focus for the Business Intelligence Team.

The Business Intelligence Team will continue to work closely with all services to ensure that key performance data is captured at the appropriate points in people's pathways. Performance Newsletters published throughout the year will ensure that system users are reminded of key developments and their impact.

The Health and Wellbeing Board has approved a review of the board, including plans to develop a dashboard of indicators based on the revised Health and Wellbeing Strategy. The strategy is to be presented to the Board meeting in September.

Finance

The main focus during the year alongside the usual budget monitoring, financial assessments and system reconciliations has been on preparing for the Care Act and the Better Care Fund. The Finance Team have also implemented a risk based approach to the audit of Direct Payment accounts.

In 2015/16, the Finance Team will implement those elements for the Care Act that come into effect from 1 April 2015, including deferred payments, changes to charging for residential placements and additional support for self-funders. Work will also include preparing for further Care Act changes that come into effect from 1 April 2016, including the cap on contributions and the resultant requirement for care accounts. The Finance Team will also develop financial reporting as part of the Better Care Fund to ensure that the needs of the Council and the CCG are met, and to support the establishment of robust governance arrangements.

Human Resources (HR)

The HR Team provide subject matter expertise to managers on a wide range of issues from Organisational Change to Employee Relations issues such as discipline, grievance and

absence management. HR also plays a key role in supplying data to the Government's National Minimum Data Set (NMDS) with a view to gaining valuable funding for training and development in ASC.

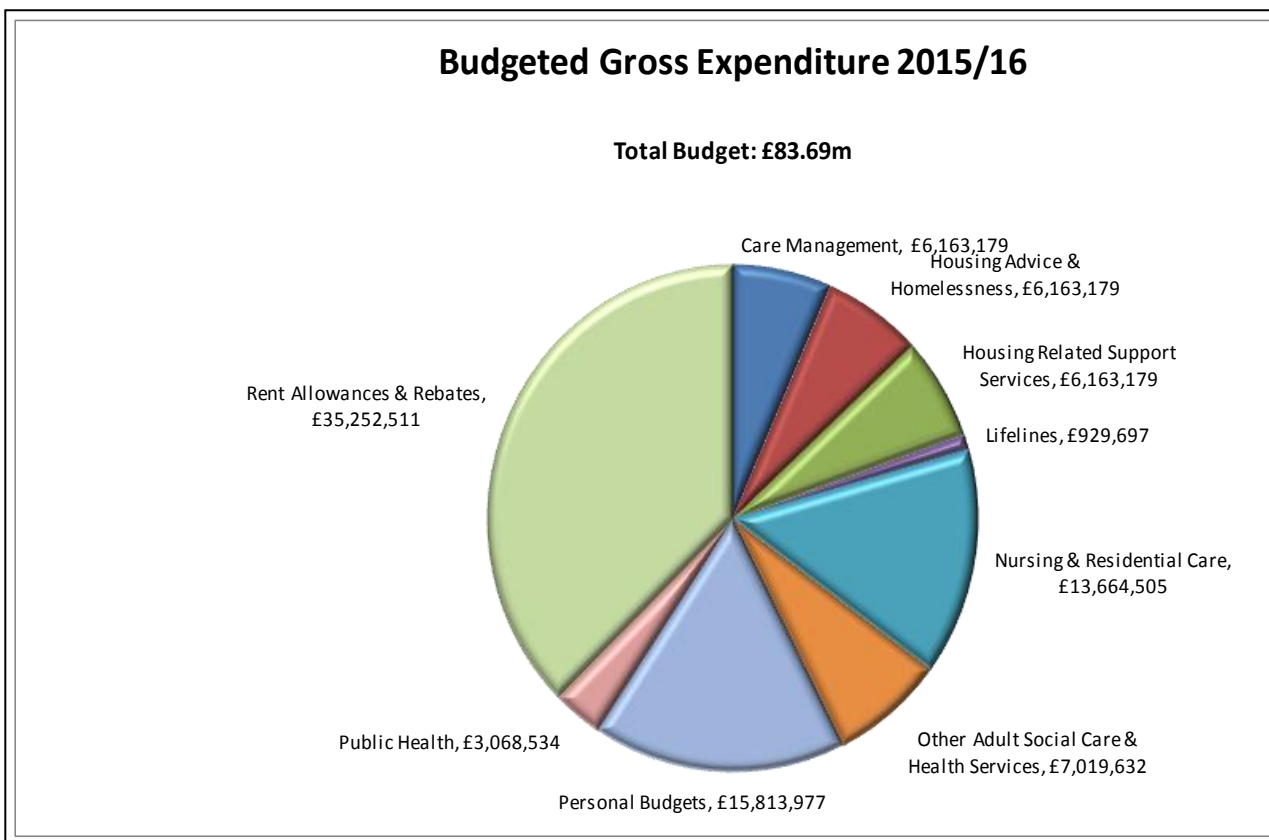
In addition, HR provides support to managers to recruit to vacant roles in all disciplines within ASCH&H.

IT

During 2015–16, the IT Team will be concentrating on ensuring the Department's case management system and reporting infrastructure are fit for purpose to meet the government's timescales for the Care Act. This will include matching NHS numbers against the core case management records and providing electronic access to the person receiving social care support through a new portal.

DEPARTMENT BUDGET 2015-16

The gross Departmental budget is £83.69 million in 2014/15. This is gross of Public Health Grant, Housing Benefit Subsidy, Client Contributions to Care Packages and other Fees and Charges. In 2014/15 it is proposed our budget will be spent on the following activities:



PEOPLE'S EXPERIENCES

Compliments and Complaints

ASCH&H produce two reports each year (one for ASC and one for housing) showing compliments and complaints received in the year. The information below summarises the complaints activity contained in these reports.

Compliments and Complaints received about ASC services in 2014-15

A total of 67 compliments were received in the year about ASC services, compared to 138 compliments in the previous year.

There were a total of 21 complaints received about ASC services, compared to 19 complaints in the previous year.

Of the complaints received in 2014-15, 5 were upheld, 7 were partially upheld and 9 were not upheld. This compares to the previous year where 2 complaints were upheld, 6 complaints were partially upheld and 11 were not upheld.

Of the 21 complaints, 6 were about services to older people and people with long term conditions, 4 were about services to people with a learning disability, 4 were about community response and reablement services, 3 were about mental services to older adults, 2 were about autism services, 1 was about brokerage services and 1 was about finance services.

In terms of nature of the ASC complaints, 14 were about standard of service, 4 were about access to services, 1 was about finance, 1 was about communications and 1 was about other issues.

Compliments and Complaints received about Housing services in 2014-15

A total of 63 compliments were received in the year about Housing services, compared to 42 compliments in the previous year.

There were a total of 43 complaints received about Housing services in 2014-15 compared to 49 complaints in the previous year. Of these, 4 were upheld, 16 were partially upheld and 23 were not upheld.

Of the 43 complaints, 27 were about Housing Options services, 9 were about Welfare Benefits services and 7 were about Forestcare services.

In terms of nature of the Housing complaints, 16 were about Standard of Service, 13 were about Disputed Decisions, 7 were about the Quality of Advice, 6 were about Behaviour of Staff and 1 was about Quality of Accommodation.

In terms of the stages of the 43 complaints, 19 complaints were at stage 1, 22 complaints were at stage 2, 4 complaints were at stage 3 and 1 complaint was referred to the Local Government Ombudsman. This number will not total 43 as some complaints will progress through more than one stage.

No complaints were received in 2014-15 about Public Health services.

People's Expectations

Customer satisfaction surveys are not undertaken on an annual basis for all services. The following information reflects the latest available information.

Forestcare Annual Customer Survey 2014

The Forestcare survey in 2014 achieved a response rate of 37%. The results were analysed and the findings were as follows:

- 100% of respondents said they were happy with the Forestcare service.
- 98% thought it was good value for money.
- 100% found the Forestcare Team polite and helpful.
- 98% reported they were happy with the response when used in an emergency
- 100% said that they were happy with the response to faults where there was a fault
- 100% said that they found the sensors helpful

- Only 15% said that they thought that a postal service would work
- 81% said it would be helpful if there was an automated test.

ASC Survey 2013-14

The ASC survey is undertaken each year and the results of the survey for 2014-15 are not yet available. Therefore the results of the 2013-14 survey are still current. The 2013-14 survey was undertaken in January 2014 with the results shown below.

The views of local residents are sought each year in a survey on behalf of the Department of Health, where people are asked a range of questions about issues affecting their health, wellbeing and other factors. There are six national indicators which are derived from the survey. Survey forms were sent to 1,567 people and a response rate of 47% was achieved which was an increase on last year, where the response rate was 44%. Key findings were as follows including comparisons with previous surveys where available:

- The quality of life indicator (national indicator 1A) scored 18.8, an increase from the previous year when the score was 18.7.
- 75.9% of people said they had either as much control as they wanted or adequate control over their daily life (national indicator 1B) compared with 76.2% in the previous year.
- 64.8% of people were either extremely satisfied or very satisfied with the care and support services they receive (national indicator 3A) compared with 64.5% in the previous year. For people with a learning disability this was 73.2% versus 76.5% in the previous year.
- 76.5% of people found that it was either very easy or fairly easy to find information and advice about support, services or benefits (national indicator 3D) compared with 78.1% the year before.
- 63.4% of people felt as safe as they want (national indicator 4A) compared with 65.9% in the previous year.
- 83.8% of people said that care and support services made them feel safe (national indicator 4B) compared with 82% in the previous year.
- 90.7% of people said that care and support services helped them to have a better quality of life compared with 91.2% in the previous year.

ASC Carers Survey 2012-13

The Carers Survey is conducted every 2 years and so the 2012-13 Carers Survey results are still current. Although there was a pilot Carers Survey conducted for the 2009-10 performance year, the questions were worded differently, so a comparison has not been made. The next carers' survey will be undertaken in 2014-15 and the 2016-17 Service Plan will compare the 2014-15 survey results with those from 2012-13.

Surveys were sent to 719 carers and there was a response rate of 53.8%. There are four national indicators which are derived from the carers' survey. The results from 2012-13's carers' survey have been compared with the pilot carers' survey that Bracknell Forest carried out in 2009-10, which was the last time the carers survey was carried out.

- The overall quality of life indicator for carers (national indicator 1D) was reported as a score of 8.5 out of a possible score 12.
- 50.3% of carers were satisfied with the care and support they receive (national indicator 3B).
- 78.8% of carers felt included/consulted in cared for discussions (national indicator 3C).
- 76.4% of carers found it easy to find information about support services or benefits (national indicator 3D).

- 91.5% of carers said that they had as much control over their daily life as they wanted.
- 89.4% of carers had no worries about their personal safety.
- 91.4% of carers found that the information they received was helpful.

Section 3: Service Delivery

All indicators which are reported through the Department's Quarterly Service Report are as follows.

Ind Ref	Short Description (Grey shading shows key indicators)	2014/15 Target	2014/15 Actual	2015/16 Target
Adult Social Care & Health Indicators				
All Sections Indicators				
OF1a	Social Care Related Quality of Life (Annual)	18.8	Data not available as not in Public Domain	Sustain 2014-15 performance
OF1b	Proportion of People who use services who have control over their daily life (Annual)	75.9%	Data not available as not in Public Domain	Sustain 2014-15 performance
OF1c.1	Percentage of people receiving self-directed support (Annual)	98%	Data not available as not in Public Domain	This indicator will have 2 parts in 15/16 – a) cared for b) carers. Targets will be reviewed when a baseline is established
OF1c.2	Percentage of people receiving Direct payments (Annual)	N/A	Data not available as not in Public Domain	N/A
OF1d	Carer – reported quality of life (Biennial)	8.5	Data not available as not in Public Domain	Biennial – Not required 15/16
OF2a.1	Permanent admissions to residential or nursing care per 100,000 18-64 population (Quarterly)	Q1 1.7 Q2 3.4 Q3 5.1 Q4 6.8 (5 admissions)	Q1 2.7 Q2 2.7 Q3 2.7 Q4 4.1 (3 admissions)	Q1 – 1.7 Q2 – 3.4 Q3 – 5.1 Q4 – 6.8 (5 admissions)
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	Q1 160.8 Q2 321.7 Q3 482.5 Q4 643.4 (96 admissions)	Q1 113.9 Q2 234.6 Q3 288.2 Q4 465 (71 admissions)	Q1 – 149.2 Q2 – 298.4 Q3 – 596.8 Q4 – 447.6 (98 admissions)
OF2d	The outcomes of short term service: sequel to service	Awaiting Govt. definition	Data not available as part of new returns for 2014-15	Target will be developed once baseline known
OF3a	Overall satisfaction of people who use services with their care and support (Annual)	64.8%	Data not available as not in Public Domain	Sustain 2014-15 performance
OF3b	Overall satisfaction of carers with social services (Every two years)	50.4%	Data not available as not in Public Domain	Biennial – Not required 15/16
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)	78.7%	Data not available as not in Public Domain	Biennial – Not required 15/16

Ind Ref	Short Description (Grey shading shows key indicators)	2014/15 Target	2014/15 Actual	2015/16 Target
OF3d.1	Proportion of people who use services who find it easy to find information about services (Annual)	76.5%	Data not available as not in Public Domain	Sustain 2014-15 performance
OF3d.2	Proportion of carers who find it easy to find information about services (Every two years)	76.5%	Data not available as not in Public Domain	Biennial – Not required 15/16
OF3e	Improving people's experience of integrated care	New for 2014/15	Data not available as not in Public Domain	Target will be developed once baseline known
OF4a	The proportion of people who use services who feel safe (Annual)	63.4%	Data not available as not in Public Domain	Sustain 2014-15 performance
OF4b	The proportion of people who use services who say that those services have made them feel safe and secure (Annual)	83.8%	Data not available as not in Public Domain	Sustain 2014-15 performance
L172	Timeliness of Financial Assessments (Quarterly)	95% each quarter	Q1 97.0% Q2 97.4% Q3 97.4% Q4 97.84%	95% within 5 days
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information (Quarterly)	Q1 9.3% Q2 15.6% Q3 24.8% Q4 37.0%	Q1 11.8% Q2 20.3% Q3 31.1% Q4 43.8%	Q1 – 10% Q2 – 20% Q3 – 30% Q4 – 40%
L199	Average time taken to answer Emergency Duty Service calls less than 40 seconds (Quarterly)	<40 seconds each quarter	30 seconds	Review when data available
L213	Satisfaction rates for calls to Emergency Duty Service (Biennial)	90%	Data not available	Review when data available
L214	Total number of bed delays - Delayed transfers of care from hospital per 100,000 population (Quarterly)	Q1 1,005.3 Q2 666.5 Q3 644.3 Q4 615.4	Q1 1,005.3 Q2 658.7 Q3 1,038.6 Q4 1,156.2	Q1 – 593.5 Q2 – 571.5 Q3 – 549.5 Q4 – 521.3
Community Mental Health Team Indicators				
OF1f	Adults receiving secondary mental health services in employment (Quarterly)	13% each quarter	Q1 15.1% Q2 15.1% Q3 14.8% Q4 N/A	Review when Q4 data available
OF1h	Adults receiving secondary mental health services in settled accommodation (Quarterly)	84% each quarter	Q1 83% Q2 83% Q3 81.1% Q4 N/A	Review when Q4 data available
Community Response and Reablement Indicators				
OF2b	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (Annual)	81.3%	82.7%	81.3%
OF2c.1	Delayed transfers of care from hospital: all delays per 100,000 population (Quarterly)	8 each quarter	Q1 9.3 Q2 7.5 Q3 8.6 Q4 8.6	8 each quarter

Ind Ref	Short Description (Grey shading shows key indicators)	2014/15 Target	2014/15 Actual	2015/16 Target
OF2c.2	Delayed transfers of care from hospital: attributable to social care per 100,000 population (Quarterly)	5 each quarter	Q1 4.9 Q2 3.4 Q3 3.1 Q4 3.7	5 each quarter
L135.1	Average contact time for Enhanced Intermediate Care (Quarterly)	95% each quarter	Q1 92.3% Q2 94.8% Q3 95.8% Q4 97.3%	95% each quarter
L135.2	Waiting times for OT assessments (Quarterly)	90% each quarter	Q1 99.4% Q2 98.1% Q3 98.6% Q4 99.1%	Target is being reviewed
Community Team for People with Learning Disabilities Indicators				
OF1e	Adults with learning disabilities in employment (Quarterly)	15% each quarter	Q1 15.8% Q2 16.6% Q3 15.6% Q4 15.3%	15% each quarter
OF1g	Adults with learning disabilities in settled accommodation (Quarterly)	85% each quarter	Q1 87.8% Q2 87.9% Q3 88.1% Q4 88.1%	85% each quarter
Public Health Indicators				
L215	Delivery rate of NHS Health checks (Quarterly)	400 each quarter	Q1 702 Q2 1,041 Q3 937 Q4 1,261	400 each quarter
L216	Smoking cessation delivery rate of successful 4 week quitters (Quarterly)	Q1 159 Q2 159 Q3 159 Q4 246	Q1 150 Q2 133 Q3 323 Q4 N/A	Q1 159 Q2 159 Q3 159 Q4 246
L217	Smoking quit success rate (Quarterly)	60% each quarter	Q1 65.2% Q2 62.4% Q3 77.5% Q4 N/A	60% each quarter
L218	Completion rate of specialist weight management treatment programme (Quarterly)	50 each quarter	Q1 66 Q2 69 Q3 N/A Q4 N/A	50 each quarter
Housing Indicators				
Housing Options Indicators				
NI155	Number of affordable homes delivered (gross) (Quarterly & Annual)	Q1 9 Q2 4 Q3 51 Q4 86	Q1 9 Q2 5 Q3 34 Q4 76	Q1 – 0 Q2 – 0 Q3 – 6 Q4 – 10 Year total 16
L178	Number of household nights in B&B across the quarter (Quarterly)	1,650 each quarter	Q1 1,851 Q2 2,119 Q3 1,811 Q4 1,601	1,650
L179	The percentage of homeless or potentially homeless customers who the Council helped to keep their home or find another one (Quarterly)	90% each quarter	Q1 83.33% Q2 90.24% Q3 89.29% Q4 78.26%	85% each quarter
Forestcare Indicators				

Ind Ref	Short Description (Grey shading shows key indicators)	2014/15 Target	2014/15 Actual	2015/16 Target
L030	Number of lifelines installed (Quarterly)	130 each quarter	Q1 149 Q2 159 Q3 214 Q4 255	200 each quarter
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	97.5%	Q1 97.06% Q2 97.63% Q3 97.59% Q4 98.90%	97.5%
L180	Time taken in working days for Forestcare customers to receive the service from enquiry to installation (Quarterly)	12 each quarter	Q1 8 Q2 6 Q3 5 Q4 4	10 each quarter
Benefits Indicators				
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	97% each quarter	Q1 98.9% Q2 98.6% Q3 98.5% Q4 95.5%	98% each quarter
NI 181	Days taken to process HB new claims and change events (Quarterly)	10 each quarter	Q1 6 Q2 7 Q3 9 Q4 4	9 each quarter

Section 4: Medium Term Objectives and Key Actions

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
MTO 4: Support our younger residents to maximise their potential				
4.1	Provide accessible, safe and practical early intervention and support services for vulnerable children and young people in the Borough.			
Supported by the following sub-actions				
4.1.9	Extend the principles of the Symbol project to identify and develop links across services for vulnerable adults who are also parents	31/03/16	Head of Learning Disabilities	MTO 4

4.3	Increase opportunities for young people in our youth clubs and community based schemes.			
Supported by the following sub-actions				
4.3.4	Work with Thames Valley Housing to finalise plans for a residential development to underpin the modernisation of the Youth Service programme to develop a new Town Centre Youth hub	31/03/16	Chief Officer: Housing	MTO 1

4.7	Communicate with partners to ensure that health, safety and wellbeing priorities for children and young people are identified, and are included in partner plans and strategies where relevant and appropriate.			
Supported by the following sub-actions				
4.7.3	Enhance the emotional health and wellbeing of children and young people at tier 2 in partnership with schools and other providers	31/03/16	Consultant in Public Health	MTO 4

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
MTO 6 Support Opportunities for Health and Wellbeing				
6.2	Support the Health and Well Being Board to bring together all those involved in delivering health and social care in the Borough.			
Supported by the following sub-actions				
6.2.1	Implement the review of the Health & Wellbeing Board	30/09/15	Director: Adult Social Care & Housing	Health & Wellbeing Board
6.2.2	Increase liaison with NHS England to further develop GP and primary care services in the borough	31/03/16	Director: Adult Social Care & Housing	Joint Health and Wellbeing Strategy
6.2.4	Work with partners to improve Child and Adolescent Mental Health Services (CAMHS) provision	31/03/16	Locality Manager for Mental Health / Consultant in Public Health	MTO 6

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
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6.3	Continue to support the development of a local Healthwatch to provide local patients with a voice.			
	Supported by the following sub-actions			
6.3.1	Conduct regular reviews against the agreed contractual outcomes for local Healthwatch	31/03/16	Chief Officer: Older People & Long Term Conditions	Joint Commissioning Strategies

6.8	Support health & wellbeing through Public Health.			
	Supported by the following sub-actions			
6.8.1	Conduct a comprehensive programme aimed at improving self-care across the population, including development of a web-based self-care guide and a new programme for those with pre-diabetes	31/03/16	Consultant in Public Health	JSNA
6.8.2	Maximise the uptake of key health improvement programmes across the population, including health checks, smoking cessation and weight management	Quarterly reviews in Jul, Oct, Jan, Apr	Consultant in Public Health	JSNA
6.8.3	Deliver a range of programmes aimed at improving well-being among local older people, including a Community Falls Prevention Programme, a Strength & Balance Programme and Befriending Services	Quarterly reviews in Jul, Oct, Jan, Apr	Consultant in Public Health	JSNA
6.8.4	Carry out specific and collaborative assessments of the services including a full needs assessment in relation to drugs and alcohol	31/03/16	Consultant in Public Health	JSNA

6.9	Support people who misuse drugs and/or alcohol to recover by providing appropriate interventions.			
	Supported by the following sub-actions			
6.9.1	Provide drug and alcohol misuse awareness raising to new employees and existing staff	31/03/16	Head of DAAT	Staff Induction Plans
6.9.3	Consider the findings from the DAAT Young People's Service Review to plan future service provision	31/03/16	Head of DAAT	Young People's Service Review
6.9.4	Consider the recommendations arising from the Children Young People & Learning Overview & Scrutiny Panel (O&S) working group	31/03/16	Head of DAAT	Children Young People & Learning Overview & Scrutiny Panel Working Group

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
6.9.5	Undertake a cost comparison analysis of the current DAAT service	31/03/16	Head of DAAT	
6.9.6	Monitor the number of older people being referred to treatment for alcohol misuse	31/09/15	Head of DAAT	

6.10	Support the Bracknell & Ascot Clinical Commissioning Group to focus on improving local health services for our residents.			
	Supported by the following sub-actions			
6.10.1	Work with the CCG to implement the Better Care Fund Plan	31/03/16	Director: Adult Social Care Health & Housing	Joint Health & Wellbeing Strategy / JSNA
6.10.2	Work in partnership with the CCG and Bracknell Healthcare Foundation Trust (BHFT) to build on an integrated service for adults with long term conditions	31/03/16	Chief Officer: Older People & Long Term Conditions	Joint Health & Wellbeing Strategy / JSNA
6.10.3	Work with the Acute Trust and review the out of hours intermediate care services so that delays for people in hospital awaiting social care are minimised	31/03/16	Chief Officer: Older People & Long Term Conditions	Better Care Fund Programme
6.10.4	Further develop the integrated care teams with the CCG and BHFT to support people with complex needs	31/03/16	Chief Officer: Older People & Long Term Conditions	MTO 6

6.11	Ensure that IT systems continue to be developed to improve the quality of people's lives and support and assist in business decisions.			
	Supported by the following sub-actions			
6.11.1	Ensure electronic batch matching on the NHS number is completed for a person's social care record	30/06/16	IT Manager	Better Care Fund Programme

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
MTO 7	Support our older and vulnerable residents			
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.			
	Supported by the following sub-actions			
7.1.1	Review the range and nature of support services provided by Forestcare for vulnerable people	31/03/16	Chief Officer: Housing	Older Person's Accommodation and Support Services Strategy

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
7.1.2	Refresh the "Helping you to stay independent" Guide	31/03/16	Head of Joint Commissioning	Helping You to Stay Independent Guide
7.1.3	Review implemented winter pressures plans	31/08/15	Head of Community Response & Reablement	Winter Pressures
7.1.4	Deliver a self-care programme raising awareness of self-care and self-management of long-term conditions and managing the use of A& E services	31/03/16	Head of Joint Commissioning	Self-care Programme / Better Care Fund Programme

7.4	Continue to modernise support and include new ways of enabling the delivery of that support.			
Supported by the following sub-actions				
7.4.1	Introduce the Spectrum Star to people supported by the Autistic Spectrum Disorder (ASD) team and the agencies who support them	31/03/16	Head of Learning Disabilities	Joint Commissioning Strategy for Adults with Autism
7.4.2	Introduce a new review package for people with ASD and Learning Disabilities (LD) that incorporates an updated Direct Payments review and Service review	30/06/15	Head of Learning Disabilities	Joint Commissioning Strategy for Adults with Autism
7.4.3	Introduce the Life Star to the people supported by the LD team and the agencies that support them	31/03/16	Head of Learning Disabilities	Joint Commissioning Strategy for Adults with Learning Disabilities
7.4.4	Develop and publish the Sensory Needs Strategy	31/03/16	Head of Joint Commissioning	Sensory Needs Strategy
7.4.5	Refresh the Advocacy strategy and commissioned services subject to evaluation of the impact of the Care Act	31/03/16	Head of Joint Commissioning	Advocacy Strategy
7.4.6	Aim to promote Healthy Lifestyles for people including reducing incidents of smoking amongst people supported by the Community Mental Health Team (CMHT)	31/03/16	Locality Manager for Mental Health	Healthy Lifestyles
7.4.7	Establish a Dementia Action Alliance to promote dementia friendly communities	31/03/16	Head of Joint Commissioning	Dementia Action Alliance

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
7.5	Improve the range of specialist accommodation for older people which will enable more people to be supported outside residential and nursing care.			
Supported by the following sub-actions				
7.5.1	Undertake a review of the operational services supporting Clement House extra care scheme	30/10/15	Head of LTC & CHC	Clement House extra care scheme / Older Person's Accommodation and Support Services Strategy

7.6	With partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse.			
Supported by the following sub-actions				
7.6.1	Embed statutory safeguarding requirements within operational practice	31/03/16	Head of Adult Safeguarding	Safeguarding Development Board's plan
7.6.2	Lead the Bracknell Forest Safeguarding Adults Partnership Boards development plan taking into account the board's statutory footing	31/03/16	Head of Adult Safeguarding	Safeguarding Development Board's plan

7.7	Target financial support to vulnerable households.			
Supported by the following sub-actions				
7.7.1	Review the Council's support to households in light of the claimant commitment / universal credit implementation	31/03/16	Chief Officer: Housing	MTO 7
7.7.2	Retender supporting people contracts to provide housing related support to vulnerable people	31/03/16	Chief Officer: Housing	MTO 7
7.7.3	Review Social Fund and Discretionary Housing Payment policy to target support to the most vulnerable people	30/11/15	Chief Officer: Housing	MTO 7
7.7.4	Review local council tax benefit scheme to ensure it provides an affordable scheme for the Council and customers	31/12/15	Chief Officer: Housing	MTO 7
7.7.5	Continue redesign of the housing and benefit service to maximise household income and independence	31/03/16	Chief Officer: Housing	MTO 7

7.8	Support vulnerable people through continued provision of out of hours services.			
Supported by the following sub-actions				

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
7.8.1	Consult on the Emergency Duty Service (EDS) Joint Review	30/06/15	Head of EDS	EDS Joint Review

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
MTO 10	Encourage the provision of a range of appropriate housing			
10.1	Ensure a supply of affordable homes.			
Supported by the following sub-actions				
10.1.8	Review DFG process in order to meet the requirements of the Better Care Fund	31/03/16	Chief Officer: Older People & Long Term Conditions	Better Care Fund Programme
10.1.9	Produce Housing Strategy	30/11/15	Chief Officer: Housing	Housing Strategy
10.1.10	Produce Homeless Strategy	30/11/15	Chief Officer: Housing	Homeless Strategy
10.1.11	Secure additional temporary accommodation for homeless households	31/03/16	Chief Officer: Housing	MTO 10
10.1.14	Support Housing and Planning for the off-site provision of affordable homes from the TRL site in Bracknell Town Centre	31/03/16	Chief Officer: Housing	MTO 10
10.1.15	Investigate establishing a Local Housing Company	30/09/15	Chief Officer: Housing	MTO 10

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
MTO 11	Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money			
11.1	Ensure services use resources efficiently and ICT and other technologies to drive down costs.			
Supported by the following sub-actions				
11.1.4	Ensure IT systems are ready for any statutory and legislative changes	31/03/16	IT Manager	Statutory Returns / Adult Social Care Outcomes Framework
11.1.7	Introduce arrangements to record care accounts so that the Council can track self-funder progress towards the care 'cap' of £72,000	30/10/15	Senior Departmental Accountant	Care Act

11.2	Ensure staff and elected members have the opportunities to acquire the skills and knowledge they need.			
Supported by the following sub-actions				

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
11.2.8	Deliver a workforce that is fit for purpose under the new legislation of the Care Act 2014	30/10/15	Head of HR	Care Act

11.7	Work with partners and engage with local communities in shaping services.			
Supported by the following sub-actions				
11.7.2	Continue to support the voluntary sector through the provision of core grants	31/03/16	Chief Officer: Older People & Long Term Conditions / Chief Officer: Adults & Joint Commissioning	Commissioning Strategy for Older People
11.7.7	Work in partnership with the Elevate Project through Breakthrough Employment Service in order to support young people with additional needs into employment	31/03/16	Head of Learning Disabilities	Joint Commissioning Strategy for Adults with Learning Disabilities
11.7.9	Contribute to the development of the outcomes set by the three Urgent Care Boards and support the delivery of services to achieve them	31/03/16	Chief Officer: Older People & Long Term Conditions	Urgent Care Boards
11.7.10	Work with partners to implement Carers Commissioning Strategy, ensuring impact of Care Act is incorporated into the delivery plan	31/03/16	Chief Officer: Older People & Long Term Conditions	Carers Joint Commissioning Strategy