Bracknell Forest Council

NOTICE OF MEETING

Adult Social Care Overview and Scrutiny Panel
Tuesday 17 April 2012, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House, Bracknell

To: ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

Councillor Turrell (Chairman), Councillor Harrison (Vice-Chairman), Councillors Allen, Baily, Blatchford, Brossard, Mrs Temperton, Virgo and Ms Wilson

cc: Substitute Members of the Panel

Councillors Ms Brown, Finch, Kensall and Mrs McCracken

ALISON SANDERS
Director of Corporate Services

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Adult Social Care Overview and Scrutiny Panel
Tuesday 17 April 2012, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House, Bracknell

AGENDA

Page No

1. **APOLOGIES FOR ABSENCE/SUBSTITUTE MEMBERS**

   To receive apologies for absence and to note the attendance of any substitute members.

2. **MINUTES AND MATTERS ARISING**

   To approve as a correct record the minutes of the meeting of the Adult Social Care Overview and Scrutiny Panel meeting held on 17 January 2012. 1 - 6

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

   Members are asked to declare any personal or prejudicial interest and the nature of that interest, including the existence and nature of the party whip, in respect of any matter to be considered at this meeting.

4. **URGENT ITEMS OF BUSINESS**

   Any other items which, pursuant to Section 100B(4)(b) of the Local Government Act 1972, the Chairman decides are urgent.

5. **PUBLIC PARTICIPATION**

   To receive submissions from members of the public which have been submitted in advance in accordance with the Council's Public Participation Scheme for Overview and Scrutiny.

PERFORMANCE MONITORING

6. **QUARTERLY SERVICE REPORT (QSR)**

   To consider the latest trends, priorities and pressures in terms of departmental performance as reported in the QSR for the third quarter of 2011/12 (October to December) relating to Adult Social Care. 7 - 28

   Please bring the previously circulated Quarterly Service Report to the meeting. The QSR is attached to this agenda if viewed online.

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

OVERVIEW AND POLICY DEVELOPMENT

7. **INTRODUCTION TO THE HOUSING SERVICE** 29 - 32

Following the transfer of the Council's Housing Service to the Adult Social Care, Health and Housing Department, to receive a briefing in respect of Housing, Benefit and Forestcare functions and responsibilities.

8. **ADULT AUTISM JOINT COMMISSIONING STRATEGY 2011** 33 - 36

To review the implementation of the above Strategy.

9. **LONG TERM CONDITIONS AND SENSORY NEEDS STRATEGY** 37 - 44

To consider and comment on the recommendations and action plan within the above Strategy prior to their approval by the Executive.

10. **'STAYING SAFE' - SAFEGUARDING ADULTS IN THE CONTEXT OF PERSONALISATION - IMPLEMENTATION UPDATE** 45 - 84

To consider an update in respect of the implementation of the recommendations contained in the above Overview and Scrutiny report.

11. **STATUS OF THE SHADOW HEALTH AND WELLBEING BOARD** 85 - 88

A report setting out the progress towards establishing a statutory Health and Wellbeing Board in Bracknell Forest is attached.

12. **WORKING GROUP UPDATE REPORT** 89 - 90

An update report in respect of the working groups of the Panel is attached.

13. **OVERVIEW AND SCRUTINY PROGRESS REPORT** 91 - 102

To note the Bi-Annual Progress Report of the Assistant Chief Executive.

HOLDING THE EXECUTIVE TO ACCOUNT

14. **EXECUTIVE FORWARD PLAN** 103 - 108

To consider forthcoming items on the Executive Forward Plan relating to Adult Social Care and Housing.

Date of Next Meeting

The next meeting of the Adult Social Care Overview and Scrutiny Panel has been arranged for 3 July 2012.

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ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
17 JANUARY 2012
7.30 - 8.40 PM

Bracknell Forest Council

Present:
Councillors Turrell (Chairman), Harrison (Vice-Chairman), Allen, Baily, Blatchford, Brossard, Mrs Temperton and Mrs McCracken (Substitute)

Executive Member:
Councillor Birch

Apologies for absence were received from:
Councillors Virgo and Ms Wilson

Also Present:
Andrea Carr, Policy Officer (Overview and Scrutiny)
Martin Gilman, Chief Executive, Bracknell Forest Voluntary Action
Neil Haddock, Chief Officer: Performance & Resources
Mira Haynes, Chief Officer: Older People & Long Term Conditions
Zoë Johnstone, Chief Officer: Adults and Joint Commissioning
Glyn Jones, Director of Adult Social Care and Health
Amanda Roden, Democratic Services Officer

25. **Apologies for Absence/Substitute Members**

The Panel noted the attendance of the following substitute member:

Councillor Mrs McCracken for Councillor Virgo

26. **Minutes and Matters Arising**

RESOLVED that the minutes of the meeting of the Adult Social Care Overview and Scrutiny Panel held on 11 October 2011 be approved as a correct record, and signed by the Chairman.

27. **Declarations of Interest and Party Whip**

Councillor Baily declared an interest in Item 6, the petition in relation to Ladybank Residential Care Home, as the Home was located in his ward.

28. **Urgent Items of Business**

There were no urgent items of business.

29. **Public Participation**

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

30. **Petition submitted under Council Procedure Rule 9**

Councillor Baily declared an interest in Item 6, the petition in relation to Ladybank Residential Care Home, as the Home was located in his ward.

Carol Brooker presented a petition, on behalf of a resident of Bracknell Forest Mrs Walsh, in relation to the future of the 'Ladybank Older Persons Home' consultation. Approximately 1,200 signatures had been received and the petition had been referred to the Adult Social Care Overview and Scrutiny Panel for consideration.

Approximately one hundred questionnaires were being analysed in relation to the consultation regarding Ladybank Older Persons Home and the petition signatories included a range of residents across Bracknell Forest.

Points raised in the presentation included residents having a choice of where to live, taking into account family views, a tendency to be biased towards home care, offering alternative care provision before the consultation regarding Ladybank had finished. Residents at Ladybank were reported to feel safe at Ladybank and many had not left the Home for years. The thought of leaving Ladybank, for its residents and their families, was inconceivable for some. It was thought that the intention was to reduce some care provision and not to eliminate it.

Ms Brooker thanked the Panel for hearing her presentation and urged the Panel to consider keeping Ladybank Older Persons Home open.

Arising from Members' questions and comments the following points were made:

- The consultation in relation to Ladybank Older Persons Home was due to close on 18 January 2012 and a report would go to the Executive on 21 February 2012. The points raised in the presentation would be covered in this report and were noted by the Panel and the Executive Member for Adult Services, Health and Housing who was present at the meeting.
- 108 questionnaires had been received at present in relation to the consultation.

The Chairman thanked Ms Brooker for attending the meeting and giving the presentation.

31. **Bracknell Forest Older People's Partnership**

Martin Gilman, Chairman of the Bracknell Forest Older People's Partnership, presented a report on the Partnership's progress to date.

The Partnership was organising the biannual Voice of Experience Conference event on 30 March 2012, at Easthampstead Baptist Church in Bracknell, which would be used as one of the tools for the refresh of the Older People's Strategy.

The Chairman commented on the good work being undertaken and achievement by the Partnership.

32. **2012/13 Draft Budget Proposals**

The Director of Adult Social Care and Health presented a report on the key themes and priorities for the Adult Social Care and Health Department as outlined in the Council's Draft Budget Proposals for 2012/13. The key themes included revenue budget, commitment budget, draft revenue budget pressures, draft revenue budget

savings proposals, proposed fees and charges, equalities screening record form, capital programme report and summary, and proposed capital schemes.

Adult Social Care and Health major service areas included information and advice, assessment of need, support planning, purchasing and support, direct service provision – residential care, home support, day services, intermediate care/ reablement, commissioning and market management, joint work with health, financial assessment, and regulation/ contract management.

The draft budget proposals included information regarding people receiving support in Bracknell Forest. The majority of the day support was provided by the voluntary sector and funded by Bracknell Forest Council. There were a significant number of staff vacancies in Adult Social Care and Health at present. The cash budget gross spend in 2011/12 was close to £38 million. There was significant income from the Primary Care Trust, including £7.5 million to support people with learning disabilities.

There were significant budget pressures in relation to demographic changes in all care groups, including an increasingly ageing population. The Adult Social Care and Health Department were tracking and monitoring people from a young age regarding the support people received. The Dementia Advisor post had been funded for one year in 2011 and would continue to be funded at present. Self-funding service users sometimes found the funding for their care was exhausted and the local authority then became responsible for funding this care under regulations; £100,000 was spent in 2011 and was found within the budget for this.

The Autism Strategy had been launched and there had been an increase in the number of people presenting with autism for support. There had been a reduction in Supporting People funding. Significant budget reductions were proposed via the reprovision of home support, the recommissioning of Ladybank, Section 28A: demography and Continuing Health Care (CHC) taper, back office costs: management delayering, administration review and personal assistants, underlying underspend, changing working practices, and learning disabilities changes (Headspace/ day services). The first two proposals were out for consultation at present.

The Section 28A: demography and CHC taper involved the transfer of people with learning disabilities. A fixed amount of money was given for the support of people living in Church Hill House when it was decommissioned and when this was no longer needed there was a cost saving. Back office costs including the removal of a management post would result in £148,000 in savings altogether. There was an underspend of £200,000 and changing working practices included electronic monitoring and the creation of an organisation to run Headspace rather than Bracknell Forest Council.

The Community Team for People with Learning Disabilities would be re-located to the Time Square council offices and Waymead would then house day support and overnight respite care in the same building. The Community Capacity Grant funded a range of initiatives. The aim would be to develop more personalised approaches to Adult Social Care.

Arising from Members' questions and comments the following points were made:

- The 'sales income and other grants' under the Headspace Service in Annexe C of the draft budget savings proposals referred to fees charged to attend the service and if artists sold work through Headspace there was a commission payable. The Headspace Service would be unable to apply for a grant whilst

part of Bracknell Forest Council and the proposal was for the service to become a community interest company.

- There were seven residents currently in the accommodation at Ladybank.
- A management post would be removed from the Older People and Long Term Conditions Team. Administrative tasks would be reviewed and posts would be moved under the wider review of personal assistant support.
- In the transfer of learning disability funding, some of the funding in this grant was used to manage the Blue Badge Scheme now that the scheme had transferred from health to Bracknell Forest Council. An additional Occupational Therapist was needed to manage this process and provide clinical assessment of applications. The charge for blue badges would increase from £2 for three years to £10 for three years. The funding given for blue badges was more than that asked for and was a corporate saving rather then a departmental saving.
- Demographic changes did not particularly influence the investment into different Adult Social Care services in Bracknell Forest. More investment was being directed to services in Sandhurst to improve the service for people with additional needs. This would help to meet departmental objectives and the vision of the Adult Social Care and Health Department in providing and commissioning services. It was in keeping with the policy direction and a white paper was expected in the near future in relation to Adult Social Care and Health services.
- There would be monitoring of care provision and electronic monitoring of support when care workers arrived and left to provide support to service users which would be used to bill accurately with real time information. A roster and schedule of support was needed and there was potential for efficiencies.

33. **Quarterly Service Report (QSR) and Service Plan 2011/12**

The Panel considered the latest trends, priorities and pressures in terms of departmental performance as reported in the Quarterly Service Report (QSR) for the second quarter of 2011/12 (July to September) relating to Adult Social Care and received an overview of the key issues in relation to the third quarter.

Neil Haddock, Chief Officer: Performance and Resources, gave a presentation in respect of the Adult Social Care and Health Department's QSR and Service Plan.

The QSR was a new format, replacing the previous Performance Monitoring Report style of reporting. The new QSR was shorter and more informative. Modernising Older People Services consultations had been undertaken over the last quarter. The new procedure for the Blue Badge Scheme became operational on 1 January 2012 and thirty people had applied under the new scheme at present.

The Adult Social Care and Health Department had considered the structure of the Emergency Duty Service team and a new model was introduced in November 2011. The current contract for the Community Equipment Services was due to end on 31 March 2012. The new provision would be provided by Nottingham Rehabilitation Services starting from 1 April 2012.

The Community Team for People with Learning Disabilities would be re-located, and capital works were due to begin in the next quarter. The Local Account had been produced for the first time and less strong areas had been highlighted in the report. Jobcentre Plus was now ranked green in terms of performance and mobile working financial assessments would be undertaken. There had been some software issues in the financial team which would affect the timing of when this would go live.

There were recording issues with the 'IS' system and ways to clean up data would be investigated further. There were five new providers and there was sufficient capacity to absorb new demand. There had been an underspend of £500,000 and the Adult Social Care and Health Department would continue to look for new ways to make efficiencies. Current projected savings totalled £650,000.

The Carers' Strategy and the Long Term Conditions and Sensory Needs Strategy would be considered by the Executive in March 2012.

Arising from Members' questions and comments the following points were made:

- The percentage of jobs gained from Jobcentre Plus improving pathways into employment for people with substance misuse issues would be confirmed. Compared to other local authorities, Bracknell Forest performed well in this area.
- Some posts had been held vacant in the Adult Social Care and Health Department in an effort to make savings and avoid redundancies. Savings proposals would be undertaken next year.
- The recording issue with carers' risk assessments would be investigated further.
- The needs of individual carers within families would be considered collectively, rather than everyone's needs separately. The system currently only allowed for the recording of one family member and some manual recording was undertaken.
- Waiting times for assessments and services were currently above target at 91%. The date an assessment was inputted in to the data system appeared as the date the assessment was undertaken unless changed manually.

34. **Implications of the Blue Badge Reform Strategy**

Mira Haynes, Chief Officer: Older People and Long Term Conditions, presented a report advising of changes to the Blue Badge disabled parking permit scheme and the transfer of responsibility to the Council.

Training was being undertaken by staff in Reading and thirty people had applied for blue badges so far under the new scheme. Blue Badges would be sent out from the Blue Badge Improvement Service, a project which was expected to be self-funding and to deliver efficiency savings. Enforcement procedures formed part of road traffic regulations and there had been changes to eligibility criteria which were set by the Department of Transport.

There would be an assessment clinic and an appeals process for when Blue Badge applications were refused. More evidence would be needed to support an application but there was no obligation to review an application.

Arising from Members' questions and comments the following points were made:

- The charge for Blue Badges was capped at £10, even though the cost of administration, assessment and issuing of Blue Badges could be up to approximately five times this amount.
- Blue Badges would be replaced under the new scheme as existing badges were renewed over the next three years.
- The number of people in Bracknell Forest Borough who qualify for the Blue Badge Scheme would be confirmed.

The Panel noted:

i. The changes and additional responsibilities placed upon Adult Social Care and Health in administering the reformed Blue Badge Scheme.
ii. That subject to the outcome of the budget consultation, the cost of a full time Blue Badge Assessor/ Co-ordinator was agreed by the Executive.
iii. The Executive had agreed to raise the charge of a Blue Badge from £2 for three years to £10 for three years from 1 January 2012.
iv. The progress made in readiness for the reformed Blue Badge Scheme to go live on 1 January 2012.

35. **Working Group Update Report**

The Panel noted the update report in respect of the working groups of the Panel.

36. **2012/13 Overview and Scrutiny Work Programme**

The Panel considered items to be included in the Panel's Work Programme for 2012/13 and it was noted that two working groups were still in progress at present.

37. **Adult Social Care and Health Local Account 2010/11**

The Panel noted the report on the Adult Social Care and Health Local Account for 2010/11 as set out in Annex A.

38. **Executive Forward Plan**

The Panel noted the forthcoming items relating to Adult Social Care on the Executive Forward Plan.

CHAIRMAN

Bracknell Forest Council

QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE AND HEALTH

Q3 2011-12
October – December 2011

Portfolio holder:
Councillor Dale Birch

Director:
Glyn Jones

Contents

Section 1: Director's Commentary

This has been a particularly busy quarter for the department. The Executive approved a consultation on a proposed Older People's Modernisation program; Adult Social Care & Health (ASC&H) went live with a major upgrade to the social care IT system, IAS; the Emergency Duty Service (EDS), providing services to Adults and Children's social care departments across Berkshire, was restructured and went live; and ASC&H produced the Council's first Local Account, due to be published in January.

In addition, the third quarter of the year is traditionally when the budget proposals for the following year are finalised and published for consultation, and a lot of work has gone into producing a particularly challenging set of proposals. Furthermore, detailed implementation plans have been drawn up to ensure delivery of the savings if Council approves the proposals. Budget management remains very strong, and an underspend of around £0.75m is currently being forecast

Performance overall continues to be strong, with significant progress made towards the goal of ensuring that everyone who is eligible for self-directed support receives their support in this way and it is anticipated that the target of 85% by the end of the year will be achieved. In order to achieve the target, the department needed to have 70% of people receiving their support via a Personal budget by the end of December 2011, and current performance is actually at 75%.

ASC&H are also implementing an initiative called "Three Wishes", to capture the three things that people most want from the support they receive that will inform an assessment of how well the department helped them to achieve these ambitions.

Performance is also strong on a number of other indicators, notably on Delayed Transfers of Care from hospital where performance continues to exceed that of neighbouring authorities, and is on track to be ahead of target.

There are three performance indicators where last quarter it was reported that the current level of performance was below target – Waiting Times for Assessments, Waiting Times for Services, and Carers assessments/services. Waiting times for Services is now performing above target. In respect of the other two measures, it was believed that this was principally due to how activity was being recorded on the social care IT system. Over the last two months a considerable amount of work has gone into analysing this, and has confirmed this belief. Recording of the activity which informs performance is now significantly back on track.

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.

In the last quarter, ASC&H reported that one significant new risk had emerged, namely the risk of the market lacking capacity to absorb new demand, particularly for home care. This risk has now been downgraded. By working with the independent sector, five new providers are now registered on our Approved Provider list, and capacity has been increased.

Two new risks have emerged, and are included on the register. The first is not considered to be likely to have a major impact. This is in respect of the potential for financial irregularities in respect of Direct Payments. Procedures for setting up and monitoring Direct Payments will be reviewed to mitigate and reduce this risk. The

second, the possible risk of system failure for the EDS database would have a more significant impact. Corporate IT will be working with the system supplier to reduce the impact on the business if a system failure occurred.

One financial risk has been downgraded, although it still requires inclusion on the risk register. This is the risk to the budget of the number of disabled people reaching adulthood and requiring support from adult social care. The budget preparation work for 2012/13 suggests this is manageable in the coming financial year.

There is a statutory complaints process for ASC&H. As part of this, ASC&H also monitor compliments. In the last quarter, the department received eight complaints, of which two were upheld, one was partially upheld, three were resolved and two were ongoing. This compares to the previous quarter when six complaints were received, and one was upheld, four were not upheld and one was resolved. There have been 21 complaints in total to the end of December, which suggests that this year will see fewer complaints than last (there were 37 last year). There was one complaint to the Local Government Ombudsman, which was not upheld.

In the year to date there have been 123 compliments, 43 in the last quarter, 29 in quarter 1 and 51 in quarter 2. These figures suggest a slight increase in compliments from last year, when there were 139 in total.

There has been a slight increase in the number of people supported in a residential setting; however, a substantial factor has been that significant numbers of these placements are very short term end of life placements. Overall, the number of people supported, whether through residential placements or community based support, remains stable and this is reflected in the financial position outlined above.

Section 2: Department Indicator Performance

Ind Ref	Short Description	Responsible Officer	Previous Actual	Current Actual	Current Target	Q4 Target	Current Status	Performance Trend
All Sections								
NI132	Waiting times for assessments	Chief Officer for Older People & Long Term Conditions	82%	82%	90%	90%	A	→
NI133	Waiting times for services	Chief Officer for Older People & Long Term Conditions	86%	91%	90%	90%	G	↗
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Chief Officer for Older People & Long Term Conditions	11%	14.6%	23%	30%	R	↗
L159	People receiving Self Directed Support as a percentage of eligible people receiving services	Chief Officer: Adults and Joint Commissioning	55%	75.8%	70%	85%	G	↗
OF2a.1	Older people admitted on a permanent basis to residential care	Chief Officer for Older People & Long Term Conditions	167.8 people per 100,000 older population	209.7 people per 100,000 older population	251.6 people per 100,000 older population	307.5 people per 100,000 older population	G	↗
OF2a.2	Older people admitted on a permanent basis to nursing care	Chief Officer for Older People & Long Term Conditions	153.8 people per 100,000 older population	244.6 people per 100,000 older population	272.6 people per 100,000 older population	398.4 people per 100,000 older population	G	↗
OF2a.3	Adults aged 18-64 admitted on a permanent basis to residential care	Chief Officer for Older People & Long Term Conditions	1.3 people per 100,000 18-64 population	2.7 people per 100,000 18-64 population	2.7 people per 100,000 18-64 population	4 people per 100,000 18-64 population	G	→
OF2a.4	Adults aged 18-64 admitted on a permanent basis to nursing care	Chief Officer for Older People & Long Term Conditions	No admissions	No admissions	No admissions	1.3 people per 100,000 18-64 population	G	→
L137	Number in residential care	Chief Officer for Older People & Long Term Conditions	143 people	141 people	141 people	140 people	G	→
L138	Number in nursing care	Chief Officer for Older People & Long Term Conditions	125 people	124 people	129 people	133 people	G	→

Ind Ref	Short Description	Responsible Officer	Q2 Outturn	Q3 Outturn	Q3 Target	Q4 Target	Current Status	Performance Trend
Community Mental Health Team								
OF1f	Adults receiving secondary mental health services in employment (Quarterly)	Locality Manager for Mental Health	16.7%	20%	14%	14%		
OF1h	Adults receiving secondary mental health services in settled accommodation	Locality Manager for Mental Health	89%	87%	85%	85%		
Community Response and Reablement								
OF2c.1	Delayed transfers of care – all delays per 100,000	Head of Community Response and Reablement	0.7 delays per 100,000 population	1.3 delays per 100,000 population	7 delays per 100,000	7 delays per 100,000		
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care	Head of Community Response and Reablement	2.4 delays per 100,000 population	3.1 delays per 100,000 population	10 delays per 100,000 population	10 delays per 100,000 population		
L135	Waiting list for OT support – percentage of enhanced OT referrals achieving 2 hour response time.	Head of Community Response and Reablement	There is no previous figure to report.	96.2% of urgent OT referrals received a response within 2 hours.	No target set since this is the first quarter this figure will have been reported.	No target set since this is the first quarter this figure will have been reported.	Target not yet set	Target not yet set
Community support & wellbeing								
L136.1	Number in receipt of direct payments	Chief Officer: Adults and Joint Commissioning	278 people	462 people	No target set since this is being measured under L159 (self-directed support	No target has since this is being measured under L159 (self-directed support)	Not applicable since we are measuring status under L159 (self directed support)	Performance is being measured under L159 (self directed support)
L136.2	Number in receipt of community support excluding direct payments	Chief Officer: Adults and Joint Commissioning	824 people	894 people	No target has been set since this is being measured under L159 (self-directed support)	No target has been set since this is being measured under L159 (self-directed support)	Not applicable since we are measuring status under self directed support	Performance is being measured under L159 (self directed support)
Community Team for People with Learning Difficulties								
OF1e	Adults with learning disabilities in employment	Head of Learning Disabilities	14%	14.3%	14%	15%		
OF1g	Adults with learning disabilities in settled accommodation	Head of Learning Disabilities	84%	84.7%	82%	82%		

Traffic Lights
Compares current performance to target

Achieved target or within 2.5% of target

Between 2.5% and 7.5% away from target

More than 7.5% away from target

Performance Trend
Identifies direction of travel compared to same point in previous quarter


Performance has improved


Performance sustained


Performance has declined

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

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

The following indicators are not appearing in this quarter as they have been dropped:

NI 40 Number of people using drugs recorded as being in effective treatment. This indicator has been dropped and a different measure is being developed to measure the work of the Drugs and Alcohol Action team (DAAT).

Section 3: Compliments & Complaints

Compliments and Complaints Received

Compliments Received
There continue to be significantly more compliments than complaints. 43 compliments were received throughout ASC&H which were as follows:

Community Response & Reablement Team (CR&R): 12 compliments
Older People & Long Term Conditions Team (OP&LTC): 10 compliments (7 in respect of Blue Badges)
Community Mental Health Team: Two compliments
Ladybank: Two compliments
Bridgewell: 11 compliments
Heathlands: One compliment
Long Term Community Support & Continuing Healthcare: Five compliments

Complaints Received
Eight complaints were received in the quarter and one was received from the Local Government Ombudsman. A further 2 complaints were forwarded to Private Providers to use their own complaints procedures, which are not listed in the table below as they fell within the providers complaints procedures and not those of ASC&H.

No. in Q3	Nature of complaints	Action taken
2	Regarding services received in Bridgewell	1 Partially Upheld, 1 Upheld
1	Discrepancy in Care Plan (CR&R)	Resolved
1	Poor communication (CR&R)	Resolved
1	Alleged theft in Ladybank	Ongoing investigation
1	Regarding services received from a private provider (received by OP&LTC)	Resolved
1	Regarding services received through Community Team for People with Learning Disabilities (CTPLD)	Ongoing investigation
1	Regarding advice given by EDS	Upheld
1	Local Government Ombudsman	Not upheld

Concerns
Where a complaint investigation is not required, this is logged as a concern. There were four concerns received.

Section 4: People

Staffing Levels

	Establishment Posts	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
DMT / PAs	7	7	0	7	1	12.5
OP&LTC	198	98	100	130.33	9	4.34
A&JC	101	75	28	87	6	5.6
P&R	27	16	11	22.34	0	0
Department Totals	**333**	**196**	**139**	**246.67**	**16**	**4.58**

Staff Turnover

For the quarter ending	31 December 2011	2.76%
For the year ending	31 March 2012	9.61%

Comparator Data	
Total turnover for Bracknell Forest Council 2010/11	15.24% (excluding schools)
Average UK turnover	14%
Average Public Sector 2010	12.6%

(Source: XPertHR Turnover Rates and Cost Survey 2011)

Comments:

The HR team is now reflected in the figures for Performance & Resources.

Due to there being fewer leavers in quarter 3, this has led to a reduction in the staff turnover figures from 12.6% in quarter 2 to 9.61% in quarter 3.

Staff Sickness

Section	Total staff	Number of days sickness	Quarter 3 average per employee	2011/12 projected annual average per employee
DMT / PAs	7	65	9.28	21.15
OP&LTC	198	707.5	3.57	13.7
A&JC	101	291	2.88	10
P&R	27	36.5	1.35	11.5
Department Totals (Q3)	**333**	**1,100**	**3.30**	
Projected Totals (11/12)	**329**	**4,189**		**12.73**

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 10/11	7.01 days
All local government employers 2010	9.6 days
All sectors employers in South East 2010	7.3 days

(Source: Chartered Institute of Personnel and Development survey 2009)

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

Comments:

DMT / PAs: There is one case of long term sickness absence which represents 100% of the total absence. The post was deleted on 31 December 2012.

Older People & Long Term Conditions: There were nine cases of long term sickness absence amounting to 337 days and representing 47% of the total absence. Five of these cases have now returned to work, and one is proceeding to likely dismissal on ill-health grounds.

Adults & Joint Commissioning: Four cases of long term sickness absence amounting to 131 days and representing 45% of the total absence. Two of these have now returned to work and one has been dismissed on ill-health grounds.

Section 5: Progress against Medium Term Objectives and Key Actions

Progress has been monitored against the Key Actions from the Adult Social Care & Health Service Plan for 2011/12. This contains 12 Key Actions detailed actions in support of 5 Medium Term Objectives. Annex A provides detailed information on progress against each of these detailed actions:

All actions are on schedule () and with no actions causing concern (either  or ).

Section 6: Money

Revenue Budget

The previously reported cash budget for the department was £22.037m. Net transfers of £0.008m have been made bringing the current approved cash budget to £22.045m. A detailed analysis of these budget changes this quarter is available in Annex B1.

The forecast outturn for the department is £21.295m (-£0.750m under the current approved cash budget). A detailed analysis of variances this quarter is available in Annex B3.

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

Service Area	Budget £000	Forecast Outturn £000	Comments
People with Learning Disabilities Non Residential Care	8,600	8,217	Volatile, demand led area of expenditure but current trends indicate an underspend at year end
Older People Residential Care	1,405	1,357	85 people are currently supported
Older People Nursing Care	2,141	1,891	113 people are currently supported
Older People Domiciliary Care	1,412	1,533	Volatile, demand led area of expenditure but current trends indicate an overspend at year end

The forecast position is based on current commitments plus any known changes that will arise prior to the year end. The two significant risks, reported previously, that may impact on this reported position remain and are reported again below.

The first is an ordinary residence risk arising from plans to close the homes at Ravenswood village and move to a model of tenancy and support. This would result in the Council becoming liable for the support costs of people currently funded by other Local Authorities. A potential full year financial impact of £0.570m was estimated in June but no additional costs have been incurred to date and there is still no additional information that will allow quantification of the likely costs this financial year.

The second risk arises from potential additional costs due to changes by the Primary Care Trust in its approach to Continuing Health Care. They are taking a more stringent approach which means that people's needs are more likely to be classified as social care rather than health, with these needs consequently being funded by the Council. There is still no information at present that will allow quantification of this potential additional liability.

There was one limited assurance audit report issued in this period, in relation to the Emergency Duty Service. A number of weaknesses in the control environment in relation to Lone Working & Travel Claims and Pre-Employment checks and timesheets had been identified. Changes to address a number of the issues raised were already being implemented prior to the issue of the audit report.

Capital Budget

The total approved capital budget for the department is £0.943m.

Expenditure to date is £0.101m representing 11% of the budget. The department anticipates 100% of the total approved budget to be spent by the end of the financial year. A detailed list of schemes together with their approved budget and forecast spend is available in Annex B5.

No schemes are forecast to over or under spend.

Section 7: Forward Look

OLDER PEOPLE & LONG TERM CONDITIONS

Drugs and Alcohol Action team
The DAAT has now awarded the contract in respect of Payment By Result. During the next quarter a series of meetings will take place to with the team and the prime Provider to ensure a smooth transition for staff and the people who use DAAT services and support. The new service will commence on the 1st of April 2012.

Community Response & Reablement
Consultation on the future of Ladybank Residential Home closed on the 18th January and recommendations will be taken to the Executive on the 21st February. Following the meeting further work will be taken to implement the decisions made.

Consultation on the new rotas for the Community Intermediate care team has now ended and a new rota will be introduced on the 1st April 2012.

A multi-agency project team has been set up to develop a business case to improve the Intermediate Care bed capacity at Ladybank. This venture will attract funding from the primary care trust and will offer increased local capacity to people living in the Borough, and employment opportunities for staff.

Carers
Following the Carers Conference in September 2011, a Carers Commissioning Strategy will be completed and launched at the Carers Lunch in March 2012. This will include an action plan on how agencies will work together to deliver the support needs identified by carers.

At the Carers Conference the portfolio holder agreed to funding of £80k to deliver on new initiatives and these will be launched during the next quarter and onwards.

Emergency Duty Services
The new model for the EDS will 'go live' operationally on the 12th March 2012 with the revised contract and new schedules commencing on 1st April 2012. The service is on target to meet the deadline of the 12th march to be linked into the Government Connect Secure Extranet (GCSX) access to all Unitary Authority databases. This service will be the first in the UK to access numerous Unitary Authorities databases via the GCSX connection.

The 'go live' for the Bracknell Forest Appropriate Adult Scheme covering the County of Berkshire is also on target for 1st April 2012.

LONGTERM CONDITIONS TEAMS

Project
The Head of service is working with Indian Community Association to identify a meeting venue for the elderly who wish to meet socially in the community.

Business Support
Following the launch of the new Blue Badge Scheme on 1st January a full time Blue Badge Administrator will ensure continuity and embedding of the new procedure. A business case will be prepared to ascertain the benefits of developing an assessment clinic to support the increased responsibilities placed on Adult Social Care.

Community Support and Wellbeing Teams
The consultation on the future of the Long Term Conditions Team concluded on the 18th January and a final decision on the recommendations will be made by the executive on the 21st February.

The dementia team over the coming months will work towards greater integration with the dementia services provided by Heathlands residential home and the Day-Centre.

Older People and Long Term Conditions Team
The team has seconded a Personal Facilitator to work with individuals to identify resources that will enable them to achieve the three wises outcomes identified in their personal plan.

The team will explore ways in which the Disabled Facilities Grant process can be streamlined to shorten the current waiting times.

An occupational therapist will be working with Heathlands Elderly Person Home to ensure that planned redecorations and refurbishment meets the needs of people living with dementia and sensory loss.

Heathlands Day Centre
Following the success of the Carers-Drop-In Service, the centre will work in partnership with the voluntary sector to develop a Carers-Drop-In service for those with physical disability.

The centre will ensure that people attending other centres are made aware of the launch of Singing for the Brain and Tai Chi to support additional attendees.

ADULTS & JOINT COMMISSIONING

Community Equipment Services
The procurement process has been completed. Work will be undertaken with the existing provider and the new provider to effect smooth handover.

Prevention and Early Intervention Strategy
The work undertaken on the strategy so far will inform the joint approach with Children Young People and Learning to ensure a consistent and holistic approach.

Advocacy Strategy
Responding to the national agenda in relation to adult social care, the joint commissioning strategy for advocacy “Speaking Up, Speaking Out, Taking Action” has been agreed by DMT and will be submitted to Executive for approval.

Services for Carers – Learning Disabilities
The board overseeing the programme of work required to enable the capital works to Waymead has been established. The groundwork for the first stage of this programme – the move of CTPLD to temporary accommodation – will be completed by the end of the quarter.

Supporting people with Dementia
The rationalisation of resources for supporting people with dementia will be completed.

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 2012/13 capital and revenue budgets.

The accountancy team will be piloting new accounting approaches that fit better with the personalisation agenda.

The financial assessment team have been continuing live testing of the Mobile Working systems. Full go live has slipped from the end of the last quarter to an expectation of happening in the early part of this quarter.

Performance
In addition to the core functions of providing management information on performance, the team, having produced the Council's first Local Account, will be consulting with interested parties on the content of future Local Accounts.

HR
Having supported managers with the initial stages of the Organisational Change Protocol, the next quarter will see the HR team supporting managers through the later stages, as well as supporting staff put at risk by any proposals.

Annex A: Progress on Service Plan Actions

MTO 06 - Support opportunities for health and well being:		
Key Action	**Status**	**Comments**
6.1 support the Primary Care Trust to focus on improving local health services for our residents, including the development of the new Healthspace at Skimped Hill		Continued involvement with both PCT and Clinical Commissioning Group in support of Healthspace proposals. Decision making process for Healthspace with new South of England SHA
6.2 establish a Health and Well Being Board to bring together all those involved in delivering health and social care in the Borough		Health and Well Being Board established and met in Q3. Meetings arranged for Q4 and 2012/13. Final composition of Board will be dependant on Health and Social Care Bill going through parliament
6.3 support the establishment of a local Healthwatch to provide local patients with a voice		Work ongoing throughout the Quarter with a view to establishing by 1 April 2013
6.4 support the continued delivery of local health care at the Heatherwood Hospital site		The Council continues to be involved in the PCT strategic direction through “Shaping the Future”. Both the Director ASCH and Chairman of Health Overview and Scrutiny Panel gave evidence at the NHS “Gateway Review” in Q3.
6.5 integrate the new responsibilities for Public Health within the Council		The Council is involved with a Berkshire group looking at options for Public Health. A transition plan is due to be completed in 2012 to assure NHS that the Council is ready to undertake its responsibilities from April 2013. Details on exact funding arrangements have been delayed to Q4.
MTO 07 - Support our older and vulnerable residents, including work to:		
Key Action	**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		A multi-professional project group is in situ to develop a business case to increase capacity for re-ablement in residential and community settings.
7.2 work with all agencies to ensure people feel safe and know where to go for help		The Safeguarding Adults forum has agreed an approach to developing a guidance pack to support provider organisations develop robust policies and procedures. The development of an empowerment strategy has commenced.
7.3 support carers of all ages in their role		A Carers' Conference & Consultation have been held to ensure that carers themselves determine their support needs. We continue to work with GPs and the voluntary sector to identify carers and to provide services that carers tell us will improve their emotional and physical well-being.
7.4 continue to modernise support and include new ways of enabling the		More than 70% of people now have Personal Budgets and Three Wishes has been introduced to ensure individuals can tailor the support they need to live as they choose.

delivery of that support		
7.5 improve the range of specialist accommodation for older people which will enable more people to be supported outside residential and nursing care		We are working in partnership with Bracknell Forest Homes to develop a new extra-care sheltered housing scheme that will promote the independence and well-being of vulnerable older people by providing flexible accommodation and on-site care and support.
7.6 with partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse		Contracts with partners have been reviewed to ensure they reflect a robust zero tolerance position. The safeguarding team have commenced a programme of work with providers to support their own understanding and practice.
MTO 11 - Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money:		
Key Action	**Status**	**Comments**
11.15 implement a programme of economies to reduce expenditure (ASC&H)		Budget proposals have been drawn up for the 2012/13 financial year, with detailed implementation plans in place to ensure delivery of the savings if Council approves the proposals.

Annex B: Financial Information

Annex B1

ADULT SOCIAL CARE AND HEALTH DEPARTMENT - NOVEMBER 2011									
	Original Cash Budget	Virements & Budget C/Fwds	NOTE	Current Approved Budget	Spend to Date %	Variance Over/(Under) Spend	*Variance This Month*	NOTE	Variance Supported by CMT
	£000	£000		£000	%	£000	£000		£000
ADULT SOCIAL CARE AND HEALTH DEPARTMENT									
Director	-277	153		-124	302%	0	0		0
	-277	153		-124	302%	0	0		0
CO - Adults and Commissioning	0	-123		-123	0%	0	0		0
Mental Health	1,795	240		2,035	60%	0	0		0
Learning Disability	6,564	243		6,807	-17%	-500	-100		0
Specialist Strategy	158	1		159	36%	0	0		0
Joint Commissioning	437	48		485	44%	0	0		0
	8,954	409		9,363	4%	-500	-100		0
CO - Older People and Long Term Conditions	0	-186		-186	0%	0	0		0
Long Term Conditions	2,075	19		2,094	55%	0	0		0
Older People	6,763	55		6,818	58%	-200	0		0
Intermediate Care	352	86		438	62%	0	0		0
Community Response and Reablement - Pooled Budg	1,581	5		1,586	31%	0	0		0
Community Support	734	24		758	45%	0	0		0
Emergency Duty Team	37	1		38	421%	0	0		0
Drugs Action Team	74	12		86	-500%	0	0		0
	11,616	16		11,632	51%	-200	0		0
CO - Performance and Resources									
Leadership Team and Support	225	-256		-31	0%	0	0		0
Information Technology Team	211	16		227	59%	-15	0		0
Property	182	-11		171	30%	0	0		0
Performance	189	24		213	43%	0	0		0
Finance Team	515	-45		470	45%	-35	0		0
Human Resources Team	148	-24		124	63%	0	0		0
	1,470	-296		1,174	48%	-50	0		0
TOTAL ASC&H DEPARTMENT CASH BUDGET	21,763	282		22,045	30%	-750	-100		0
TOTAL RECHARGES & ACCOUNTING ADJUSTMENTS	3,399	0		3,399	0%	0	0		0
GRAND TOTAL ASC&H DEPARTMENT	25,162	282		25,444	26%	-750	-100		0
Memorandum items:									
Devolved Staffing Budget				9,275		-20	-20		0

Annex B2

Adult Social Care and Health
Virements and Budget Carry Forwards

Note	Total	Explanation
	£'000	
		DEPARTMENTAL CASH BUDGET
	274	**Total previously reported**
1		The Department is undertaking a number of initiatives to modernise and improve services which will generate long term efficiencies. The one off staffing costs are proposed to be funded from non pay savings
	95	Director - Devolved Staffing Budget
	-95	People with Learning Disability - Non Pay
2	8	**Director** Allocations from the structural changes reserve in respect of decisions agreed at the Employment Committee
	282	**Total**
		DEPARTMENTAL NON-CASH BUDGET
	0	No virements to report
	0	**Total**

Annex B3

Adult Social Care and Health
Budget Variances

Note	Reporte varianc	Explanation
	£'000	
		DEPARTMENTAL BUDGET
	-500	**Total previously reported**
		Chief Officer: Adults and Joint Commissioning
1	-200	**People with Learning Disabilities** In preparing the 2012/13 budget assumptions were made for the impact of transition from Childrens Social Care and loss of support of from older carers. It was reported previously that the impact in the first part of 2011/12 was not as significant as originally estimated and this trend has continued, with additional savings of £0.100m arising above that reported previously.In addition changes to the number of people supported and the level of support received have resulted in an additional cost reduction of £0.100m. The net reduction in the underspend is £0.200m.
		Chief Officer: Performance and Resources
2	-15	**Information Technology Team** A review of expenditure on licences, maintenance agreements and other support budgets has identifed that a saving of £0.015m will arise across various budgets
3	-35	**Finance** The Finance Team manage the finances of a small number of people supported by the department where these people do not have the capacity to manage their own finances and there is no other suitable person to provide this support. A small charge (set by statute) is made where a Deputyship is in place. The current forecast is for income of £0.015m above the budget for this service. In addition savings of £0.020m will arise on staffing costs within the Team.
	-750	**Grand Total Departmental Budget**
		DEPARTMENTAL NON-CASH BUDGET
	0	No variances to report
	0	**Grand Total Departmental Non-Cash Budget**

Annex B4

New Capital or Revenue Commitments in excess of £50,000[1]

Estimated start date of service or works	Value	Explanation
	£'000	
		No commitments to report
	0	Total

[1] *New commitments to spend either relating to new contracts or new spend under an existing contract. This includes term contracts but excludes care or support packages for adults and children*

Annex B5

Adult Social Care and Health Capital Monitoring

2011-12 monitoring at 30 November 2011

Costc	Cost Centre Description	Total Budget (£'000)	Cash Budget 2011/12 (£'000)	Expenditure to date (£'000)	Cash Budget 2012/13 (£'000)	(Under) / Over Spend against approved budget (£'000)	Key Target for 31 March	Current status of the project including changes to Cash Profile
	Schemes commenced prior to 2011/12							
YS418	Adult Social Care IT Replacement	111.5	111.5	40.9	0.0	0.0	Fully operational.	Core live system operational. Further modules to be implemented.
YH126	Adult Social Care IT Infrastructure	64.0	64.0	0.0	0.0	0.0	In progress.	N3 Connection implementation in progress
Y20G	**ICT projects**	**175.5**	**175.5**	**40.9**	**0.0**	**0.0**		
	CAPITAL PROGRAMME - DEPT CONTROLLED [schemes b/fwd from prior year(s)]	**175.5**	**175.5**	**40.9**	**0.0**	**0.0**		
	Percentages			23.3%		0.0%		
	Schemes commenced 2011/12 and rolling programmes							
YH151	Improving the Care Home Environment	6.4	6.4	0.0	0.0	0.0	In progress.	Spending plan in place.
YS440	Carers Accommodation Strategy	321.6	321.6	0.0	0.0	0.0	Underway	Under review. Linked to Council accommodation strategy
YS429	Mental Health Grant	152.3	152.3	30.8	0.0	0.0	In progress.	Spending plan in place.
YS430	Social Care Grant	43.4	43.4	28.2	0.0	0.0	In progress.	Spending plan in place.
YS527	Social Care Reform Grant	43.7	43.7	0.0	0.0	0.0	In progress.	Spending plan in place.
YS528	Care Housing Grant	16.0	16.0	0.6	0.0	0.0	In progress.	Spending plan in place.
YS529	Community Capacity Grant	184.0	184.0	0.0	0.0	0.0	In progress.	Spending plan in place.
YH130	Improvements and capitalised repairs	0.1	0.1	0.0	0.0	0.0	Complete.	Complete.
	Adult Social Services	**767.5**	**767.5**	**59.7**	**0.0**	**0.0**		
	CAPITAL PROGRAMME - DEPT CONTROLLED [current year schemes]	**767.5**	**767.5**	**59.7**	**0.0**	**0.0**		
	Percentages			7.8%		0.0%		
	CAPITAL PROGRAMME - DEPT CONTROLLED [all schemes]	**943.0**	**943.0**	**100.6**	**0.0**	**0.0**		
	Percentages			10.7%		0.0%		

TO: ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
17 APRIL 2012

INTRODUCTION TO THE HOUSING SERVICE
Director of Adult Social Care, Health and Housing

1 PURPOSE OF REPORT

1.1 This report provides members of the Adult Social Care Overview and Scrutiny Panel with an overview of the Housing Service.

2 RECOMMENDATION(S)

2.1 Members are asked to note and comment on the report.

3 REASON FOR RECOMMENDATION(S)

3.1 To provide members of the Adult Social Care Overview and Scrutiny Panel with an overview of the Housing Service.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 Not applicable.

5 SUPPORTING INFORMATION

5.1 The Housing Service contains three service areas; Housing Strategy and Options, Benefits and Forestcare. This report will briefly review each service area in terms of why it is provided, the cost of the service and key facts as well as any emerging issues.

Housing Strategy / Housing Options

5.2 The Council's Housing Strategy Service provides the Council's response to its statutory obligation to assess housing needs. The service also develops initiatives to intervene on the housing market where there is market failure. For example the BFC My Home Buy Scheme to enable low income households to buy a home was a result of the lack of mortgage finance availability. This part of the service also works with registered providers (Housing Associations) to develop affordable housing. This can be by direct funding but also via negotiation of planning obligations on sites that qualify under the Council's Affordable Housing Planning Policy. This part of the service also manages the BFC MyChoice Choice Based Allocation Scheme by advertising properties from registered providers each week and short listing bids made by applicants. The Supporting People housing related support contracts are managed from this part of the service.

5.3 The Housing Strategy service cost £1.988 million gross in 2011/12 with £178,000 income.

5.4 In 2011/12 the service enabled 24 units of affordable housing to be developed, 9 BFC My Home Buy purchases and 3 cash incentive scheme purchases. There were approximately 880 households who received housing related support. There were 48,517 bids for affordable housing during the year and 473 properties let. As of the end of March 2012 there were 3,950 households on the Council's Housing Register.

5.5 The Executive will consider a report recommending review of the Council's Allocation Policy on the 17 April. The Localism Act and impending statutory guidance on the allocation of accommodation guidance provide opportunities to review the Council's Allocation Policy. The forward plan for the Executive contains a report on the Housing Capital Programme for the 22 May. This report will recommend new and revised programmes to invest the proceeds from the stock transfer capital receipt.

5.6 The Housing Options Service provides the Council's statutory duty to provide housing advice as well as the homeless service. The service assesses household housing need and provides advice to households on their options for resolving their housing situation. The service aims to prevent homelessness abut where that is not possible it will take homeless applications from households and investigate as to whether the Council owes the household a homeless duty to provide settled permanent accommodation.

5.7 The Housing Options Service gross revenue cost was £470,000 in 2011/12 with income of £178,000.

5.8 During 2011/12 the Housing Options Service prevented 272 households from becoming homeless, and accepted a homeless duty for 73 households.

5.9 The level of homelessness has increased by 280% since 2010/11. This is a direct result of the economic situations where first time buyers are unable to purchase due to unavailability the mortgage finance and those households renting the private rented sector pushing up rental values. That not only takes away private rented sector properties but also means that those households on low or modest incomes who rely on housing benefit to help towards their housing costs find it difficult to compete in the market place. This increase in homelessness has manifested itself in an increased use of temporary accommodation such as bed and breakfast accommodation before more suitable housing becomes available for households.

Benefits

5.10 The Benefits Service provides the Council's statutory duty to administer the national Housing Benefit and Council Tax Benefit Scheme. The service processes applications for benefit, promotes take up of benefits collects overpayments, makes payment of discretionary housing payments where households demonstrate hardship and takes actions against fraudulent claims for benefit.

5.11 In 2011/12 the estimated cost of the Benefits Service including payment of benefit was £29,103,000 with income of £28,800,000.

5.12 There were 30,401 units (3,949 new claims and 26,452 change events) of benefit applications processed in 2011/12 and £31,180,510.38 benefit paid. There was £3,419,586 benefit overpayment collected and 98 households received in total £17,369 of Discretionary Housing payments. In total £33,000 of additional benefit was received by households in the year due to take up activity. There were 89 sanctions for benefit fraud of which 31 were prosecutions in 2011/12. The total caseload of households claiming benefit at the end of March was 7,494.

5.13 The Benefit Service will undergo significant change following the implementation of the Welfare Reform Act. Housing Benefit will now be updated in line with the consumer price index rather than the actual rent increases from April 2013. From the same date Community Care Grants and Crisis Loans will be devolved to Local Authorities to administer. The Council's Fraud Service will be seconded to the new Single Fraud Investigations Service under the Department of Works and Pensions from April 2013. From October 2013 Universal Credit will be introduced for all new claims and this will replace Housing Benefit. Existing claimants will transfer to Universal Credit up to 2017. Universal Credit will be a digitally based system with all claims being made on line. It will be administered by Department of Works and Pensions. Council Tax Benefit will be replaced by a Local Council Tax Support Scheme. The new scheme must be ready by February 2013. The funding for the new scheme will be based on previous Council Tax Benefit paid less 10%. The Government requires all new schemes to protect pensioners. If the 10% reduction in funding is applied to the rest of the caseload it will result in an average of 17.7% cut in Council Tax Benefit for working age households.

5.14 The Government is introducing a cap on total benefits from April 2013 of £26,000 for households with children and £18,000 for single households. The cap will be managed by local Authorities reducing the Housing Benefit the household would be entitled to at that point in time to ensure that the total benefit does not breach the cap.

5.15 As can be seen there are fundamental changes to the Benefit system and there will be a need to redesign the way the service operates. The Executive will consider a report at its meeting on the 17 April to implement a project to transform and redesign the service employing the system thinking methodology.

Forestcare

5.16 The Forestcare service provides two functions but both operate 365 days a year 24 hours a day. Firstly, it provides the emergency Lifeline service to vulnerable, mainly elderly, households and secondly it provides a commercial service to corporate customers in terms of an out of hours calls service. Commercial services include loan worker and calls monitoring as well as repairs handling.

5.17 The service cost £839,000 in 2011/12 with an income of £846,000.

5.18 The Forestcare service is fully accredited with the Telecare Service Association.

5.19 In 2011/12 the service took 443,420 alarm calls (April 11 to February 12) with 98.8% answered within 60 seconds. There are a total of 8,000 households (1,500 in Bracknell) supported by Forestcare.

5.20 The main issue facing Forestcare is the drive to continue securing business. This is both for the Lifeline service as well as corporate customers. The service regularly bids for corporate work and must balance the capacity of the existing service against extra income and the need to increase staff capacity to undertake new work.

6 ALTERNATIVE OPTIONS CONSIDERED / ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS / EQUALITIES IMPACT ASSESSMENT / STRATEGIC RISK MANAGEMENT ISSUES / CONSULTATION

6.1 Not applicable.

Background Papers

None.

Contact for further information

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Doc. Ref

TO: ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
17 APRIL 2012

AUTISM COMMISSIONING STRATEGY - UPDATE
Director of Adult Social Care, Health and Housing

1. PURPOSE OF REPORT

1.1. To inform the Panel on progress in implementation of the Autism Commissioning Strategy, which is the Council and PCT's response to the national strategy *Fulfilling and Rewarding Lives*

2. RECOMMENDATION

2.1 That progress is noted.

3. REASONS FOR RECOMMENDATION

3.1. n/a

4. ALTERNATIVE OPTIONS CONSIDERED

4.1. n/a

5. SUPPORTING INFORMATION

Background

5.1. In 14th June 2011, the panel considered the Autism Commissioning Strategy which is the joint approach of the Council and PCT to supporting adults with an autistic spectrum disorder (ASD). The strategy was approved by Executive on 7th June 2011.

5.2. In December 2011, the Department of Health announced that it would be requesting self-assessments from Local Authorities. The main purpose is that the Department of Health, in conjunction with the Public Health Observatory, have identified that there is a lack of national data on adults with autism. The data will be used to inform regional action plans.

5.3. The self-assessment submitted by the Council can be provided on request but has not been included here as it is in a lengthy spreadsheet format. The main points of progress are summarised below.

5.4. Nationally the demand for support for people with ASD is growing. This may be partly because the condition is now more widely recognised and diagnosed, and eligibility for support is therefore clearer. In Bracknell Forest the numbers of people eligible for social care, whose primary needs arise from their ASD have grown from 4 in December 2009 to 41 in April 2012.

5.5. The approach to supporting individuals with ASD is through the use of personal budgets, which enables creativity.

5.6. A lot of support is focused on ending the social isolation that is often a feature of the lives of people with ASD. Some of this work is through supported social groups to build initial confidence and skills, or support to join mainstream clubs or associations: one individual has joined a conservation group to pursue a long-term interestl.

5.7. Another area in which people often have difficulty is communication, and several people are paying to be involved in 'anime' which is a style of animation originating in Japan. Use of cartoons to create social stories is anaccepted way of engaging with people with autism.

5.8. Others have used their allocation to engage in art and drama which is an aid to self expression and lowering anxiety levels

Other Progress to Date

5.9. The ASD Partnership Board has been established to monitor the implementation of the Joint Commissioning Strategy

5.10. A programme of public awareness-raising has been developed, and implementation is under way.

5.11. A program of awareness training for health and social care staff and other staff within the Council, has been developed and implementation is under way.

5.12. Specialist in-depth training has been commissioned and provided for the Autism Community Team.

5.13. In response to growth in demand following the launch of the strategy, resources have been reconfigured to respond.

5.14. A Berkshire wide working group has been established to review current prectice and reources and develop an assessment / diagnosis pathway (Healthcare)

5.15. Specific advocacy arrangements have been commissioned for adults with autism. The advocacy provider, Just Advocacy in partnership with the Autism team, is developing a self-advocacy group for this group of people.

5.16. In partnership with Bracknell Mencap, the Council has funded Family Liaison Officers to support families of young people with autism as they apprach adulthood, and families of adults with autism.

5.17. Individuals with Autism are being supported to attend more social opportunities and other groups. This will enable people to meet other people, and pursue a range of community activities together, and hopefully develop natural relationships / friendships and sustainable mutual support networks.

5.18. The Partnership Board has agreed a strategy to support people with autism into employment. Breakthrough, the Council's supported employment scheme, will deliver this service.

5.19. Housing needs of people with autism are being identified and included in the Housig Strategy.

5.20. Funded through Adult Learning, Berkshire Autistic Sociaty (BAS) have been commissioned to deliver very specialist courses which help people with autism to understand their condition, and how to manage it effectively. Understanding and managing the condition then helps people to overcome some of the difficulties they experience in interracting with others.

5.21. People with Ausitm now have the opportunity of carrying the Autism alert card, which can help to identify the kind of help and support people might need if they get into difficulties in the comunty. This was launched in partnership with the Berskhire Autistic Society.

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TO: ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
17 APRIL 2012

COMMISSIONING STRATEGY FOR PEOPLE WITH LONG TERM CONDITIONS
'LIVING WITH POSITIVE CHOICES' 2012-2017
Director of Adult Social Care, Health and Housing

1 PURPOSE OF REPORT

1.1 To inform members of the outcome of the consultation undertaken with the community which will feed into the development of the above strategy.

2 RECOMMENDATION

2.1 Members are asked to note the findings of the consultation.

3 REASONS FOR RECOMMENDATION

3.1 The analysis of the consultation will enable the department to develop the above commissioning strategy and the action plan by which it will be delivered.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 N/A

5 SUPPORTING INFORMATION

5.1 The World Health Organisation (WHO) defines long term conditions (also called chronic conditions) as health problems that require on-going management over a period of years or decades.

5.2 Over the next 15 years it is expected that all long term conditions will increase in prevalence with conditions that are likely to increase the most being diabetes, obesity and epilepsy.

5.3 In delivering our commissioning strategy over the next five years we need to listen to what people say and aim to meet their expectations.

5.4 In developing this strategy we have used information gathered within the JSNA Appendix 1 show the projected changes for 16 long term conditions up to 2025.

5.5 <u>Consultation</u>

5.4.1 Ran from 4th November 2011 to 4th February 2012 and individuals were encouraged to take part through a range of methods. A total of 597 comments were submitted related to the experiences, needs and wishes of residents.

5.4.2 The respondents were:

- 81% female and 19% male

- Aged between 35-64 years old
- Respondents came from all over the Borough, including Wards of both high and low deprivation.

The top priorities were:

- Practical help
- Advocacy
- Information
- Respect and understanding of long term conditions
- Respite services

5.4.3 Comments gathered have been analysed will be used to formulate the action plan (Appendix2) and are listed under the headings of:

- Wellbeing: Enhancing quality of life for people with care and support needs
- Recovery: delaying and reducing the need for care and support
- Experiences: Ensuring that people have a positive experience of care and support
- Safety: Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 N/A

Borough Treasurer

6.2 The Council allocates its financial resources through the budget process in the context of its medium term financial plan. Currently the medium term financial plan forecasts that the Council will need to make significant savings over the next few years. Over this period the Council will have to develop increased efficiency in service delivery whilst still responding to demographic changes, new legislation and the need to modernise services. This will require the reallocation of some of the Councils limited resources to key priorities.

6.3 In order to deliver these service changes the Council publishes a range of strategies and policies relating to many of its key services. A strategy or policy does not represent a financial commitment but, rather, sets the strategic direction of travel, subject to the level of resources that become available. These strategies also form the basis of the annual service plan which ensures that the development of the Council's services is consistent with its medium term objectives within the resource envelope that is agreed. The development of these strategies is, therefore an important part of the Council's arrangements for helping it allocate its limited resources to maximum effect.

Contact for further information

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APPENDIX 1

Long Term condition	Bracknell (2009/10)	2010	2015	2020	2025
Asthma	5.98%	6,888	7,157	7,461	7,760
Atrial Fibrilation	1.02%	1,176	1,222	1,274	1,325
Cancer	1.28%	1,477	1,535	1,600	1,664
Cardiovascular Disease - Primary Prevention	0.58%	670	697	726	755
Coronary Heart Disease	2.49%	2,866	2,443	3,105	3,230
Chronic Kidney Disease	2.50%	2,346	2,456	2,556	2,668
Chronic Obstructive Pulmonary Disease	0.99%	1,141	1,186	1,236	1,286
Dementia	0.32%	367	382	398	414
Diabetes (ages 17+)	4.66%	4,368	4,573	4,759	6,045
Epilepsy	0.73%	687	719	749	951
Heart Failure	0.50%	574	596	621	646
Heart Failure Due to LVD Register	0.22%	258	268	279	291
Hypothyroidism	2.83%	3,258	3,386	3,530	3,671
Hypertension	10.42%	12,007	12,476	13,007	13,528
Obesity (ages 16+)	10.22%	9,586	10,036	10,445	13,266
Stroke or Transient Ischaemic Attacks (TIA)	1.19%	1,373	1,427	1,487	1,547

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APPENDIX 2

Wellbeing: Enhancing quality of life for people with care and support needs	
▪ Financial support/wellbeing	Access to benefits and financial advice
▪ Responsive overnight care service (covering both external and internal providers) ▪ Better incontinence support ▪ Flexibility in services ▪ Pool/register of Pas ▪ Personal budget freedom	Stimulate the market to provide more personalised services
▪ Emotional and practical support through life and support changes ▪ Listening service ▪ More frequent “check ups”/“check up” service ▪ Emergency low-level support availability ▪ Combatting isolation ▪ Use of technology to alleviate lonliness ▪ feel isolated due to limited activities in area for someone with my condition	Emotional support
▪ Support with and information relating to lifestyle changes ▪ Education and awareness programmes ▪ Access to and availability of information and services ▪ Appropriate training for all professionals	Information and Awareness (with Training as necessary)
▪ Accessibility/full use of existing property ▪ Help to maintain independence at home ▪ Suitable housing to meet needs	Supporting independence at home
▪ Accessible sports/wellbeing classes ▪ Better disabled facilities/toilets	Supporting independence in the community
▪ Build community capacity ▪ Encourage collaborative working with the individual and partner agencies ▪ Improving engagement/consultation	Community engagement/involvement & Partnership work
▪ MS OT	Specialist services
▪ More day care and respite availability ▪ A place or support group of mutual understanding	Community support
▪ Allocated professionals for consistency	One point of care management contact
▪ Work (FPH) do not undertstand that staff have long term conditions that may affect your working pattern - this keeps changing	Supporting employment

Recovery: Delaying and reducing the need for care and support	
▪ Ensuring installation and not just delivery of equipment ▪ promises made by OT not fulfilled - equip did not materialise	Ensuring seamless, end-to-end support
▪ Empowering and understanding own needs ▪ Knowing how and when to access support before crisis ▪ Education/respect for conditions to enable more appropriate practitioner support (not just medication for symptoms) ▪ Help to find the right support ▪ Correct information given at the onset/diagnosis of condition	Education / Information around Self-care
▪ More sheltered housing/supported living accommodation to enable independent living ▪ More accessible housing	Supporting independent living
▪ Holistic approach to care and health including dietary needs	Consideration of the whole individual
▪ Responsive OT for Stroke ▪ after stroke - leaving hospital it was a few months before speech therapy started	Specialist services
▪ Timely interventions	Right support, Right time
▪ Easier system to access non-critical services and support	Access to services

Experiences: Ensuring that people have a positive experience of care and support	
▪ Support the individual and not the condition ▪ Equality in treatment of different conditions ▪ Mutual understanding and management of (realistic) expectations ▪ More flexibility in the availability of care management adjusting communication methods to suit the individual (preferred contact methods) ▪ Easier navigation of the system (less need for "inside knowledge")	Fair/consistent access and support
▪ Increased knowledge and awareness of conditions at all levels	Awareness / Training
▪ Remove "postcode lottery" of services ▪ More choices of services	Stimulate the independent care market
▪ Accessible directory of services ▪ One point of contact for all help and advice ▪ Access to information (not just via the internet) ▪ Promotion of support/services ▪ Correct information given at the onset/diagnosis of condition ▪ Appropriate signposting ▪ Experts by Experience and more independent information	Access to information
▪ Joined up/seemless service approach between LA/NHS/VCS ▪ Greater strategic partnership work ▪ Easier transition from health to social care ▪ More opportunities to share experiences and understand practitioner/individual/organisational viewpoints ▪ Greater strategic community involvement ▪ Want to feel valued and listened to	Partnership work / Community engagement
▪ Continuity of care management ▪ Concerns regarding continuity of care management provision from part time staff	One point of care management contact
▪ Enabling and aiding planning for the future	Future proofing support plans
▪ Mobility concessions ▪ Access in to older buildings	Supporting independent living
▪ Help developing confidence	Personal development
▪ More freedom on fundamental decisions	Personalisation

Safety: Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm	
▪ Timescales from diagnosis to support to avoid unnecessary risk/deterioration	Timely interventions to reduce risk/escalation
▪ Greater engagement of hard to reach communities	Partnership work / Community engagement
▪ Greater support and information regarding PAs (legal, financial, etc)	Support around Personalisation
▪ Issues arising through confidentiality where communication difficulties arise for main/informal carers where not NOK	Information / guidance for informal carers or friends who are not NOK
▪ Anticipation of future needs when planning care	Future proofing support plans
▪ Concerns about competancy/standards of available support	Quality Assurance Assessment
▪ Mobility scooter speed restrictions	Community safety
▪ people need to be made aware of their rights	Awareness
▪ lost home help while being married ▪ Language difficulty - interpreters not always available	Protecting equalities

TO: ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
17 APRIL 2012

"STAYING SAFE" - UPDATE
Director of Adult Social Care, Health and Housing

1 PURPOSE OF REPORT

1.1 To inform members of progress on the recommendations from the working group advising on safeguarding adults in the context of personalisation.

2 RECOMMENDATION

2.1 That this report is accepted as the final report in relation to actions following "Staying Safe"

3 REASONS FOR RECOMMENDATION

3.1 All recommendations have been fully implemented.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 n/a

5 SUPPORTING INFORMATION

5.1 Since 2007, Bracknell Forest Council has been modernising its approach to supporting adults who are eligible for social care. This approach which is in line with national strategy, is known as personalisation, and enables the individual to have more control over the way their support needs are met.

5.2 The possibility that such approaches could leave individuals more at risk of abuse has been noted, and therefore in 2009/10, a working group of the Adult Social Care Overview and Scrutiny Panel examined the approach to safeguarding adults in the context of the modernised approach.

5.3 The working group made a number of recommendations which were accepted by Executive, and in October 2011, the Panel received an update on progress against those recommendations. This has now been updated to include actions taken since October 2011. For ease of reference, additions since October 2011 are in relation to recommendations 2, 6, 8, 10 and 11, and are shown in the report in italics.

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Update of Adult Social Care Overview and Scrutiny Panel

Progress on recommendations from "Staying Safe"

Recommendations

1. **Secure, reliable, safe and consistent personalised care services be provided for users by public, private and independent providers; and that these providers be monitored appropriately at all times;**

   Adult Social Care staff continue to encourage and support the development of a wide range of affordable opportunities for people to use. This includes specialist provision which responds to individual lifestyle wishes, and support for mainstream provision to respond to the needs and wishes of people who have more specialist needs. An example of the former is Bracknell Forest Timebank, and of the latter is the dissemination of smart-card readers to other venues to enable easier and more private access to discretionary charges.

   All services commissioned by the Department are monitored through the Quality Assurance/Contract Monitoring protocols, and where appropriate, the Care Governance procedures.

2. **People who are purchasing their own care support through Direct Payments continue to be made aware of the arrangements for the management of adult safeguarding in Bracknell Forest to enable them to access assistance and advice through the appropriate channels;**

   Every individual who uses services arranged through Adult Social Care and Health receives information about adult safeguarding, and a publicity campaign in 2011/2012 has raised awareness in the wider community. The Safeguarding Adults Partnership Board (SAPB) has developed and agreed an empowerment strategy for 2012-2014, with an associated action plan. The strategy is attached as Annex 2. The action plan focuses on providing high quality information, advice and training on adult safeguarding, working with individuals who are in need of support to build their knowledge, skills, confidence and resilience. There is a focus on ensuring that all partner agencies work in a person centred way with the focus on best practice.

3. **Adult safeguarding training and awareness raising be continued in all sectors, including the independent sector, to ensure the successful implementation of the safeguarding agenda;**

   The levels 1, 2 and 3 training continue to be provided throughout the sector. In order to encourage take-up from smaller providers, level 1 training is still provided free of charge. The training is constantly under review to ensure relevance and appropriate style of delivery.

   CMT approved an e-learning package for all council staff, in recognition of the fact that safeguarding adults from abuse is the responsibility of all citizens whether part of their professional role or not. Consideration is being given to a request from SAPB members

that this e-learning package should be made available through the BFC website, or the personalisation i-Hub.

4. **Financial abuse and the adverse influencing of young adults with mild Learning Disabilities continue to be monitored to ascertain whether sufficient action is being taken to tackle these issues;**

   The anti-exploitation group, which is a multi-disciplinary group, continues to meet regularly to consider individuals who have been identified as being at risk in this way. The group agrees and monitors appropriate individual support plans.

5. **Mainstream services and activities such as those offered by leisure centres operated by the Council be encouraged to continue to offer greater support to vulnerable people using their facilities in place of traditional day services;**

   As we progress with implementation of the Bracknell Forest approach to personalisation, we are collating information about the things that people would like to do but are not able to, and determining the reasons why not. This information is then informing our commissioning strategies, and our development work with mainstream organisations to ensure that people with additional needs have access to the same range of opportunities as any other Borough resident.

6. **In line with the CQC recommendation, individual involvement to enable people to have greater input into safeguarding services be improved;**

   Individuals, where appropriate, are encouraged and enabled to be central participants in the process following a safeguarding alert, and a method of determining the quality of the process and the outcomes for the individual has been developed, and will be piloted with immediate effect. This will inform continual improvement. A copy is attached as Annex 3

   The SAPB has considered the most appropriate ways if involving individuals and their family carers in the strategic development of safeguarding arrangements in Bracknell Forest. The Board does not want to be tokenistic in its approach and recognises the variety of different groups within the Borough. Therefore the SABP is of the opinion that the most appropriate way to engage individuals is by extending an invite to both Carers UK and the local LINKs who act as representative bodies for individuals and their family carers.

7. **Increased flexibility and independence be incorporated into safeguarding reviews featuring the involvement of and / or conference chairing by someone independent of the team the subject of the case review, such as the Council's Head of Adult Safeguarding or a cost free reciprocal ad hoc arrangement with another local authority;**

   Recommendation withdrawn

8. **Members be made aware of adult safeguarding services, facilities and issues in their particular area and be briefed on relevant developments to raise safeguarding awareness levels to protect vulnerable adults from abuse and create a positive, open and transparent culture;**

Whilst it would not be appropriate to brief members on individual safeguarding referrals,, In circumstances where the department is considering withdrawing from contractual arrangements due to safeguarding/quality concerns the Chief Officer Adults and Joint Commissioning will brief relevant members.

Members are able to access the e-learning safeguarding training package as a means of raising their own awareness of adult safeguarding issues, support with this can be arranged on request.

Strategic developments in adult safeguarding are included in the SAPB annual report, which is submitted to the panel for scrutiny.

9. The NHS continue to be encouraged and supported to embed modernised empowering adult safeguarding in its working practices;

Local NHS organisations have a seat on the SAPB and are encouraged to attend and participate. The Head of Safeguarding works closely with the NHS safeguarding leads to identify any areas where there are problems and agree actions to address them. Local NHS organisations include:-

- NHS Berkshire (PCT)
- Berkshire Healthcare BHS Foundation Trust (Mental Health and Community Health Services)
- West London Healthcare Trust (Broadmoor Hospital)

10. Consideration be given to devising an Adult 'Safeguarding Toolkit' similar to that issued by the Bracknell Forest Local Safeguarding Children Board;

The department has worked in partnership with providers of social care support to develop a toolkit. The focus of the toolkit is to support providers to be aware of best practice and use this to develop the approach to adult safeguarding within their organisations. The Toolkit will be published and available to providers by the end of June 2012. A copy is attached as Annex 4

11. Consideration be given to the development of a Self-Neglect Policy for Bracknell Forest.

Guidance has now been developed and approved by the Departmental management team. The policy has also been submitted to and endorsed by the SAPB. A copy is attached as Annex 5.

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POST SAFEGUARDING PROCESS - INDIVIDUALS QUESTIONNAIRE

Introduction.

The purpose of this questionnaire is to gather the views of individuals who have been through the safeguarding process, in order that the department can monitor and improve the quality of its safeguarding services. This information will be used to: recognise areas of positive practice by Bracknell Forest Council staff as well as indentifying areas of practice that require further development.

Process

The Designated Safeguarding Manager will, at the point of closing the safeguarding referral, identify the following:

- If it is appropriate for the individual to be interviewed, i.e. they have stated they do not wish for Adult Social care to have further involvement or they lack capacity or there is evidence that it would be detrimental to them if they were interviewed.
- If not to identify an appropriate person (advocate, family, IMCA) who's views can be gathered on their behalf
- Who will be the most appropriate person to support the individual to complete the questionnaire

Only individuals whose circumstances resulted in a strategy meeting will be contacted to ascertain their willingness to complete this questionnaire. The manner in which the questions are asked will be down to the skill and expertise of the questioner.

IAS Number

Social Care Team responsible for completing the referral

CTPLD ☐
CR&R ☐
CMHT ☐
CMHT (OA) ☐
OP&LTC ☐
Autism Team ☐

Questions
Were you aware that Bracknell Forest Council had concerns about your safety If the answer is no provide detail of answer below.
Yes ☐ No ☐
Were you invited to a meeting to talk about how to keep you safe? Provide details of answer below eg individuals was invited but declined to attend. individual chose for advocate to attend on their behalf etc.
Yes ☐ No ☐ chose not to attend ☐
If you attended the meetings, did you feel that you were able to say what you wanted to say? Please provide details
Yes ☐ No ☐
Did you have an independent person (advocate) to support you through the process I.e. IMCA, Advocate, Family, Friend
Yes ☐ No ☐ Declined ☐

Do you feel your views were listened to and acted upon? Provide evidence for this, i.e. a decision was changed or made as a result of the individuals' views
Yes ☐ No ☐
Were you in agreement with the plan that was drawn up to help you to stay safe? If no please give explanation as to what the individuals would have preferred to have happened. It may be that the questioner has to facilitate a discussion between the individual and their social care practitioner
Yes ☐ No ☐
Were you satisfied the way things were done and what has happened since? If no then the individual must be asked what they would like to happen next.
Yes ☐ No ☐

Do you feel safer now than you did before the safeguarding process was started? **Also** record if the reason for the concern has been resolved or reduced.
Yes ☐ No ☐ Don't Know ☐
If you could change anything about the way the council helped you, what would it be?

All completed forms to be scanned onto the individuals IAS record and copy sent to the Safeguarding development worker, for analysis.

SUPPORTING PEOPLE WHO CHOOSE NOT TO ENGAGE WITH SERVICES (SELF NEGLECT)

December 2011

Introduction

Statutory agencies that are responsible for supporting adults who may be vulnerable can often have the difficult task of trying to engage with people who choose not to accept offers of advice and support regardless of risk to their own health and wellbeing. Quite often these people have complex needs or presenting behaviours and are difficult to engage, and this can cause difficulties in planning and implementing appropriate support plans to their particular situations.

The guidance provides a framework for operational staff and managers on how the needs or presenting issues of this group of people should be addressed. It includes reference to the relevant pieces of legislation for staff.

This guidance advocates a multi-agency approach as the most appropriate model for achieving engagement with the vulnerable adult and agreeing a support plan for delivering the agreed actions to achieve the best outcomes.

This guidance only relates to adults who have mental capacity to make decisions about their support/living arrangements, but choose not to engage with offers of support. Guidance to working with adults who do not have capacity and are difficult to engage with is incorporated in the adult safeguarding procedures.

This guidance should be read as a complementary supporting document to the Berkshire Adult Safeguarding Practice manual. Whilst there will be times when the presenting situation pertaining to an individual who is at risk does not fall within the remit of the Adult Safeguarding procedures, the principles of how risks are monitored and managed should mirror good Adult Safeguarding practices. Where required and appropriate, the Head of Adult Safeguarding or Safeguarding Adults Development Worker should be consulted for advice and support.

Rationale for this guidance

The health and social care needs of adults who are difficult to engage are often diverse and are generally longstanding and recurring.

The effects of the behaviours associated with this group of people can be extensive and or expensive to rectify, e.g. housing repairs or deep cleaning and quite often unusual or innovative solutions have to be found. It is also the case that the behaviours of this group of people often have an unintended impact on others within there family or community.

Historically the interventions of services and or partner agencies have not always been coordinated, or partners have not cooperated with each other fully to resolve difficulties.

Aims of the guidance

To set out a framework for practitioners in Adult Social Care and Health and other agencies to work in partnership, using an outcome focused, solution-based model.

To improve coordination between services and agencies who may work with adults with this group of people.

To raise awareness of the full range of services available.

To establish best practice guidance

To provide guidance to staff on when to withdraw.

Who does the guidance apply to?

This guidance applies to all staff working in Adult Social Care and Health and partner agencies who agree to the principles set out in the guidance. There is an expectation that everyone engages fully in partnership working to achieve the best outcome for the individual, whilst satisfying organisational responsibilities and duties.

Who are 'difficult to engage' adults'?

The term 'difficult to engage' can be applied to people who either choose to live in a situation that places them or others at risk, or people who have capacity but limited cognitive understanding. The individuals' presenting problems can be wide ranging.

For example:

- The person 'hoards' excessively and this impacts on the living environment causing health and safety concerns.
- There are signs of serious self-neglect regularly reported by the public or other agencies but no change in circumstances occur. The public /agencies become frustrated
- Personal or domestic hygiene that exacerbates a medical condition and could lead to a serious health problem.
- The property they live in becomes filthy and verminous causing a health risk or possible eviction.
- No heating or water and the person refuses to move to alternative accommodation.
- Structural problems with the property and the person cannot afford repairs or refuses to consider alternative accommodation.
- Health and safety issues around gas or electricity and the individual refuses or cannot afford the get appliances repaired.
- Anti-social behaviour that intimidates neighbours and causes social isolation.

- The conditions in the property cause a potential risk to people providing support or services.
- People who live 'chaotic' lifestyles
- There could be other wide ranging situations not listed above, or a situation could include a combination of the above

The historical risk of a lack of engagement from vulnerable people has been social isolation, homelessness, higher risk of 'grooming' and or bullying and a risk to health and wellbeing.

Some people are often difficult to engage because of presenting behaviours associated with diagnosed or undiagnosed mental health problems, cognitive impairments or other anti-social behaviours. Unfortunately when there is no clear diagnosis, or people refuse treatment/support they often fall outside of the eligibility criteria for specific service areas.

What needs to be considered before initiating this guidance?

Before a multi-agency conference is requested under this guidance, consideration needs to be given as to which agencies are, or should be, involved in providing advice, support and/or services to the individual concerned. Where agencies are not engaged appropriate referrals must be made without delay.

On the majority of occasions it will be obvious which ASC and H team is best placed to lead. However there will be occasions when the individual's presenting needs/issues do not clearly fit into service structures. In these circumstances the team managers of the relevant operational teams should consider the following before deciding which service is most appropriate to lead.

- The nature of the presenting issue and or needs
- The skill mix within the service, including practitioners' previous experience and knowledge
- Whether any individual and or service has been able to successfully engage with the individual previously
- Any expressed views by the individual
- Whether it is possible for joint working between teams to take place (if this is appropriate lines of accountability need to be taken into account)

If it is not possible to reach a joint agreement between the team managers then the issues will be escalated to the relevant Heads of Service for a decision to be made.

When a decision has been reached this should be confirmed and recorded on the individual's IAS record.

NOTE: staff are reminded that individuals and (if certain criteria are met) 3rd parties have the right to access their records, therefore recording needs to follow the departmental recording policy.

Link to ASC&H Case recording Policy, Principles and Procedures.
http://boris.bracknell-forest.gov.uk/asc_h-recording-policy.pdf

Potential triggers

- Repeated problems of a nature outlined on page 5. When an agency's usual way of engaging with a vulnerable person has not worked and a) no other options appear available or b) enforcement is been considered using statutory powers.
- The individual's presenting behaviour is not understood and there maybe concerns about mental health or mental capacity.
- The Individual concerned has refused a referral to ASC&H, but partner agencies who are working with them assess the risk to the individuals' health and wellbeing as high.

If Adult Social Care and Health staff or another agency receives information from a third party that highlights concerns to health and wellbeing, or risks to an individual, their carer or other family members, **a face to face visit should always take place.** Assessing the presenting situation first hand should not be delayed. Relevant policies and procedures can be initiated, if required, following a visit to assess the presenting situation. This should be treated as a safeguarding alert until such time as a risk assessment and strategy discussion can take place and a fuller understanding of these issues is established.

In all instances lone working protocols should be implemented to minimise any risks to employees.

A pragmatic decision on whether to instigate this guidance will need to be made by each agency if a new situation occurs. If a situation meets a suggested trigger the practitioner should discuss with their line manager, who should advise whether a multi-agency case conference should be instigated.

The adult concerned **MUST** be informed by the practitioner that a multi-agency meeting will be taking place and why. The individual concerned should be invited to the meeting as a matter of routine.

Multi-agency approach

When the practitioner and their line manager have agreed that the situation requires a multi-agency approach, the practitioner must inform all relevant agencies and professionals and extend an invitation to the multi agency meeting. This should be recorded in IAS

If an urgent response is required, key people should be invited by telephone. Multi agency conferences should be chaired by the appropriate team manager, or if appropriate or in their absence, Head of Service.

The key responsibilities of the chair are:

- Ensure a multi-disciplinary risk assessment, including an assessment of the individuals capacity is completed (appendix 3).
- Identify presenting problems / needs of vulnerable adult and what action is required to resolve / meet these.
- Ensure eligibility for Adult Social Care Services has been determined.
- Consider if the situation comes under safeguarding adults procedures?
- Identify if any children at risk.
- Identify 'challenges' to agency policy, procedure.
- Relevant legal / statutory powers to be identified and decision to be made on whether they are applied or used as a contingency.
- Identification of who is best placed to engage with the individual concerned e.g. who has the best relationship or most appropriate skills.
- Agree actions and who is responsible for doing what by when.
- Agree who takes responsibility for communicating information.
- Ensuring the individual concerned is a full participant in the meeting, if they choose to be.

It is important that the meeting is accurately recorded and a risk management plan is completed a copy of which should be sent to each agency who were invited and or attended.

Co-ordinating information in between multi-agency meetings is a key part of the process. Careful thought should be given to who takes responsibility for coordinating the sharing of information and what format is to be used. This should be agreed at the multi-agency meeting.

Decision making

The purpose of holding a multi agency conference is to support practitioners, individuals in need of support, and organisations in making robust evidence-based and legally compliant decisions that meet the desired outcomes of the individual wherever possible. It is the roles of each practitioner involved in supporting the individual to ensure that their views and wishes are at the centre of discussions and that any proposed actions do not contravene the individual's human rights. It is the role of the chair person to ensure that this is applied. However it is accepted that this overarching aim needs to be balanced against organisation's legal responsibilities.

The multi agency conference may conclude that each agency holds no legal power/duty to intervene, and that without the individual's consent there may be no further action that can be implemented. In such situations where the risk to the individuals or others is high, it may be appropriate to devise a means of monitoring ongoing risks, communicating as above.

In these circumstances it will often be the case that advice from legal services will be required, to ensure that all legal duties have been considered. All approaches to legal services should follow the process as outlined in the adult safeguarding practice guidance.

Recording.

Working with adults who are difficult to engage is complex and challenging; it can also often involve several differing legal frameworks. It is therefore vital that recording by practitioners and managers is robust and reflects both rationale for decisions as well as the decision itself. Differences in professional opinion between services/practitioners should also be recorded accurately.

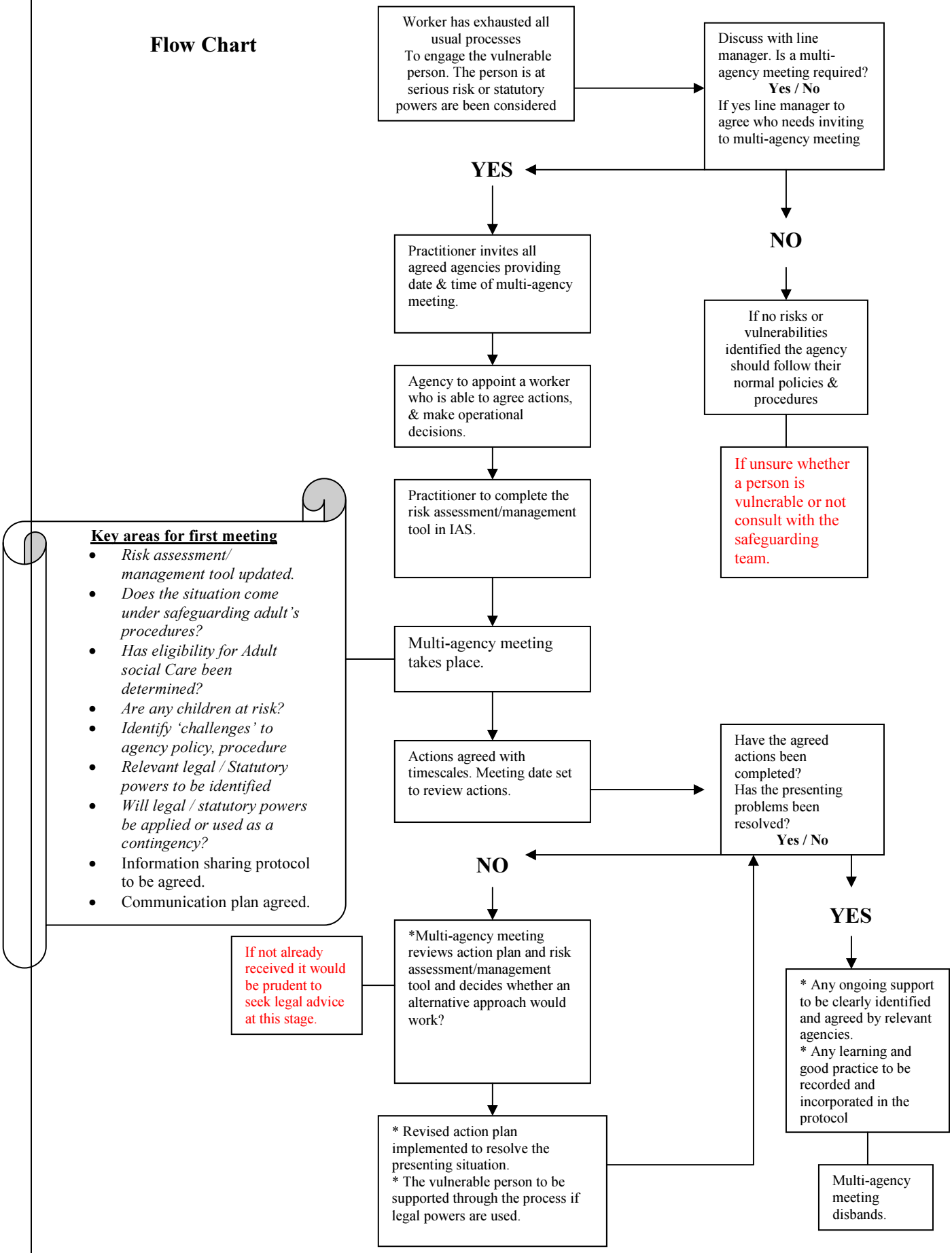
When to withdraw?

The multi agency conference may conclude that no agency holds a legal power/duty to intervene, and that without the individual's consent there is no further action that can be implemented. In such situations the chair of the multi agency conference should seek advice from the legal department setting out the current circumstances, risks and action taken and also the proposed view of the multi agency conference that agencies withdraw from the individual.

Once the decision to withdraw has been formalised this must be confirmed in writing and shared with the individual concerned. It should also be confirmed to the individual and other agencies that if the individuals circumstances change and they are willing to receive support a new referral to ASC&H can be made where appropriate.

Appendix 1

Flow Chart



Appendix 2

Legislation

The Public Health Act 1848 was the first major piece of public health legislation and included provision for cleaning filthy houses. This has been superseded by the Public Health Acts 1936 and 1961.

Public Health Act 1936

Contains the principal powers to deal with filthy and verminous premises.

Section 83 Cleansing of Filthy or Verminous Premises

1. Where a local authority, upon consideration of a report from any of their officers, or other information in their possession, are satisfied that any premises –

a) Are in such a filthy or unwholesome condition as to be prejudicial to health, or

b) Are verminous

The local authority shall give notice to the owner or occupier of the premises requiring him to take such steps as may be specified in the notice to remedy the condition of the premises.

The steps which are required to be taken must be specified in the notice and may include:

- Cleansing and disinfecting
- Destruction or removal of vermin
- Removal of wallpaper and wall coverings
- Interior of any other premises to be papered, painted distempered or whitewashed.

There is no appeal against a Section 83 notice and LA has the power to carry out works in default and recover reasonable costs. The LA also has the power to prosecute.

Section 84 Cleansing or Destruction of Filthy or Verminous Articles: -

Applied to the cleansing, purification or destruction of articles which appear so filthy that it is necessary in order to prevent injury, or danger of injury, to health. The offending article can be removed form the premises in order for it to be cleaned, purified, disinfected or destroyed.

Section 85 Cleansing of Verminous Persons and Their Clothing: -

The person themselves can consent to be cleansed of vermin or, upon a report from an officer; the person with his consent can be removed to a

cleansing station. A court order can be applied for where the person refuses to consent

The cleansing of females can only be done by a registered medical practitioner or by a female duly authorised by the proper officer of the authority.

The LA cannot charge for cleansing a verminous person and may provide a cleansing station under Section 86 of the Public Health Act 1936.
The Public Health Act 1936 S81 also gives Local Authority's power to make bylaws to prevent the occurrence of nuisances from filth, snow, dust, ashes and the keeping of animals so as to be prejudicial to health.

The Public Health Act 1961

The Public Health Act 1961 amended the 1936 Act and introduced: -

Section 36 Power to Require Vacation of Premises During Fumigation: -

Makes provision for the Local Authority to serve notice requiring the vacation of verminous premises and adjoining premises for the purposes of fumigation to destroy vermin. Temporary accommodation (free of charge) must be provided and there is the right of appeal to the magistrates court.

Section 37 Prohibition of Sale of Verminous Articles: -

Provides for household articles to be removed from the premises, if necessary, in order to be disinfested or destroyed at the expense of the dealer (owner).

Housing Act 2004

Allows LA to carryout risk assessment of any residential premises to identify any hazards that would likely cause harm and to take enforcement action where necessary to reduce the risk to harm. If the hazard is a category 1 there is a duty by the LA to take action. If the hazard is a category 2 then there is a power to take action. However an appeal is possible to the Residential Property Tribunal within 21 days.

Under S.40 the local housing authority has the power to take emergency remedial action where there is an imminent risk of serious harm to the health or safety of any of the occupiers of a premise in respect of a category 1 risk.

Building Act 1984 Section 76: -

Is available to deal with any defective premises which are in such a state as to be prejudicial to health and there has been unreasonable delay on behalf of the owner/occupier in remedying the defective state. It provides an expedited procedure; the LA may undertake works after 9 days unless the owner or occupier states intention to undertake the works within 7 days. The LA may seek to recover the reasonable expenses incurred to remedy the defective state. There is no right of appeal and no penalty for non –compliance.

There is further legislation that relates specifically to people – both the living and the deceased.

Environmental Protection Act 1990 Section 79(a): -

Refers to any premises, where there is a statutory nuisance which includes a state as to be prejudicial to health or a nuisance. Action is by Section 80 abatement notice; the recipient has 21 days to appeal to the magistrates' court

Prevention of Damage by Pests Act 1949:-

Local Authorities have a duty to take action against occupiers of premises where there is evidence of rats or mice. They have a duty to secure, as far as practicable, a district that is free from rats and mice.

Public Health (Control of Disease) Act 1984 Section 46: -

Imposes a duty on Local Authority to bury or cremate the body of any person found dead in their area in any case where it appears that no suitable arrangements for the disposal of the body have been made. Costs may be reclaimed from the estate or any person liable to maintain the deceased, as a civil debt bought within 3 years of when the sum became due.

National Assistance Act 1948 Section 47: -

The LA to apply to magistrate's court for removal of a person to suitable premises for the purpose of securing necessary care and attention if 2 conditions are met:

- Person is suffering grave chronic disease, is elderly, infirm or incapable and is living in unsanitary conditions, and
- Are unable to look after themselves and are not receiving proper care from others.

This provision does not apply to a person subject to a Court of Protection Order pursuant to the Mental Capacity Act 2005 or a person where Schedule 1 (A) of the Mental Capacity Act 2005 is applicable.

Person must be given 7 days notice unless it is certified by a medical officer of health and another registered medical practitioner that immediate removal is necessary (National Assistance (Amendment) Act 1951). Detention authorised by a court is for up to 3 months and may be extended for similar periods. However, where detention is authorised by the Court pursuant to the 1951 Act the initial period is limited to 3 weeks.

A section 47 may have serious consequences and should only be used as a last resort. Close co-ordination and communication between local authority, the magistrate's court, social services, environmental health, primary care and secondary care is required to ensure that the implementation of the order, rehabilitation, cleaning the person's residence, and subsequent placement are conducted smoothly. The role of the Proper Officer is fulfilled by the Environmental Health Officers who will work in consultation with the Public Health team.

Mental Health Act 1983:-

Compulsory admission to hospital or guardianship for patients not involved in criminal proceedings (Part II).

Section 2 - Admission for Assessment

*Duration of detention***:** 28 days maximum
*Application for admission***:** by Approved Mental Health Practitioner or nearest relative. Applicant must have seen patient within the previous 14 days.
*Procedure***:** two doctors (one of whom must be section 12 approved) must confirm that:
(a) patient is suffering from mental disorder of a nature or degree which warrants detention in hospital for assessment (or assessment followed by medical treatment) for at least a limited period; *and*
(b) he ought to be detained in the interests of his own health or safety or with a view to the protection of others.
Discharge: by any of the following:
• Responsible clinician
• Hospital managers
• Nearest relative who must give 72 hours notice. Responsible Clinician can prevent nearest relative discharging patient by making a report to the hospital managers
• Mental Health Review Tribunal. Patient can apply to a tribunal within the first 14 days of detention.

Section 3 – Admission for Treatment
*Duration of detention***:** six months, renewable for a further six months, then for one year at a time

Application for admission: by nearest relative or Approved Mental Health Practitioner in cases where the nearest relative consents, or is displaced by County Court, or it is not 'reasonably practicable' to consult him

Procedure: two doctors must confirm that
(a) patient is suffering from mental disorder of a nature or degree which makes it appropriate for him to receive medical treatment in hospital; *and*
(b) It is necessary for his own health or safety or for the protection of others that he receives such treatment and it cannot be provided unless he is detained under this section
(c) appropriate medical treatment is available for him

Renewal: under section 20, Responsible clinician can renew a section 3 detention order if original criteria still apply and appropriate medical treatment is available for the patient's condition.

Discharge: by any of the following
• Responsible clinicians
• Hospital managers
• Nearest relative who must give 72 hours notice. If Responsible clinicians prevents nearest relative discharging patient by making a report to the hospital managers, nearest relative can apply to Mental Health Review Tribunal within 28 days
• Mental Health Review Tribunal. Patient can apply to a tribunal once during the first six months of his detention, once during the second six months and then once during each period of one year

<u>Section 7 Guardianship</u>

A guardianship application may be made in respect of a patient on the grounds that –

a) He is suffering from mental disorder of a nature or degree which warrants his reception into guardianship ….
b) It is necessary in the interests of the welfare of the patient or for the protection of other persons that the patient should be so received.

Application can be made by an Approved mental Health practitioner or the nearest relative with written recommendations from 2 medical practitioners. If the nearest relative objects it may be appropriate to displace (Sec 29). The guardian may be the local Social Services. The purpose of Guardianship is to enable 'the establishment of an authoritative framework for working with a patient with a minimum of constraint to achieve as independent a life as possible within the community and must be part of the patients overall care and treatment plan'.

Discharge: by any of the following
• Responsible Clinician
• Local social services authority
• Nearest relative
• Mental Health Review Tribunal. Patient can apply to a tribunal once during the first six months of his detention, once during the second six months and then once during each period of one year

Section 135 Warrant to search for and remove patients

If there is reasonable cause to suspect that a person believed to be suffering from a mental disorder is unable to care for himself and is living alone, an AMPH can apply, to the magistrates court for a warrant authorising a police constable to enter the premises, if need be by force and remove the patient to a place of safety for up to 72 hours, with a view to making arrangements for assessment, treatment or care.

General

Human Rights Act 1998

Public authorities must act in accordance with the European Convention of Human Rights, which has been given legal effect by the Human rights Act 1998. The national courts will be able to enforce such rights against these authorities.

Article 3 – freedom from torture, inhumane and degrading treatment

Article 5 – Right to Liberty and Security
Everyone has the right to liberty and security of persons.

Article 6 – The right to a fair trial

Article 8 – Right to respect for Private, Family Life and Correspondence.
Everyone has the right to respect for his private and family life, his home and his correspondence.

Article 9 – freedom of thought, conscience and religion

Article 10 – Freedom of expression

NOTE: Article 3 is an absolute right. Articles 5 and 6 are limited rights. Articles 8, 9 and 10 are qualified rights where the legal test of proportionality applies.

There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well being of the country, for the prevention of disorder or crime, for the protection of health or morals, or the protection of the rights and freedoms of others.

The First Protocol Article 1 – Protection of Property

Every natural or legal person is entitled to the peaceful enjoyment of his possessions. No one should be deprived of his possessions except in the public interest and subject to the conditions provided for by law and by the general principles of international law.

Anti Social Behavior

The Crime and Disorder Act 1998 defines anti-social behavior as “acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as the offender”. The Government deliberately defines anti-social behavior using broad terms as it can mean different things to different people.
Anti-social behavior can affect entire communities or individual people. For example, a neighborhood may feel threatened by a small group of people, or an individual may feel intimidated by a neighbour.

Where it is considered that a formal sanction should be considered regarding an individual, the Council's Community Safety Manager should be asked to refer the case to the monthly ASB Working Group meeting for consideration. In matters of urgency contact should be made with either the Community Safety Manager or the police ASB officer at Bracknell police station.

Misuse of Drugs Act 1971

Section 8

‘A person commits an offence if, being the occupier or concerned in the management of the premises, he knowingly permits or suffers any of the following activities to take place on those premises…’

S8 (a)
Producing or attempting to produce a controlled drug…’

S8 (b)
Supplying or attempting to supply a controlled drug to another ……or offering to supply a controlled drug to another….’

S8 (c)
Preparing opium for smoking’

S8 (d)
Smoking cannabis, cannabis resin or prepared opium’

Mental Capacity Act 1995

The five underpinning Principles

You must:-

1) Assume the person has capacity unless proved otherwise

2) Do not treat people as incapable of making a decision unless you have tried all practicable steps to try to help them.

3) People who have capacity are not to be treated as incapable of making a decision just because their decision is unwise

4) Always do things, or take decisions for people without capacity in their best interest

5) Ensure that before an act is done or a decision is made on behalf of an incapacitated person, the outcome is achieved in a way that is less restrictive to the person's rights and freedom of action.

The two- stage test of capacity

You must use the following test to assess if the person has capacity:-
1) Is there an impairment of, or disturbance in the functioning of the person's mind or brain? If so,
2) Is the impairment or disturbance sufficient that the person lacks the capacity to make that particular decision at a given time (capacity is decision specific)?
The person is able to make a decision and therefore has capacity if they:-

a. Understand the information relevant to the decision,
b. Retain the information,
c. Use or weigh that information as part of the process of making the decision, or
d. Communicate his/her decision either by talking, signing, or any other means

Best Interest Checklist

Where a person lacks capacity all decisions must be made in the best interest of that person. The checklist below gives some common factors that you must always take into account where a decision is being made, or an act is being done for the person who lacks capacity.

- Involve the person who lacks capacity
- Be aware of the persons past and present wishes and feelings
- The beliefs and values that would be likely to influence the person if they had capacity
- any other factors the person would consider if they had capacity
- Consult with others who are involved in the care of the person
- Do not make assumptions based solely on the person's age, appearance,
  Condition or behaviour
- Is the person likely to regain capacity to make the decision in the future

You must formally record your decision e.g. by completing the MCA Checklist template and store this within the service user's electronic or paper file.

You must make appropriate enquiries to establish whether there is an attorney pursuant to an enduring or lasting power of attorney or a court appointed deputy. Where this information is not readily available a search free of charge can be submitted to the Office of Public Guardian.

NOTE: If the threshold for intervention by environmental health services is met, they would expect the homeowner/tenant to pay for any required works. If the Homeowner/tenant refuses Environmental Health would consider placing a charge against the property.

Appendix 3

Situational incapacity

The focus of the Mental Capacity Act 2005 is on whether a person is cognitively able to make an informed decision. Mental incapacity means that

> *"… at the material time, [s]he is unable to make a decision for [her- or] himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain" (section 2(1) MCA).*

However, practitioners also need to bear in mind the possibility that although cognitively capacitated to make a particular decision, a person may be incapacitated by their situation. This is particularly important in safeguarding adult's situations.

The leading case on situational incapacity is Re SA, decided by Mr Justice Munby in 2005. In brief, SA was a young woman who required protection from an unsuitable arranged marriage. SA was deaf and had no speech or oral communication. She functioned at the intellectual level of a 13- or 14-year-old. She could communicate in British Sign Language but not in Punjabi, the main language within her family.

SA wished to marry a Muslim man of her parents' choosing, but someone who spoke English and was prepared to live in the UK. She was able to give an informed consent to marry, but only if provided with a full understanding of what was proposed.

The Local Authority applied to court because of information suggesting that SA was about to be taken to Pakistan to be married against her wishes. The LA were concerned that SA would not be able to communicate with people around her, and would feel isolated. This would affect her well-being and mental health, and make her possibly unable to recognise the risk she was exposed to.

Mr Justice Munby held that the High Court did have power to make declarations to protect SA, even though her incapacity arose from her situation rather than her cognition:-

"The inherent jurisdiction can be exercised in relation to a vulnerable adult who, even if not incapacitated by mental disorder or mental illness, is, or is reasonably believed to be, either

(i) under constraint or

(ii) *subject to coercion or undue influence or*

(iii) For some other reason deprived of the capacity to make the relevant decision, or disabled from making a free choice, or incapacitated or disabled from giving or expressing a real and genuine consent."

The judge went on to explain that there were three broad ways in which situational capacity might arise. These were:-

1 - "Constraint" - which could fall short of incarceration, and would apply whenever there is "some significant curtailment of the freedom to do those things which in this country free men and women are entitled to do".

A person could perhaps be "constrained" in this way if they were prevented from going out, or otherwise prevented from contacting others to whom they might express their views or who might give them advice.

2 - "Coercion or undue influence" – which would apply where "a vulnerable adult's capacity or will to decide has been sapped or overborne by the improper influence of another … [particularly] where the influence is that of a parent or other close and dominating relative, and where the arguments and persuasion are based upon personal affection or duty, religious beliefs, powerful social or cultural conventions, or asserted social, familial or domestic obligations, the influence may … be subtle, insidious, pervasive and powerful. In such cases, moreover, very little pressure may suffice to bring about the desired result."

This can perhaps be summarised as being situationally incapacitated by being subjected to undue pressure. This could include being pressurised by arguments referring to religious, cultural or familial expectations.

3 - "Other disabling circumstances" – which would apply where "circumstances … may so reduce a vulnerable adult's understanding and reasoning powers as to prevent him forming or expressing a real and genuine consent, for example, the effects of deception, misinformation, physical disability, illness, weakness (physical, mental or moral), tiredness, shock, fatigue, depression, pain or drugs. No doubt there are others."

This is a general category of situation which might prevent the person "forming or expressing a real and genuine consent", for example because they have been given misleading information, or are in shock or pain.

This is perhaps the hallmark of situational capacity: is the person, though cognitively capacitated in general, preventing by their situation from giving (or withholding) a "real and genuine consent"?

An earlier case, Re G decided by Mr Justice Bennett in 2004 concerned a 29-year-old woman with a history of mental illness. The court application was made to protect Ms G from the effects of contact with her father. The judge found that Ms G was cognitively capacitated to decide whether to see him. However, the judge accepted medical evidence which showed that contact with him was likely to lead to a significant deterioration in Ms G's mental health and the loss of such capacity. The judge concluded that

> *" … if the declarations sought are in G's best interests, the court, by intervening, far from depriving G of her right to make decisions … will be ensuring that G's now stable mental health is sustained, that G has the best possible chance of continuing to be mentally capable, and of ensuring a quality of life that [previously] she was unable to enjoy".*

It is important to consider situational capacity, particularly in cases where people appear only marginally cognitively capacitated and at potential risk.

Applications to the High Court for declarations to protect someone who is situationally incapacitated need to be made under the Court's inherent jurisdiction rather than under the Mental Capacity Act.

In certain contexts, capacity can be overborne by a powerful persuader. The Courts have expanded the best interest principle to include cases where vulnerable adults do have capacity but are at risk of being forced into situations incompatible with their best interests, e.g. Forced marriages or exploitative relationships. In such cases, the courts have evoked the inherent jurisdiction to protect. However, caution is advised as evidentially it can be difficult to establish coercion as opposed to an unwise decision on behalf of a person. In addition, in the recent case of RYJ and VJ [2010] Macur J established what appears to be an impossible threshold in order to evoke the inherent jurisdiction. The Judge took the view that if a person's vulnerability was exceptional/greater by reason of intellectual functioning and age, then these factors would have been considered in reaching the Judge's decision concerning capacity. Therefore, in cases where situational incapacity may be relevant, legal advice should be sought.

Safeguarding Empowerment Strategy 2012 - 2014

Bracknell Forest Safeguarding Adults Partnership Board

Adult Safeguarding - Everybody's business

Contents

Foreword by the Chair of the Safeguarding Adult Partnership Board

The Bracknell Forest Safeguarding Adults Partnership Board (the board) has responsibility for providing strategic leadership for adult safeguarding issues across the borough. The Board's membership comes from statutory agencies such as Bracknell Forest Council's Adult Social Care and Health Department, Thames Valley Police, NHS Berkshire, Berkshire Healthcare NHS Foundation Trust and Thames Valley Probation, as well as the local LinKS, Carers UK, Community Safety Partnership, Bracknell Forest Voluntary Action, Berkshire Care Association and the 3rd sector. The Board has identified the development and implementation of this empowerment strategy is a key aim for 2012 -2013.

Empowerment is about supporting people to protect themselves from harm and supporting people to be in control of their own lives. The board believes that all local residents should be free to live a life free from abuse or neglect and it is therefore vital that all agencies work together to ensure that those at risk of not being able to exercise control over their lives are empowered and where needed supported to take control of their lives.

The Board is committed to achieving the goals set out in this strategy and will work collaboratively with all agencies to ensure that Adult Safeguarding really is *everybody's business*

Glyn Jones

Director Adult Social Care and Health

Bracknell Forest Council

Chair of the Bracknell Forest Safeguarding Adults Partnership Board

Introduction to the strategy

In 2000 the Department of Health issued guidance (titled No Secrets) on the arrangements that should be in place at a local level to protect 'vulnerable adults' from abuse or neglect. In 2009 the Government launched a consultation on the review of No secrets, a key outcome of this review was the need to develop systems and practice that enable adults at risk to protect themselves from abuse or neglect.

If people are to protect themselves from abuse, they need to:

- Be aware of what abuse is,
- be informed about their rights
- Have the skills and resources to be able to deal with abuse or neglect.
- Have the information and confidence to take action

The Board fully support the principle that all individuals have the **right** to make their own choices about how to live **their** life. Furthermore it is the role of organisations charged with supporting people who may be at risk of abuse or neglect to enable them to make informed choices wherever possible. The Board fully endorses the principle that where people do not have the mental capacity to make their own choices the principles of the Mental Capacity Act will be used to guide and support 'best interest' decision making on the individuals' behalf.

Prevalence of adult abuse

There is no nationally accepted methodology for determining the prevalence of adult abuse; this is in part due to the broad definition of an adult at risk and the fact that a number of disabilities are 'hidden' therefore it is difficult to identify adults at risk. The Berkshire Adult Safeguarding good practice guidance and manual defines an adult at risk as:

"Adult at Risk is a person who is 18 years or over and who is or may be in need of, community care or health care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

Therefore the most reliable data relating to adult safeguarding work in Bracknell Forest is taken from Bracknell Forest Annual Safeguarding Adults report. This provides statistical information regarding the number of referrals received by Bracknell Forest Council's Adult Social Care and Health (ASC&H) Department. The following table illustrates the number of referrals received by ASC&H since 2007.

	2007/2008	2008/2009	2009/2010	2010/2011
Number of people with a physical disability, frailty or sensory impairment supported by Adult Social Care	**2530**	**2510**	**2445**	**2187**
Number of people within this group who were the subject of a safeguarding referral	46	127	80	76
Number of people within this group subject to a safeguarding referral as a % of all the people supported	2%	5%	3.2%	3.5%
Number of people with mental health issues supported by Adult Social Care	**907**	**953**	**892**	**780**
Number of people within this group who were the subject of a safeguarding referral	6	28	17	10
Number of people within this group subject to a safeguarding referral as a % of all people supported.	0.60%	3.%	2%	1%
Number of people with a learning disability supported by Adult Social Care	**299**	**290**	**317**	**315**
Number of people within this group who were subject to a safeguarding referral	25	59	49	41
Number of people within this group subject to a safeguarding referral as a % of all people supported	8%	20%	15%	13%
Number of people who's primary category is not recorded or is recorded as other, supported by Adult Social Care	**5**	**7**	**2**	**12**
Number of people with this group subject to a safeguarding referral	0	0	1	2
Number of people within this group subject of a safeguarding referral as a % of all people supported	0%	0%	50%	17%
Number of safeguarding referral (total)	**77**	**214**	**117**	**129**
Of those, the number that are repeat referrals	**Data not collected during this period**	**Data not collected during this period**	**17 (data only collected from October 09-March 10)**	**12 (full 12 months reporting)**

Whilst the number of reported incidents of adult abuse has fluctuated during the period of reporting, the board recognises that with an ageing population and the increased desire of people to remain in their own homes, the need for a coherent and joined up strategy that works across all local partners is needed. Therefore the Board is setting out this strategy to empower individuals to make informed choices, and where safeguarding concerns do become apparent to be at the centre of the assessment and protection planning process. The Board is also prioritising the need to reduce the number of repeat safeguarding referrals for a person, thereby ensuring that people are supported to (wherever possible) be empowered and supported to keep themselves safe the first time concerns are identified.

Aims of the strategy

The strategy has two main aims

1. To empower all Bracknell Forest residents who may be at risk of abuse or neglect (now or in the future) to be aware of their rights and where to receive help, support and advice.

2. To reduce the number repeat safeguarding referrals.

How will we empower people?

In this strategy we have identified the goals we wish to achieve, what the board will do to meet these goals and by when and how we will measure their impact.

- **Goal 1 - Information and advice**

All Bracknell Forest residents will have access to accurate, up to date and accessible information about 'staying safe'. The range of information will cover services, organisations and groups that are able to provide support, information and advice regarding staying safe and who to contact for help and support.

- **Goal 2 -Increased awareness of abuse and neglect**

Increase the public's awareness of adult safeguarding. An awareness raising campaign aimed at particularly vulnerable groups will be developed and implemented. This will highlight adult safeguarding issues, and the support available to people should they feel they need it.

- **Goal 3 -Putting the individual at the centre of the development and implementation of their safeguarding plan**

To involve individuals (wherever possible) in their safeguarding plan. Thereby empowering the individual to identify what they want to achieve from the safeguarding process

- **Goal 4 Supporting people who lack mental capacity.**

Where individuals lack the mental capacity to make the decision about their own lives the principles of the Mental Capacity Act and the code of practice will be followed consistently by all agencies and organisations.

- **Goal 5 - The use of advocacy**

Where individuals require or request an independent advocate to support them during the development and implementation of there safeguarding plan they will be provided with one. All independent advocates will be aware of the principles of safeguarding and work in the persons best interests.

❖ **Goal 6 – Building individuals confidence and resilience**

Where appropriate, support will be offered to individuals to enable them to access services and/or support to build or develop their assertiveness skills and confidence. This will enable individuals to feel more confident and comfortable to say “No” to others in circumstances where they feel uncomfortable.

Next Steps.

The Board will implement the strategy as set out in the implementation plan, progress against the plan will be monitored via the Board and this will form part of the Board’s annual report which will be presented to the executive/management committee of each member organisation.

Goal 1 - Information and advice	Tasks	Lead	Timescale	Outcomes / Outputs
All Bracknell Forest residents will have access to accurate, up to date and accessible information about 'staying safe'. The range of information will cover services, organisations and groups that are able to provide support, information and advice regarding staying safe and who to contact for help and support.				

Goal 2 - Increased awareness of abuse and neglect	Tasks	Lead	Timescale	Outcomes / Outputs
Increase the public's awareness of adult safeguarding. An awareness raising campaign aimed at particularly vulnerable groups will be developed and implemented. This will highlight adult safeguarding issues, and the support available to people should they feel they need it.				

Goal 3 - Putting the individual at the centre of the development and implementation of their safeguarding plan	Tasks	Lead	Timescale	Outcomes / Outputs
To involve individuals (wherever possible) in their safeguarding plan. Thereby empowering the individual to identify what they want to achieve from the safeguarding process				

Goal 4 - Supporting people who lack mental capacity	Tasks	Lead	Timescale	Outcomes / Outputs
Where individuals lack the mental capacity to make the decision about their own lives the principles of the Mental Capacity Act and the code of practice will be followed consistently by all agencies and organisations.				

Goal 5 - The use of advocacy	Tasks	Lead	Timescale	Outcomes / Outputs
Where individuals require or request an independent advocate to support them during the development and implementation of there safeguarding plan they will be provided with one. All independent advocates will be aware of the principles of safeguarding and work in the persons best interests.				

Goal 6 - Building individuals confidence and skills	Tasks	Lead	Timescale	Outcomes / Outputs
Where appropriate, support will be offered to individuals to enable them to access services and/or support to build or develop their assertiveness skills and confidence. This will enable individuals to feel more confident and comfortable to say “No” to others in circumstances where they feel uncomfortable.				

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TO: ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
DATE: 17 APRIL 2012

REPORT ON STATUS OF SHADOW HEALTH AND WELLBEING BOARD
Director of Adult Social Care, Health and Housing

1 INTRODUCTION

1.1 This paper sets out the progress towards establishing a statutory Health and Wellbeing Board in Bracknell Forest which is a requirement of the Health and Social Care Act 2012 ("the Act").

2 RECOMMENDATION

2.1 The Panel is asked to note the arrangements.

3 REASONS FOR RECOMMENDATIONS

3.1 To ensure Overview and Scrutiny Panels are aware of the progress being made through the Shadow Health and Wellbeing Board to prepare for the statutory responsibilities in April 2013.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None. Although it must be noted that this report will need to be reviewed following commencement orders, regulations and guidance relevant to the Act.

5 SUPPORTING INFORMATION

5.1 In the NHS White Paper, "*Liberating the NHS: Legislative framework and next steps*", (14 December 2010) the Government set out a requirement for health and wellbeing boards to be set up in every upper tier local authority by April 2013 to bring together local NHS services, social care and public health commissioners to:

- develop a Joint Strategic Needs Assessment (JSNA) and new statutory Health and Wellbeing Strategy (JHWS)
- transfer to the local authority specific public health functions defined in the Bill
- secure the integration of commissioning across health, public health and social care and all other functions and services with a health related outcome including planning, leisure, community safety, employment and criminal justice agencies
- ensure patient and public involvement in health, public health and social care commissioning
- facilitate and enable the pooling of funds under Section 75 of the NHS Act 2006

5.2 Ahead of the April 2013 deadline, interim bodies are to be set up described nationally as "Shadow Health and Wellbeing Boards". The purpose of the shadow boards is to put in place those arrangements necessary to deliver the statutory requirements.

5.3 The Bracknell Forest Shadow Board met for the first time in September 2011 with the following membership which reflects the statutory requirement in Section 194 of the Act:

Cllr. Dale Birch	Executive Member for Adult Services, Health and Housing (Chairman)
Cllr. Dr. Gareth Barnard	Executive Member for Children and Young People
Timothy Wheadon	Chief Executive, Bracknell Forest Council
Glyn Jones	Director of Adult Social Care and Health, Bracknell Forest Council
Dr Janette Karklins	Director of Children, Young People and Learning, Bracknell Forest Council
Dr Pat Riordan	Director of Public Health for Berkshire (East)
Dr William Tong	Representative of the Bracknell Forest and Ascot Clinical Commissioning Group (Vice Chairman)
Mary Purnell	Representative of the Bracknell Forest and Ascot Clinical Commissioning Group
Barbara Briggs	Patient and Public Involvement Representative from the Local Involvement Network

5.4 The structure of the Board is emerging and a format has been discussed such that a small overarching executive group, comprising local health, social care and public involvement representatives will oversee a work programme supported by four sub-groups:

- Adult Social Care & Safeguarding
- Children's Partnership Arrangements & Safeguarding
- GP Commissioning & Public Health
- Patient and Public Involvement

5.5 The Shadow Board will meet every two months, the next meeting is to be held on 26 April 2012.

Progress to date

5.6 The Board is undergoing a process of relationship building which has not hindered progress. Terms of Reference have been agreed by the constituent members of the Board and an online community of practice has been created to allow for collaborative discussion between meetings across the different sectors and participants.

5.7 A JSNA has been produced and arrangements are in place to begin the development of the JHWS. A lead officer has been nominated by the Board who is Zoë Johnstone, Chief Officer: Adults and Joint Commissioning. The initial development meeting will take place on April 11. The purpose of the group in the shadow year is to determine robust arrangements for developing a JHWSA and the intention is to develop a "model" plan by July 2012. Members of the Health Scrutiny Panel will be involved in its development.

5.8 The Act prescribes enhanced patient and public involvement in health and social care commissioning. Two strands have emerged:

5.8.1 A new organisation called Local Healthwatch ("LHW") must be commissioned by the local authority to assume the statutory functions of the Bracknell Forest LINk and new functions by April 2013. LHW will be the independent consumer champion of users

of health and adult social care services. A lead officer has been nominated who is Mira Haynes, Chief Officer: Older People and Long-term Conditions. Arrangements to support statutory LINk functions until April 2013 are in place. With regard to LHW development, an independent specialist in health and social care patient and public involvement will assist in the development of a visioning exercise to shape LHW in Bracknell Forest in line with published guidance.

5.8.2 Patient and public involvement must also be hardwired into the commissioning arrangements of the Health and Wellbeing Board and its partners. An outline proposal to meet this requirement was submitted to the Board in February. Subsequent collaboration between the local authority and the health service will see a detailed paper going to the next Board meeting setting out a "Health and Care Network"

5.9 A number of public health functions will return to local government from April 2013. Inherent in this change is potentially the transfer of people, information assets and financial commitments. A comprehensive plan for the transition of functions was developed by the PCT and local authorities and in place by April 2012. There is a Berkshire-wide Transition Board chaired by the Chief Executive and supported by the Director of Adult Social Care, Health & Housing. There is a more detailed report being presented to members of the Health Scrutiny Panel at its April's meeting.

Next steps

5.10 Additional regulations and subsequent guidance are expected which should clarify the requirements for holding meetings in public.

5.11 Arrangements for working with and within the new NHS architecture are also to be developed. The timetable for this work will emerge as new bodies are established.

5.12 How members of the board will support the Clinical Commissioning Group authorisation process must also be explored and final guidance is expected in this regard.

5.13 Mapping of the new outcomes frameworks for health, public health and adult social care across the work of the Board is also to be undertaken.

5.14 Due to non-coterminosity of the Clinical Commissioning Group and the local authority area, information protocols and working relationships with the Royal Borough of Windsor and Maidenhead are to be established.

5.15 In the light of an emerging outcomes strategy for children and young people, how these and children's trust arrangements are to be integrated into the work of the board must also be reviewed.

5.16 Establishing the necessary communications messages and media to create awareness of the Board, its purpose and intended outcomes

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 Not applicable

Borough Treasurer

6.2 Not applicable

Strategic Risk Management Issues

6.3 The potential NHS Reforms are identified in the Council's Strategic Risk Management Plan.

Contact for further information

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TO: ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
17 APRIL 2012

WORKING GROUP UPDATE REPORT
Working Group Lead Members

1 PURPOSE OF REPORT

1.1 This report sets out the progress achieved to date by the working groups of the Panel reviewing substance misuse and monitoring the modernisation of older people's services.

2 RECOMMENDATION(S)

2.1 That the Panel notes the progress achieved to date by its working groups reviewing substance misuse and monitoring the modernisation of older people's services.

3 REASONS FOR RECOMMENDATION(S)

3.1 To keep the Panel up to date in respect of the activities of its working groups.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None.

5 SUPPORTING INFORMATION

Substance Misuse

5.1 The Panel established this Working Group to review the Council's response, and that of its partners, to the Government's requirements contained in its 2010 Drug Strategy following Bracknell Forest being selected as one of eight national pilot sites for the Payment by Results Drug Recovery pilot programme.

5.2 At its first meeting the Working Group considered the scope of the review in the light of a discussion concerning the Payment by Results Drug Recovery pilot programme and the local substance misuse circumstances with the Chief Officer: Older People & Long Term Conditions and the Drug & Alcohol Action Team Manager & Commissioner. The Working Group subsequently agreed the scope and visited the New Hope drug treatment centre where members met some staff, volunteers, service users, a substance misuse prescribing doctor and an Inspector of Thames Valley Police to gain an insight into the extent, treatment and consequences of substance misuse.

5.3 A further meeting of the Working Group will be arranged shortly to plan further work which will include inspecting New Hope's new premises following its relocation.

Modernising Older People's Services

5.4 Following a briefing in respect of modernising older people's services, the Panel set up this Working Group to monitor the proposed implementation of a wide range of measures intended to modernise and improve support for older people in the Borough. The roll out of the Personalisation agenda and success in caring for people in their own homes were amongst the drivers for the modernisation scheme.

5.5 The Working Group received an introductory briefing from officers and agreed the scope of the review at its first meeting and has subsequently met again to consider modernisation consultation feedback and plan the next stages of its work. Members have also attended a meeting of the Home Care Providers Forum. The Working Group's future work will include a visit to Heathlands Residential Home and Day Care Centre.

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

6.1 Not applicable.

Background Papers

None

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TO: ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
17 APRIL 2012

OVERVIEW AND SCRUTINY PROGRESS REPORT
Assistant Chief Executive

1 PURPOSE OF REPORT

1.1 This report highlights:

(i) Overview and Scrutiny (O&S) activity during the period September 2011 to February 2012.
(ii) Significant national and local developments in O&S.

2 RECOMMENDATIONS

2.1 To note Overview and Scrutiny activity over the period September 2011 to February 2012, set out in section 5 and Appendices 1 and 2.

2.2 To note the developments in Overview & Scrutiny set out in section 6.

3 REASONS FOR RECOMMENDATIONS

3.1 The Chief Executive has asked for a six monthly report to be produced on O&S activity.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None.

5 SUPPORTING INFORMATION

Health Scrutiny

5.1 Health Scrutiny Chairmen from the three East Berkshire councils together with Buckinghamshire County Council are considering resuming the Joint East Berkshire Health Overview and Scrutiny Committee, which has been formally suspended since February 2011; this would be to receive a prospective formal consultation by the Primary Care Trust (PCT) later in 2012, regarding prospectively significant changes to health services.

Overview and Scrutiny Membership

5.2 The membership of the O&S Commission and Panels was last set by Council and the Commission respectively at their annual meetings on 25 May 2011. Subsequently, the two Parent Governor and Catholic Diocese vacancies have been filled, and the vacancy of the Church of England representative remains to be filled.

Overview and Scrutiny Work Programme

5.3 The programme continues the increased focus on contributing to policy development and pre-decision scrutiny, through short reviews; with fewer major reviews reviewing important

topics in depth, over several months. The table at Appendix 1 sets out the current status of the O&S Working Groups, along with the list of completed reviews. Work is well underway to refresh the work programme for the coming civic year.

Overview and Scrutiny Commission

5.4 The O&S Commission met on 15 September, the main items being: to review the progress of a number of O&S Working Groups and their reports; the responses received to an O&S report; the quarterly performance reports; and considering the work programme and the approach to budget scrutiny. An additional meeting was arranged on 21 September to consider the Call-In of an Executive decision relating to land at Binfield. At the Commission's meeting on 24 November the main items were a presentation on the work of the Economic and Skills Development Partnership, considering the Executive responses to two O&S reports, and to review the progress of the Commission's various Working Groups. At its last meeting on 26 January, the main items included: appointment of Mrs Carol Murray as new Parent Governor Representative; considering the draft budget for 2012-13; reviewing the latest performance reports; receiving a report on Superfast Broadband; and considering the progress of Panels, Working Groups and the future O&S work programme.

5.5 The O&S Commission's next meeting is on 29 March. Meanwhile, the Commission is running two Working Groups, as described in Appendix 1. The Commission's working groups which have concluded, listed in Appendix 1, included the review of the new Medium Term Objectives; on that review the Council's Leader's letter of 21 Sept, accepting many of the recommended changes by the O&SC Working Group, said *'Executive colleagues, senior officers and I have certainly found the Working Group's views positive in helping to sharpen the document'.*

Environment, Culture and Communities O&S Panel

5.6 The Panel met on 18 October and 10 January. The main items considered at the meetings included: Quarterly Service Reports for the relevant quarters; the 2012/13 budget proposals; the Supporting People Strategy; relevant Executive Forward Plan items; briefings in respect of the Community Infrastructure Levy and the impact of the Localism Act 2011; and progress updates concerning the Borough's Local Development Framework, the re-surfacing of the A322 Bagshot Road, the energy management of the Borough's schools, proposed highway works, winter preparations and monitoring the progress of the Panel's working groups (see Appendix 1). The Panel's next meeting is on 24 April.

Health O&S Panel

5.7 The Panel met on 3 November and 2 February. The main items considered at those meetings included: receiving the views of the Member of Parliament for Bracknell on secondary health services in the locality; reviewing progress on the establishment of the new Clinical Commissioning Group; receiving presentations from the Chief Executives of South Central Ambulance Service and Frimley Park Hospital on the work of their NHS Trusts; meeting the Chief Executive of NHS Berkshire PCT on progress on the reforms to health arising from the Government's Health and Social Care Bill and the 'Shaping the Future' programme for health services in East Berkshire; monitoring the Bracknell Healthspace project; receiving briefings on the transfer of public health functions to the Council; and monitoring the progress of the Panel's Working Groups (see Appendix 1). The Panel's next meeting is on 26 April.

5.8 The work outside formal panel meetings has included the Panel Chairman attending the Royal opening of the Royal Berkshire Hospital's Brants Bridge Clinic, visiting Frimley Park Hospital, and attending various NHS seminars.

Children, Young People and Learning O&S Panel

5.9 Meetings of the Panel were held on 5 October and 18 January when it: viewed a domestic violence DVD created by the Bracknell Forest Youth Council; received the minutes of the Corporate Parenting Advisory Panel; was briefed on school places and the school admissions process, the Education Act 2011 and a Serious Case Review; and considered relevant Executive Forward Plan items, its work programme, Quarterly Service Reports for the relevant quarters, the 2012/13 budget proposals, the report of the O&S review of the Common Assessment Framework, and the 2010/11 annual reports of the Local Safeguarding Children Board, of School and Children's Centre Inspections, of the Ofsted Assessment of Children's Services and of the Independent Reviewing Officer for Children's Social Care. Future review work is described in Appendix 1. The Panel's next meeting is on 18 April.

5.10 The work outside formal Panel meetings has included some Panel members and an O&S officer meeting with OFSTED inspectors in November 2011 on the role and activities of the Panel and its working groups. OFSTED and the Care Quality Commission were inspecting safeguarding and looked after children services in Bracknell Forest and subsequently commented on O&S in the report[1] of their Inspection. The inspectors said:

> *'The council's overview and scrutiny process is outstanding and has led to a thorough and comprehensive review of safeguarding in 2011 with clear and measurable recommendations.'*
>
> *'The internal scrutiny of performance is outstanding, with strong evidence of senior managers being held to account for service quality, performance and the actions to be taken in order to meet specific targets.'*

Additionally, following the issuing of a press release on the report of the Working Group which reviewed the Common Assessment framework, a local radio station interviewed the Lead Member of the Working Group.

Adult Social Care O&S Panel

5.11 The Panel met on 11 October and 17 January. The main items considered at the meetings included: the 2010/11 Adult Safeguarding Annual Report; the Adult Social Care and Health Local Account for 2010/11; Quarterly Service Reports for the relevant quarters; the 2012/13 budget proposals; the Panel's work programme, relevant Executive Forward Plan items; briefings in respect of the Emergency Duty Team, Carers' Conference outcomes, substance misuse and Blue Badge disabled parking scheme reforms; and progress updates regarding the personalisation of Adult Social Care and the Older People's Partnership. The Panel also received a petition with 973 signatories asking for Ladybank Residential Care Home to remain open and updates on its working groups (see Appendix 1). The Panel's next meeting is on 17 April.

Other Overview and Scrutiny Issues

5.12 The O&S Annual Report for 2011-12 is being produced, and this is planned for presentation to Council on 25 April.

5.13 Responses to the feedback questionnaires on the quality of O&S reviews are summarised in Appendix 2, showing a consistently high score across the various questions posed.

[1] The report was published on 16 December 2011 and can be seen at http://www.ofsted.gov.uk/local-authorities/bracknell-forest

5.14 Quarterly review and agenda setting meetings between O&S Chairmen, Vice-Chairmen, Executive Members and Directors are taking place regularly for the Panels (every two months for the O&S Commission).

5.15 The O&S Commission Chairmen and Vice Chairmen are meeting on a regular basis to consider cross-cutting O&S issues. Their next meeting is planned for 16 April.

5.16 External networking on O&S in the last six months has included an O&S officer attending the South East Employers Local Democracy and Accountability network events; Members and an O&S officer attending an O&S public health conference; and an O&S officer attending a Home Office conference on the new Police and Crime Panels scrutiny arrangements.

6 Developments in O&S

6.1 The Government's Health and Social Care Bill, currently going through its Parliamentary stages contains some proposed changes to strengthen Health O&S provisions, and is being monitored. The governance implications of the Localism Act relating to scrutiny are under consideration by members.

6.2 Council approved the introduction of a Public Participation scheme for O&S, and this is now a standard item for all O&S meetings in public.

6.3 Member training on O&S in the period included three training events delivered by the Centre for Public Scrutiny on questioning skills, and on leadership of O&S.

6.4 The O&S Officer team pursued a number of developments, including adding O&S questions to the all-Member survey in January 2012. Of the applicable answers from respondents, 96% said they were satisfied with the support provided by officers, and 81% said they were satisfied with the training provided to members on O&S. Other development work by the O&S team included regularly delivering Corporate Induction Training on O&S; and improving the O&S pages on the Council's website. Also, the Head of O&S met the Youth Council on 26 September, at the initiative of the Executive Member for Children and Young People, to explain the role of O&S, and to explore whether the Youth Council would like to become involved.

7 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Statutory Scrutiny Officer

7.1 The monitoring of this function is carried out by the Statutory Scrutiny Officer on a quarterly basis. Good progress has been made on the agreed programme of work by Overview and Scrutiny for 2011/12. Scrutiny Panels have continued to focus on areas of importance to local residents, and the quality of the work done continues to be high.

Borough Solicitor

7.2 Nothing to add to the report.

Borough Treasurer

7.3 There are no additional financial implications arising from the recommendations in this report.

Equalities Impact Assessment

7.4 Not applicable. The report does not contain any recommendations impacting on equalities issues.

Strategic Risk Management Issues

7.5 Not applicable. The report does not contain any recommendations impacting on strategic risk management issues.

Workforce Implications

7.6 Not applicable. The report does not contain any new recommendations impacting on workforce implications.

Other Officers

7.7 Directors and lead officers are consulted on the scope of each O&S review before its commencement, and on draft O&S reports before publication.

8 CONSULTATION

Principal Groups Consulted

8.1 None.

Method of Consultation

8.2 Not applicable.

Representations Received

8.3 None.

Background Papers

Minutes and papers of meetings of the Overview and Scrutiny Commission and Panels.

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Appendix 1

OVERVIEW AND SCRUTINY CURRENT WORKING GROUPS – 2011/12
Position at 23 February 2012

Overview and Scrutiny Commission								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
ICT Strategy	Heydon (Lead) Angell, Ms Brown, Brunel-Walker and Gbadebo	Pat Keane	Richard Beaumont	√	Completed	√ Views given at meeting on 22 February 2012		Final strategy awaited (Note: 15 March strategy submitted)
Community Infrastructure Levy	Leake (Lead), Angell, Mrs Birch, Heydon, Virgo and Worrall	Bev Hindle	Richard Beaumont	Being drafted				First meeting held on 23 February

Health Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
New Health and Well-being Strategy	Virgo (Lead), Finch, Mrs Temperton, and Baily. Mr Pearce	Glyn Jones	Richard Beaumont	Under development	Information gathering underway			Two meetings held to date
Implementation of the major NHS reforms	Finch (Lead), Virgo, Mrs Angell and Mrs Barnard	Glyn Jones	Richard Beaumont	√	Started. On-hold pending legislation			Two meetings held to date

Environment, Culture and Communities Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Review of Highway Maintenance	Mclean (Lead), Mrs Angell, Brossard, Leake and Parish & Town Councillors: Mrs Cupper (Sandhurst), Mrs Doyle (Binfield), Kensall (Bracknell), Paxton (Winkfield) and Price (Crowthorne)	Steve Loudoun	Andrea Carr	√	Around 80% completed	Interim report issued	Response received to interim report	The working group has resumed to complete the review and will be next considering the Highways Asset Management Plan.
Member Reference Group – Commercial Sponsorship	Finnie (Lead), Brossard, Dudley, Gbadebo and Ward	Vincent Paliczka	Andrea Carr	√	Around 60% completed			To provide views and advice on prospective commercial sponsorship income.
Site Allocations Development Plan Document (SADPD)	Finnie (Lead), Mrs Angell, Brossard, Finch and McLean	Bev Hindle / Max Baker	Andrea Carr	√	Completed	Views submitted to the Executive as part of the DPD consultation.	Not applicable	Work completed and no further meetings proposed.

Public Transport Subsidies & Concessionary Fare Support	Brossard, Finnie, Gbadebo and Leake	Bev Hindle / Sue Cuthbert	Andrea Carr	Scope drafted	The first meeting will take place on 29 February 2012			Review requested as part of the 2012/13 budget proposals.

Children, Young People and Learning Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Common Assessment Framework	Mrs Birch (Lead), Mrs McCracken, Ms Hayes and Mrs Temperton. Mrs Mitchell	Sandra Davies	Richard Beaumont	√	Completed	√		Executive response awaited. Group re-forming to provide input to the Early Intervention Strategy.

Adult Social Care Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Substance Misuse	Virgo (Lead), Blatchford and Brossard	Jillian Hunt / Mira Haynes	Andrea Carr	√	Third meeting is being arranged.			Information and evidence gathering.
Modernisation of Older People's Services	Allen (Lead), Brossard, Harrison and Mrs Temperton	Mira Haynes	Andrea Carr	√	Second meeting taking place on 20 March.			Information and evidence gathering.

Completed Reviews

Publication Date	Title
December 2003	South Bracknell Schools Review
January 2004	Review of Adult Day Care Services in Bracknell Forest (Johnstone Court Day Centre & Downside Resource Centre)
May 2004	Review of Community & Voluntary Sector Grants
July 2004	Review of Community Transport Provision
April 2005	Review of Members' Information Needs
November 2005	The Management of Coronary Heart Disease
February 2006	Review of School Transfers and Performance
March 2006	Review of School Exclusions and Pupil Behaviour Policy
August 2006	Report of Tree Policy Review Group
November 2006	Anti-Social Behaviour (ASB) – Review of the ASB Strategy Implementation
January 2007	Review of Youth Provision
February 2007	Overview and Scrutiny Annual Report 2006
February 2007	Review of Library Provision
July 2007	Review of Healthcare Funding
November 2007	Review of the Council's Health and Wellbeing Strategy
December 2007	Review of the Council's Medium Term Objectives
March 2008	2007 Annual Health Check Response to the Healthcare Commission
April 2008	Overview and Scrutiny Annual Report 2007/08
May 2008	Road Traffic Casualties
August 2008	Caring for Carers
September 2008	Scrutiny of Local Area Agreement
October 2008	Street Cleaning
October 2008	English as an Additional Language in Bracknell Forest Schools
April 2009	Overview and Scrutiny Annual Report 2008/09

Publication Date	Title
April 2009	Healthcare Commission's Annual Health Check 2008/09 (letters submitted)
April 2009	Children's Centres and Extended Services in and Around Schools in Bracknell Forest
April 2009	Older People's Strategy
April 2009	Services for People with Learning Disabilities
May 2009	Housing Strategy
July 2009	Review of Waste and Recycling
July 2009	Review of Housing and Council Tax Benefits Improvement Plan
December 2009	NHS Core Standards
January 2010	Medium Term Objectives 2010/11
January 2010	Review of the Bracknell Healthspace (publication withheld to 2011)
January 2010	14-19 Years Education Provision
April 2010	Overview and Scrutiny Annual Report 2009/10
July 2010	Review of Housing and Council Tax Benefits Improvement Plan (Update)
July 2010	The Council's Response to the Severe Winter Weather
July 2010	Preparedness for Public Health Emergencies
October 2010	Safeguarding Adults in the context of Personalisation
October 2010	Review of Partnership Scrutiny
December 2010	Hospital Car Parking Charges
January 2011	Safeguarding Children and Young People
March 2011	Review of the Bracknell Healthspace (Addendum)
April 2011	Overview and Scrutiny Annual Report 2010/11
June 2011	Office Accommodation Strategy
June 2011	Plans for Sustaining Economic Prosperity
July 2011	Review of Highway Maintenance (Interim report)
September 2011	Performance Management Framework

Publication Date	Title
October 2011	Plans for Neighbourhood Engagement
October 2011	Regulation of Investigatory Powers

Appendix 2

Results of Feedback Questionnaires on Overview and Scrutiny Reports

Note – Departmental Link officers on each major Overview and Scrutiny review are asked to score the key aspects of each substantive review on a scale of 0 (Unsatisfactory) to 3 (Excellent)

	Average score for previous 15 Reviews[2]
PLANNING Were you given sufficient notice of the review?	**2.8**
Were your comments invited on the scope of the review, and was the purpose of the review explained to you?	**2.9**
CONDUCT OF REVIEW Was the review carried out in a professional and objective manner with minimum disruption?	**2.7**
Was there adequate communication between O&S and the department throughout?	**2.7**
Did the review get to the heart of the issue?	**2.7**
REPORTING Did you have an opportunity to comment on the draft report?	**2.9**
Did the report give a clear and fair presentation of the facts?	**2.5**
Were the recommendations relevant and practical?	**2.5**
How useful was this review in terms of improving the Council's performance?	**2.6**

[2] Road Traffic Casualties, Review of the Local Area Agreement, Support for Carers, Street Cleaning, Services for Adults with Learning Disabilities, English as an Additional Language in Schools, Children's Centres and Extended Services, Waste and Recycling, Older People's Strategy, Review of Housing and Council Tax Benefits Improvement Plan, 14-19 Education, Preparedness for Public Health Emergencies, Safeguarding Children, Safeguarding Adults, and the Common Assessment Framework.

TO: ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
17 APRIL 2012

EXECUTIVE FORWARD PLAN ITEMS RELATING TO ADULT SOCIAL CARE AND HOUSING

Assistant Chief Executive

1 PURPOSE OF REPORT

1.1 This report presents current Executive Forward Plan items relating to Adult Social Care and Housing for the Panel's consideration.

2 RECOMMENDATION(S)

2.1 That the Adult Social Care Overview and Scrutiny Panel considers the current Executive Forward Plan items relating to Adult Social Care and Housing appended to this report.

3 REASONS FOR RECOMMENDATION(S)

3.1 To invite the Panel to consider current Executive Forward Items.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None.

5 SUPPORTING INFORMATION

5.1 Consideration of items on the Executive Forward Plan alerts the Panel to forthcoming Executive decisions and facilitates pre-decision scrutiny.

5.2 To achieve accountability and transparency of the decision making process, effective Overview and Scrutiny is essential. Overview and Scrutiny bodies are a key element of Executive arrangements and their roles include both developing and reviewing policy; and holding the Executive to account.

5.3 The power to hold the Executive to account is granted under Section 21 of the Local Government Act 2000 which states that Executive arrangements of a local authority must ensure that its Overview and Scrutiny bodies have power to review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the Executive. This includes the 'call in' power to review or scrutinise a decision made but not implemented and to recommend that the decision be reconsidered by the body / person that made it. This power does not relate solely to scrutiny of decisions and should therefore also be utilised to undertake pre-decision scrutiny.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

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

7 CONSULTATION

None.

Background Papers

Local Government Act 2000

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ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL

EXECUTIVE WORK PROGRAMME

REFERENCE	I033517

TITLE: Revised Allocation Policy for Affordable Housing

PURPOSE OF DECISION: To consider revisions to the Council's Allocation Policy for Affordable Housing.

FINANCIAL IMPACT: Contained within existing budget.

WHO WILL TAKE DECISION: Executive

PRINCIPAL GROUPS TO BE CONSULTED: Applicants for affordable housing, registered provisers and voluntary groups.

METHOD OF CONSULTATION: Meeting with applicants and registered providers and via on-line forms.

DATE OF DECISION: 17 Apr 2012

REFERENCE	I034047

TITLE: Review of Benefits Service

PURPOSE OF DECISION: To agree a process review of the Benefits Service in anticipation of future service changes

FINANCIAL IMPACT: The financial implications will be detailed in the Director of Corporate Services report

WHO WILL TAKE DECISION: Executive

PRINCIPAL GROUPS TO BE CONSULTED: None

METHOD OF CONSULTATION: None at this time

DATE OF DECISION: 17 April 2012

REFERENCE	I034518

TITLE: Fee Uplift for Residential and Nursing Care

PURPOSE OF DECISION: To agree the fee uplift for residential and nursing home providers.

FINANCIAL IMPACT: Potential revenue costs

WHO WILL TAKE DECISION: Director of Adult Social Care, Health & Housing

PRINCIPAL GROUPS TO BE CONSULTED: Berkshire Care Association
Registered residential and nursing home providers

METHOD OF CONSULTATION: Meeting(s) with interested parties

DATE OF DECISION: 1 May 2012

REFERENCE	I034646

TITLE: Housing Capital Programme 2012/13

PURPOSE OF DECISION: Establishing additional elements of the Housing Capital Programme for 2012/13 as well as revising existing elements of the programme.

FINANCIAL IMPACT: The total value of the programme will be in the region of £4,000,000.

WHO WILL TAKE DECISION: Executive

PRINCIPAL GROUPS TO BE CONSULTED: Not Applicable

METHOD OF CONSULTATION: Not Applicable

DATE OF DECISION: 22 May 2012

REFERENCE	I034455

TITLE: Safeguarding Adults Annual Report

PURPOSE OF DECISION: To approve the Annual Report in relation to Safeguarding Adults within the Borough.

FINANCIAL IMPACT: No financial implications

WHO WILL TAKE DECISION: Executive

PRINCIPAL GROUPS TO BE CONSULTED: Bracknell Forest Safeguarding Adults Partnership Board

METHOD OF CONSULTATION: None

DATE OF DECISION: 3 Jul 2012

REFERENCE	I033480

TITLE: Joint Commissioning Strategy for Assistive Technology - 2012/17

PURPOSE OF DECISION: To agree the Joint Commissioning Strategy for Assistive Technology 2012/17.

FINANCIAL IMPACT: Within existing budget.

WHO WILL TAKE DECISION: Executive

PRINCIPAL GROUPS TO BE CONSULTED: People who Bracknell Forest Council currently support through Adult Social Care and Health, family carers and practitioners for Adult Social Care and NHS Berkshire.

METHOD OF CONSULTATION: Questionnaires/Workshops will be carried out via the Community Teams for people who are supported by Adult Social Care, family carers and practitioners.

Questionnaire will also be sent via post to carers and people supported by Adult social care.

Furthermore there will be a12 week online public consultation for the wider community to participate. This will be achieved through Bracknell Forest Council and the NHS Berkshire public webpage.

DATE OF DECISION: 16 Oct 2012

REFERENCE	I033482

TITLE: Bracknell Forest Council's Transition Strategy for Children and Young People moving into Adulthood 2012/17

PURPOSE OF DECISION: To agree Bracknell Forest Council's Transition Strategy for Children and Young People moving into Adulthood. 2012/17.

FINANCIAL IMPACT: Within existing budget.

WHO WILL TAKE DECISION: Executive

PRINCIPAL GROUPS TO BE CONSULTED: Children and young people who are currently supported by practitioners within Children, Young People and Learning, and Adult Social Care and Health, Family Carers and Practitioners.

METHOD OF CONSULTATION: Questionnaires for children and young people who are currently supported by Children and Young People (transition Team) and Adult Social Care and Health, Family Carers and Practitioners.

Questionnaire will also be sent via post to carers and people supported by Adult social care.

Furthermore there will be a 12 week online public consultation for the wider community to participate. This will be achieved through Bracknell Forest Council and the NHS Berkshire public webpage.

DATE OF DECISION: 13 Nov 2012