

Notice of Meeting

Overview and Scrutiny Management Commission

Tuesday, 10 December, 2013 at 6.30pm

in Council Chamber Council Offices
Market Street Newbury

Date of despatch of Agenda: Thursday, 28 November 2013

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact David Lowe / Charlene Myers / Elaine Walker on (01635) 519817 / 519695 / 5194

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**Agenda - Overview and Scrutiny Management Commission to be held on Tuesday, 10
December 2013 (continued)**

- To:** Councillors Jeff Beck, Brian Bedwell (Chairman), Jeff Brooks (Vice-Chairman), Sheila Ellison, Dave Goff, Mike Johnston, Alan Macro, Gwen Mason, Tim Metcalfe, Andrew Rowles, Garth Simpson, Tony Vickers, Virginia von Celsing, Quentin Webb, Emma Webster and Laszlo Zverko
- Substitutes:** Councillors Peter Argyle, Paul Bryant, George Chandler, Roger Hunneman, Carol Jackson-Doerge, David Rendel, Julian Swift-Hook and Keith Woodhams

Agenda

Part I	Page No.
1. Apologies for Absence To receive apologies for inability to attend the meeting (if any),	
2. Minutes To approve as a correct record the Minutes of the meeting of the Commission held on 29 October 2013.	1 - 12
3. Declarations of Interest To remind Members of the need to record the existence and nature of any Personal, Disclosable Pecuniary or other interests in items on the agenda, in accordance with the Members' Code of Conduct .	
4. Actions from previous Minutes Purpose: To receive an update on actions following the previous Commission meeting.	13 - 24
5. West Berkshire Forward Plan December 2013 to March 2014 Purpose: To advise the Commission of items to be considered by West Berkshire Council from December 2013 to March 2014 and decide whether to review any of the proposed items prior to the meeting indicated in the Plan. http://www.westberks.gov.uk/index.aspx?articleid=1594	
6. Overview and Scrutiny Management Commission Work Programme Purpose: To receive new items and agree and prioritise the work programme of the Commission for the remainder of 2013/14.	25 - 28



Agenda - Overview and Scrutiny Management Commission to be held on Tuesday, 10 December 2013 (continued)

7. **Items Called-in following the Executive on 28 November 2013**
Purpose: To consider any items called-in by the requisite number of Members following the previous Executive meeting.
8. **Councillor Call for Action**
Purpose: To consider any items proposed for a Councillor Call for Action.
9. **Petitions**
Purpose: To consider any petitions requiring an Officer response.
10. **Continuing Health care** 29 - 64
Purpose: To assess the effect of the CHC operations policy and procedures in practise 6 months following implementation.
11. **Revenue and Capital Budget** 65 - 86
Purpose: To receive the latest period revenue and capital budget reports
12. **Adult Social Care Eligibility Criteria** 87 - 106
Purpose: To conduct a review of the Council's Fair Access to Care Services Policy.

Andy Day
Head of Strategic Support

If you require this information in a different format or translation, please contact Moira Fraser on telephone (01635) 519045.



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**NOTE: These minutes have been amended.
See minutes of meeting held on 17 September 2013.**

OVERVIEW AND SCRUTINY MANAGEMENT COMMISSION

MINUTES OF THE MEETING HELD ON MONDAY, 2 SEPTEMBER 2013

Councillors Present: Jeff Beck, Brian Bedwell (Chairman), Jeff Brooks (Vice-Chairman), Marcus Franks, Dave Goff, Mike Johnston, Alan Macro, Gwen Mason, Tim Metcalfe, Andrew Rowles, Garth Simpson, Quentin Webb, Emma Webster and Laszlo Zverko

Also Present: Mel Brain (Service Manager - Housing Strategy and Operations) and Andy Day (Head of Strategic Support), Councillor Roger Croft (Strategy & Performance, Housing, ICT & Corporate Support, Legal and Strategic Support), David Lowe (Scrutiny & Partnerships Manager) and Charlene Myers (Democratic Services Officer)

Apologies for inability to attend the meeting: Councillor Tony Vickers and Councillor Virginia von Celsing

PART I

24. Declarations of Interest

(Councillor Marcus Franks declared an interest in Agenda Item 3 but reported that, as his interest was not personal and prejudicial, he determined to remain to take part in the debate and vote on the matter).

25. Asset Disposal

Andy Day introduced to the Commission the Asset Disposal Guidance which had been drafted to specifically cover the Council owned assets which had a Community Right to Bid aspect. Andy Day acknowledged that the Greenham Control Tower was an asset of particular interest as it had been listed on the Assets of Community Value database and was, at the same time, advertised on the open market and available for local community bids. He explained that the closing date for bids was 7th September 2013.

Andy Day explained that in assessing any bids received for Council owned community assets it would be important to consider the following:

- (i) *Viability and credibility of overall offer*
 - (a) *Does the organisation have the necessary resources, funding and competence to deliver against the proposal?*
 - (b) *What were the timescales for the delivery of the project?*
- (ii) *Community use and benefit*
 - (a) *How wide would the community benefit be?*
- (iii) *Financial benefit to the Council*

Councillor Marcus Franks asked whether the community value was benchmarked in order that it could be assessed against asset value. Andy Day advised that the criteria had not been benchmarked given that this could impact on the decision making process. Andy Day emphasised that the main consideration of any community application was whether it was viable and credible.

Councillor Garth Simpson recommended that the policy incorporated a review of the applicant's business plan in order that the application could be validated and asked whether the policy should consider the benefit to West Berkshire residents alone. Andy Day explained that in order to avoid limitations, community value would be measured in terms of the wider community. It was agreed that a review of the applicant's business plan would form part of the viability and credibility criteria.

Councillor Mike Johnson asked whether the process was subject to Call In and what rights a private bidder would have to appeal the decision. Andy Day advised that the decision would be subject to Call In by Members and private bidders would be encouraged to use the process of Judicial Review if they wanted to appeal against the Executive decision.

Councillor Johnson questioned whether the policy would include a financial claw back mechanism. Councillor Johnson suggested that this clause would ensure that the Council received a percentage of the funds raised if the applicant sold the asset at a higher value than sold to them within a specified period of time. Andy Day agreed to liaise with Legal Services in relation to a claw back clause.

The following items were highlighted by Councillor Jeff Beck:

- Page 5, point (ii): It was not clear what stage of the process this was referring to. The Commission requested clarification and that the guidance would be amended accordingly.
- Page 6 (point iii): should be changed to *Financial benefit*

Councillor Quentin Webb asked whether the policy included a process for recalling an asset if the business plan failed. Andy Day explained that after an asset was transferred it would be the responsibility of the owner. Councillor Webb suggested that if the process required validation of the applicant's business plan then the Council might be criticised if the business was unsuccessful. Andy Day advised that the business plan would be considered during the decision making process, along with other factors.

Councillor Alan Macro raised his concern that the community bidding process would be inhibited by placing the asset on the open market. Andy Day advised that the guidance was designed to compliment the asset disposal policy. The guidance provided the opportunity for community groups and commercial bidders to place a bid against the asset using the same timeframes.

Councillor Brooks suggested that it would not always be suitable to market an asset but due to the guidance the Council would be expected to follow the process as detailed. Councillor Brooks advised that assets had been leased by the Council, therefore providing some degree of flexibility. It was suggested that the guidance could be more specific in terms of listing alternative options.

Councillor Brian Bedwell thanked Andy Day for attending and requested that the minor amendments be made to the guidance and return to the Commission in October 2013 to provide an update.

In answer to a question, Andy Day advised the Commission that the guidance would be used in its current format for the purpose of assessing the bids received in respect of the Greenham Control Tower.

Resolved :

- That the Asset Disposal Guidance, including the minor amendments, be noted.
- That Andy Day return to the Commission in October to provide an update on the use of the guidance in relation to the disposal of the Greenham Control Tower.

26. Housing Allocations

(Councillor Franks declared a personal interest in Agenda Item 3 due to the fact that he was employed by Sovereign Housing, but reported that, as his interest was personal and not a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matter).

Mel Brian introduced the final draft of the Housing Allocations Policy and referred the Commission to Appendix B which listed the amendments made to the document as a direct result of the public consultation that had taken place. The Commission was being given the opportunity to comment on the final draft of the Housing Allocations Policy prior to it being considered at the Executive.

Mel Brain explained that the majority of amendments were technical and sought to clarify the process. The members of the Commission heard the reason for each change before they were invited to comment on the final draft of the Policy.

Councillor Gwen Mason asked whether the amendment to section 16.4 of the policy would result in families receiving more suitable housing. Mel Brain advised that the amendment brought the process in line with the Housing Benefit process. The application would still require sufficient evidence before an additional bedroom could be awarded. Councillor Mason was satisfied with the proposed policy and stated that the assessment process must be robust in order for it to be effective. In response, Mel Brian advised the Commission that new case law provided tests for the assessment of an application.

Councillor Franks asked whether limits within the assessment process considering children's ages had been increased or decreased. Mel Brian advised that the age was lowered in some cases and raised in others. The age limit was set at ten years for the purpose of assessing whether a garden was required because it was assumed that a child above that age would be able to play in the local area and therefore have less need for a garden.

Councillor Jeff Beck highlighted typing errors within the policy document and suggested that the document was unbalanced in places by referring only to 'his'. It was agreed that the errors would be corrected and amendments would ensure that policy was balanced.

Councillor Jeff Brooks suggested that an overview of the consultation feedback would help the Commission to contextualise the amendments. In response, Mel Brain advised that she did not have the information available at the meeting but advised that some feedback was derived from individual's specific experiences. Mel Brian explained that some people were concerned about changes to the financial test threshold and that it was agreed the threshold would remain in line with the national policy. Mel Brian explained that amendments made to the assessment process for disabled children, looked after children and the policy of dealing with violence towards staff were all a direct result of the consultation. Mel Brian stated that nothing had been taken out of the document as a direct consequence of the consultation.

Councillor Alan Macro noticed that there was a high turnover on the Common Housing Register (CHR) and made reference to the reported rate of annual re-registration. Mel Brian was asked whether the two interlinked and whether the process of contacting people by letter was flawed and therefore contributed towards the high numbers. Mel Brian advised that the registration process involved contacting the individual by letter, text and phone. Responses were monitored annually and staff would proactively contact people who had not returned their registration request.

Councillor David Goff questioned the reference on page 37 to the applicant providing information on their race, age and gender etc. It was suggested that this contradicted the statement that such factors would not form part of the decision making process. Mel

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Brian explained that the information was requested in order that the service could monitor the allocation of housing and to highlight areas for improvement within the process. Councillor Franks recommended that the policy was reworded in order to clarify this.

Recommendation: The policy would be worded to say: *This would allow us ensure that housing is been allocated fairly.*

Councillor Garth Simpson asked whether the Housing Allocation Policy effectively addressed the qualification criteria used to determine whether an applicant was entitled to West Berkshire housing. Mel Brian advised the Commission that the local connection criteria were set at a national level. The homelessness policy had also been used in order to define the local connection policy due to its clear and precise structure.

Councillor Mason asked whether the process identified applicants with Mental Health issues. Mel Brian advised that the system would highlight such factors and these would be allowed for during the decision making process.

Councillor Brian Bedwell acknowledged that the policy would be reviewed in five years but suggested that the Commission received an update in 12 months time. The recommendation was approved by the Commission.

Recommendation: The Commission would receive an update in respect of the Housing Allocation Policy in 12 months time.

The Commission praised Mel brain and the Housing Allocation Task Group for their hard work and the final draft policy.

Resolved that: The report was noted and the Commission would receive an update in respect of the Housing Allocation Policy in 12 months time.

(The meeting commenced at 6.30 pm and closed at 7.35 pm)

CHAIRMAN

Date of Signature

OVERVIEW AND SCRUTINY MANAGEMENT COMMISSION

MINUTES OF THE MEETING HELD ON TUESDAY, 29 OCTOBER 2013

Councillors Present: Pamela Bale, Jeff Beck, Brian Bedwell (Chairman), Jeff Brooks (Vice-Chairman), Marcus Franks, Dave Goff, Mike Johnston, Alan Macro, Tim Metcalfe, Andrew Rowles, Garth Simpson, Tony Vickers, Virginia von Celsing, Quentin Webb and Laszlo Zverko

Also Present: Martyn Baker (Parking Manager), Nick Carter (Chief Executive), Rachael Wardell (Corporate Director - Communities), Dr Abid Irfan (Newbury and District GP Commissioning Group), David Lowe (Scrutiny & Partnerships Manager) and Charlene Myers (Democratic Services Officer).

Apologies for inability to attend the meeting: Councillor Emma Webster

PART I

37. Minutes

The Minutes of the meeting held on 17th September 2013 were approved as a true and correct record and signed by the Chairman.

38. Declarations of Interest

(Councillor Tony Vickers declared a personal interest in Agenda item 10 by virtue of the fact that his wife was a member of Health Watch. As his interest was personal and not prejudicial he determined to take part in the debate).

39. Actions from previous minutes

The Commission received an update on actions from the previous meeting and raised the following comments:

Item 2.1: The request was acknowledged by RBFRS and a response would be recorded at the next meeting.

Item 2.3: Rachael Wardell would send a written response to the Commission following the meeting.

Item 2.5: Few recommendations offered by the Commission were included in the revised strategy. It was agreed that an examination of the reasons why West Berkshire appeared to have a disproportionate amount of young families facing homelessness, would be added to the work programme.

Recommendation five suggested that Parish Councils received the option to hear the content of the Homelessness Strategy at a future District Parish Conference (DPC). Councillor Jeff Brooks stressed that the recommendation identified the need for the topic to be offered in order that Parish Councils could consider it for discussion. It was agreed that the topic would be offered as an item prior to the next DPC.

Councillor Alan Macro reported that he was disappointed with the response provided to recommendation three, Delivery of Universal Benefits Locally and questioned who was

responsible for the delivery of recommendation ten, Provision of lockers. Councillor Tony Vickers stated that the Town Council had contacted the Council to advise that they would not be able to provide lockers. David Lowe would revisit correspondence received by Newbury Town Council in order to confirm their position.

Item 2.6: Councillor Alan Macro queried the rationale behind Network Rail agreeing to fund the work conducted to the north side footpath only, whilst the Council would cover the cost of works conducted to the south side footpath.

Resolutions:

- It was agreed that the Homelessness Strategy would be offered as an item at the next DPC.
- David Lowe would revisit the correspondence received from the Newbury Town Council in connection to the recommendation to provide lockers for the homeless.
- Examination of the reasons why West Berkshire appeared to have a disproportionate amount of young families facing homelessness would be added to the work programme.
- The Highways Services Team would be asked to provide a response in respect of the work conducted at the Aldermaston Wharf.

40. West Berkshire Forward Plan 01 November 2013 to 28 February 2014

The Commission considered the West Berkshire Forward Plan (Agenda Item 5) for the period covering 01 November 2013 to 28 February 2014.

Resolved that the Forward Plan be noted.

41. Overview and Scrutiny Management Commission Work Programme

The Commission considered its work programme of 2013/2014.

Councillor Jeff Brooks presented the Homes to School Transport Policy as a suggested topic for future scrutiny, on behalf of Councillor David Allen. Members agreed that the item would be added to the work programme. Therefore, Councillor Bedwell, Councillor Brooks, Councillor Allan and David Lowe would prepare the scoping document for future consideration.

Councillor Brian Bedwell reminded the Commission that item OSMC 13/149 (Closure of the Magistrates Court) originated from a motion carried at the full Council Meeting held on 19th September 2013:

The Clerk to the Court be invited to attend a future OSMC meeting to consider this issue in greater detail.

Councillor Bedwell advised the Commission that an invitation had been issued but that the Justices' Clerk for Thames Valley was unable to attend the meeting. David Lowe advised the Commission that Her Majesty's Court and Tribunal Service would be the key contributor to any scrutiny about the use of Newbury Magistrates' Court. Members understood that without attendance from an appropriate representative, the process of scrutiny would be one sided and thus ineffective. The Commission heard that the Courts' accountability to Ministers presented an issue with regards to meeting the OSMC in public and as such they had agreed to meet with officers away from the public domain.

Nick Carter advised that the Safer Communities and Partnership Team had been asked to consider a local model for the continuing delivery of services if the decision was made to close Newbury Magistrates Court. It was stressed that the Government position on the closure of Newbury Magistrates Court was unknown, but that concerns regarding its

potential closure had prompted the review of an alternative delivery model in the local area. It was suggested that further information would be available by February 2014.

It was therefore agreed that the special meeting scheduled to hear the item on 13th November 2013 would be cancelled and that the Commission had fulfilled the action assigned by Council.

Councillor Brian Bedwell requested that Members considered the prioritisation of items within the work programme.

Resolved that:

- The Chairman of the Council would be asked to share the response letter from Her Majesty's Court and Tribunal Service.
- The topic of Home to School Transport would be added to the work programme.
- The changes to the work programme be noted.

42. Items Called-in following the Executive on 5 September 2013

No items were called-in following the last Executive meeting.

43. Councillor Call for Action

There were no Councillor Calls for Action.

44. Petitions

There were no petitions received at the meeting.

45. Update on the Health Service in West Berkshire and the PCT quality Handover

(Councillor Tony Vickers declared a personal interest in Agenda item 10 by virtue of the fact that his wife was a member of Health Watch. As his interest was personal and not prejudicial he determined to take part in the debate).

Doctor Abid Irfan, Clinical lead for the Newbury and District Clinical Commissioning Group (CCG), presented the Commission with a verbal update in respect of agenda item 10.

The Newbury and District Clinical Commissioning Group (CCG) was made up of 11 local GP practices and served a total registered population of approximately 113,000 people, which was relatively small in comparison to other CCG's. The CCG had established a Governing Body which included membership from GPs, a nurse director, a chief finance officer, a chief officer and lay members. The CCG is a membership organisation and was supported by the Council of Member Practices. A GP lead from each practice made up the GP Council. The CCG worked in a federation very closely with the other 3 CCGs in Reading and Wokingham to bring economies of scale, financial stability and significant negotiating influence when commissioning services.

The CCG aimed at working with local GP's to develop review and design patient journeys and address required changes.

Dr Irfan advised the Commission that this year amongst other things the CCGs focused on 3 local priorities:

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- The increased identification of local carers who contribute significantly to our health economy. This would enable them to be invited for healthchecks, flu injections and be listed for priority appointments
- The identification of people at high risk of developing diabetes to deliver proactive, preventative measures.
- Increasing the number of people receiving NHS Healthchecks

The Commission heard that on 14th November 2013, the CCG would be holding an evening event inviting the public to provide their views on local priorities identified by the CCG, along with how to maintain a sustainable health system and discuss the “Call to Action” issued by NHS England

Dr Irfan stated that the CCG had a limited budget to establish the sustainable and effective care required in an area with an ageing demographic and people with complex needs.

The CCG used the Berkshire West Quality Committee to track inherited areas of high risk via the review of a monthly scorecard. The scorecard used performance levels from 2012 to offer a comparator and was available for the public to view via the CCG website.

Due to the fact that the CCG was small (compared to the previous PCT population of approximately 500,000), even very small numbers recorded in the scorecard negatively would have an adverse affect on overall ratings. Dr Irfan used the example of cancer waiting times and explained that for some cases where people had reportedly been on the waiting list for a long time, it was found that there were valid reasons for the delay which related to the requirement of complex diagnostics and testing pathways. However, it was noted that at our local trust level (The Royal Berkshire Hospital) they were performing to the all the cancer standards. Dr Irfan explained that after further investigation the statistics were fully understood.

It was agreed that scorecard would be circulated to the Members of the Commission.

Dr Irfan advised the Commission that the Royal Berkshire Hospital had been placed in special measures by The Clinical Quality Commission (CQC). The CCG had invested funds into Accident and Emergency provision to adequately assess the delivery of service. The Trust was under significant pressure to see that the issues were appropriately addressed. The CCG would review reports to ensure that the statistics were a true reflection of the Trust’s performance and conduct quality assurance checks.

Councillor Quentin Webb asked whether Health Watch had been tasked with reviewing the CCG’s performance, as requested by the Health Scrutiny Panel in March 2013. Dr Irfan advised that Health Watch was a member of the West Berkshire Public Health and Wellbeing Board and were aware of the CCG’s activity.

Councillor Tony Vickers suggested that the delivery of care could be assisted with agencies sharing patient information. Dr Irfan was asked to what extent GP’s could share patient information. In response Dr Irfan informed the Commission that the CCG hoped to address the issue of sharing information to avoid duplication, but acknowledged that the issue was complex and required sophisticated systems to ensure that personal data was not compromised.

In response to questions asked by Members, Dr Irfan confirmed the following points:

- All CCG’s submitted monthly performance scorecards to the Federation Quality Committee for scrutiny and review

- Measures to assist patients with diabetes focused on adults only. The Health and Wellbeing Board hoped to deliver a scheme to local schools in response to the agreement that early preventative measures would deliver significant long term benefits.

The Commission thanked Dr Irfan for a comprehensive update.

Resolution:

- (1) The report was noted
- (2) That the Scorecard be provided

46. Medium Term Financial Strategy

The Commission considered a report (Agenda Item 11) concerning the current Medium Term Financial Strategy (MTFS) 2013-2016.

Members heard that the council needed to identify an expenditure reduction programme that would save £17m over the course of the medium term financial strategy in order to match predicted income levels. The gap would be closed through the mix of income generation, expenditure reductions, efficiency savings and a modest rise in council tax of 2% in 2013/2014.

Melanie Ellis explained that the Council had seen significant reductions to Government Grant levels over the past three years and that it was expected that further reductions would follow in the coming years.

Melanie Ellis drew the Members' attention to graph (1:1) which illustrated the proportion of key funding sources. Members heard that nearly two thirds of the Council's funding was generated directly from the local population in the form of Council Tax. Therefore, decisions around the level of Council Tax charges and the increase in properties on which the Council can charge Council Tax were extremely important.

Members heard that if the Council were to perform exactly the same functions year on year (with no additional demands) then the costs would rise by just over 2% year on year. This was due to a combination of nationally driven pay awards and cost increases on the contracts the Council had with external service providers.

Melanie Ellis advised that from 2013/14, the Government would implement fundamental reforms to Local Government finances. The main change would be the ability for Councils to retain some of the Business Rates they collected.

Members heard that the Council would focus on making efficiency savings first. Melanie Ellis explained that due to the scale of the Capped Expenditure Level (CELs) reductions and the level of savings already identified, further reductions beyond efficiency would be required. The Council would therefore need to look more at income generation, which it had been successful in doing the past, though opportunities to raise fees significantly were constrained.

The Council would need to pursue further options to transform services and disinvest in services. The direction and the policy review framework required to adjust CELs and

influence the process would be developed during Q4 2013/14 to guide directorates and services over the medium term.

In response to questions asked, Melanie Ellis advised that the strategy was subject to a consultation process via the Council's website in terms of assessing service user impacts.

Resolved that:

- (1) The report was noted.

47. Blue Badge Improvement Scheme

The Commission considered a report (Agenda Item 12) concerning the Blue Badge Improvement Scheme (BBIS).

Martyn Baker introduced the report to the Commission. The item was being considered following the review of the BBIS at the Resource Management Working Group meeting on 12th March 2013.

In response to questions asked, Martyn Baker advised that the BBIS provided the process by which blue badges could be issued. The fee charged by the Council to process a Blue Badge request was set at £10.00, which was the maximum fee that the Council could charge. Of the £10.00 fee, £4.60 + vat would be paid to Northgate (who processed the applications) as a result of the sub-agreement with West Berkshire. The overarching agreement had been agreed by the Department of Transport who commissioned Northgate to provide administration services over a 5 year contract.

The Commission discussed the deficit created by the BBIS operating model and questioned whether costs could be recovered. Martyn Baker advised that only successful applications would incur a charge. The £10.00 fee was the maximum value the Council could set and the Northgate fee would be fixed at £4.60 throughout the contract period.

Martyn Baker advised that the process of assessment and administration was demanding. To assist applicants, the staff used a software package designed to guide them through the application process.

Councillor Johnston asked whether BBIS identified fraudulent claims and whether those applicants could be prosecuted. In response, Martyn Baker stated that the service could use enforcement powers if the badge was copied or misused. Civil Enforcement Officers had the power to request sight of the photo on a displayed badge if they believed that the badge was being misused.

Northgate offered the service directly via their website. Applicants could pay Northgate £10.00 in advance of their application being processed, which could be refunded later if the application was unsuccessful.

The Commission discussed the potential saving opportunities if the service delivered an online service. The Council was unable to transfer the entire BBIS to a web based process due to the level of support required by some applicants to complete the complex and lengthy forms. Martyn Baker explained that the renewal process was complex and each application was considered on its own merit, irrespective of previous applications made.

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The Commission discussed the resource levels in place to support the process. Martyn Baker explained that the service experienced immense pressure to conclude applications. The team processed 1860 applications during 2012/13, each of which was estimated to take nine working days to administer.

The Commission thanked Martyn Baker for the report and extended their gratitude to the team delivering the BBIS.

Resolved that:

- (1) The report was noted.

48. Scrutiny Recommendations Update

The Commission considered a report (Agenda Item 13) which provided an update on the progress of scrutiny recommendations approved by the Commission.

Resolved that:

- (1) The report was noted.

(The meeting commenced at 6.30 pm and closed at 8.30 pm)

CHAIRMAN

Date of Signature

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Agenda Item 4.

Title of Report:	Actions from previous meetings
Report to be considered by:	Overview and Scrutiny Management Commission
Date of Meeting:	10 December 2013

Purpose of Report: To advise the Commission of the actions arising from previous meetings

Recommended Action: To note the report

Overview and Scrutiny Management Commission Chairman	
Name & Telephone No.:	Councillor Brian Bedwell – Tel (0118) 942 0196
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1. Introduction

- 1.1 This report provides the Overview and Scrutiny Management Commission with an update on the actions arising from its previous meeting.

2. Actions

- 2.1 **Resolution:** Neighbourhood Action Groups would receive the contact details for RBFRS staff to enable them to contribute to fire safety and fire safety risk assessment training.

Action/ response: A member of Royal Berkshire Fire and Rescue Service (RBFRS) Prevention Department has liaised directly with the Neighbourhood Action Groups to carry out meetings.

- 2.2 **Resolution:** It was agreed that the Homelessness Strategy would be offered as an item at the next District Parish Conference

Action/Response: complete.

- 2.3 **Resolution:** Rachael Wardell would investigate how long residents had to wait before receiving an assessment and report back to the Commission.

Action/Response: response distributed to the Commission on 8th November 2013 - Appendix A.

- 2.4 **Resolution:** The Commission were unable to provide their comments in the Revenue and Capital budget report because the Commission could not see the Financial Performance report before submission to the Executive. Councillor Bedwell agreed to write a letter raising the concern.

Action/Response: The Portfolio Holder has advised that although he could not agree to supplying such information to OSMC for questioning and debate (his emphasis) before the Executive had the opportunity to do so, he had no problem in principle supplying such information *provided* it was not debated on the night and that the opposition at the Executive supplied their questions based on this advanced information 2 days in advance of the Executive meeting. At the Executive no new questions would be asked, only supplementary ones to the submitted questions.

- 2.5 **Resolution:** Homes to school transport would be added to the OSMC work programme.

Action/ Response: complete.

- 2.6 **Resolution:** Highways and Transport would be asked to explain the reason behind Network Rail agreeing to fund the extension of only one side of the footpath alongside the Aldermaston Wharf.

Action/Response: As part of their electrification programme, Network Rail were obliged only to provide a like for like replacement of any structure they had to carry out works to.

As such they were under no obligation to widen any of the footways on the approach to the A340 bridge.

Due to the engineering difficulties encountered on the bridge, the length of the closure was significantly extended. Due to the extended disruption to local residents and businesses, Highways and Transport officers suggested to Network Rail that it was a good idea to provide some betterment on the structure within the area they were working. The betterment took the form of widening the footways on the southern side of the bridge and across the bridge itself.

The work was conducted with relative ease as the land required was within West Berkshire Council's control. Network Rail paid all the construction costs.

Network Rail refused to widen the footpath on the northern side as the land was privately owned and the works would not be within their site. Network Rail concluded that the additional works they undertook to the south side were fair recompense for the disruption caused (that is difficult to quantify, but as they were under no obligation to do any additional works it was impossible to argue against).

- 2.7 **Resolution:** David Lowe would revisit the correspondence received from the Newbury Town Council in connection to the recommendation to provide lockers for the homeless.

Action/required: In line with the recommendation, the Portfolio Holder for Housing (Councillor Roger Croft) requested that Newbury Town Council (NTC) considered the provision of lockers. NTC was of the view that it was for the District Council to lead and co-ordinate the actions required to make the required provision. Councillor Croft has advised NTC that as the provision of lockers does not form part of the District Council's homelessness strategy no further action will be taken.

- 2.8 **Resolution:** The work programme would be updated to include an examination into the reasons why West Berkshire appeared to have a disproportionate amount of young families facing homelessness would.

Action/required: complete.

- 2.9 **Resolution:** Members were asked to consider the prioritisation of items of the WP.

Action/Required: To be discussed at the meeting.

- 2.10 **Resolution:** The CCG scorecard would be circulated to the commission.

Action/required: attached appendix B.

- 2.11 **Resolution:** The OSMC Magistrates Court meeting would be cancelled.

Action/required: complete.

- 2.12 **Resolution:** The Chairman would be asked if the response received from the Court Clerk could be circulated to the Commission for completeness

Action/required: The letter was provided to the members of the Commission by e-mail on 30 October 2013.

Appendices

Appendix A – Waiting times for care assessments

Appendix B – Berkshire West Quality Scorecard – October

Appendix A

8th November 2013

Briefing – Waiting times for assessments

1. Waiting times for assessments for the period 1st October 2012 to 30th September 2013

The waiting times from first contact to completed assessments for new clients are as follows:-

Q2 2013 / 14	1. Under 18 / unknown	2. 18 – 64	3. 65 and Over	Total	%
1. Less than or equal to 2 days	0	17	41	58	6%
2. More than 2 days and up to 2 weeks	0	70	65	135	13%
3. More than 2 weeks and up to 4 weeks	0	52	53	105	10%
4. More than 4 weeks and up to 3 months	1	89	226	316	30%
5. More than 3 months	0	129	309	438	42%
Total	1	357	694	1052	

2. Referrals

Referrals (first contacts) are prioritised by the duty manager based on the information provided and the evidence of risks. Those placed on a waiting list are advised in writing of the wait for assessment and asked to contact the service again should their circumstances change.

3. Reasons for delays:

AFA inherited the services waiting list for assessments in 2011 as part of the service reconfiguration for ASC. Predominantly delays for assessment sit with AFA, the front door to ASC services for the public. The NHS mainly uses Maximising Independence single point of access and this works well. Although additional agency workers 1.0fte have been used in 2012 and 2013 they have only been able to keep up with demand and cover the levels of sickness and vacancies in the service.

4. Management Action

Further temporary resources have been added to provide further information and signposting officer capacity to divert people away but this will not reduce the waiting lists for assessment. Further temporary resources 4 fte are being recruited to target the waiting list for assessment. A new and simple assessment form has been devised to minimise paperwork. A comprehensive review of the service has been scoped and first steps implemented but they will need to be progressed by the new service manager. A business case for additional resources is being worked up as this service is under resourced.

Jan Evans

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REPORT OF THE NEWBURY & DISTRICT CCG BOARD
14 NOVEMBER 2013

Title	Quality Scorecards
Sponsoring Director	Debbie Daly
Author(s)	Quality Team - CSU
Purpose	Provide provider performance data against key quality metrics in line with Quality Strategy
Previously considered by	None
Related objectives	
Risk and Assurance	
Links to the Board Assurance Framework	
Legal implications/regulatory requirements	
Public Sector Equality Duty	
Links to the NHS Constitution (relevant patient/staff rights) <i>All NHS organisations are required by law to take account of the NHS Constitution in performing their NHS functions</i>	
Consultation, public engagement & partnership working implications/impact	

Executive Summary

The Quality Scorecard is updated monthly and provides key performance data against key quality metrics for the Governing Body's information. The Joint Quality Committee undertakes the detailed review of all aspects of provider quality and is responsible for taking the necessary action to improve all areas of underperformance.

Following review and analysis of both the Quality Scorecard and a full comprehensive provider quality report, the Quality Committee are focussing on actions to address the following areas:

- RBFT – Non-compliance with the stroke target for % patients admitted to Stroke Unit <4hrs – action plan in place and meeting had with RBFT, follow up meeting planned
- RBFT – Caesarean Section rates – Quality review meeting held with RBFT on 4.7.13 – on-going work plan through Maternity Task and Finish Group
- RBFT had one Never Event in September – retained surgical instrument

Recommendation

That the CCG note the paper and gain assurance from the Quality Committee that necessary actions are being taken to improve any areas of concern

Berkshire West CCG Federation Quality Scorecard
October 2013

Quality Area	Outcome Measure	Indicator and Supporting Measures	Provider Threshold (if appropriate)	Provider	2012/13 Outturn	Apr-13	May-13	Jun-13	Q1 13/14	Jul-13	Aug-13	Sep-13	Q2 13/14	Year to Date Sum or Median Average*** 2013/14	
Patient Safety	Pressure Sore Gd 3 & 4 Serious Incidents requiring investigation (SIRIs) (Avoidable only)	Number of avoidable pressure ulcers: Grades 3 & 4 reported as SIRIs	No Threshold	RBFT	26	0	5	2	7	3	2	4	9	16	
				HWPFT	3	2	1	0	3	0	0	2	2	5	
				FPFT	15	2	1	2	5	0	1	1	2	7	
				GWHFT	27	0	1	0	1	0	2	0	2	5	
				HHFT		4	2	0	6	2	3	-	5	11	
				OUH		-	-	-	0	1	1	-	2	2	
				BHFT (MH)		0	2	0	2	0	0	0	0	2	
				BHFT East		2	4	2	8	Data to be validated following confirmation of downgrades			0	8	
				BHFT West		1	1	0	2	0	2				
	Elimination of "Never Events" and incremental reduction of rates of avoidable harm.	Number of Never Events	Threshold = 0	RBFT	1	0	0	0	0	0	0	0	1	1	1
				HWPFT	3	0	0	0	0	0	1	0	1	1	
				FPFT	1	0	1	0	1	0	0	0	0	1	
				GWHFT	3	1	0	0	1	0	1	0	1	2	
				HHFT	5	0	0	0	0	0	1	0	1	1	
				BHFT	1	0	0	0	0	0	0	0	0	0	
	Serious Incidents (total) requiring Investigation (SIRIs) excludes downgraded / discounted	Number SIRI's reported by month excluding downgrades	No Threshold	RBFT	65	6	9	5	20	9	5	10	24	44	
				HWPFT	29	3	9	13	25	16	3	4	23	48	
				FPFT	16	5	5	9	19	6	2	3	11	30	
				GWHFT		4	7	5	16	0	7	2	9	28	
				HHFT		11	5	4	20	10	9	-	19	39	
				BHFT (MH)	68	5	7	2	14	6	4	7	17	31	
				BHFT East	26	2	5	2	9	4	2	4	10	19	
				BHFT West	22	3	3	0	6	Data not yet validated awaiting confirmation of downgrades			0	6	
	Serious Falls requiring investigation (SIRI's)	Number serious Falls reported by month	No Threshold	RBFT		4	2	1	7	1	2	2	5	12	
				HWPFT		0	1	0	1	2	0	1	3	4	
				FPFT		3	2	0	5	2	0	1	3	8	
				GWHFT		0	3	4	7	0	0	1	1	8	
				HHFT		1	2	2	5	0	3	-	3	8	
				OUH		-	-	-	0	1	1	-	2	2	
				BHFT (MH)		1	1	0	2	2	0	0	2	4	
				BHFT East		0	0	0	0	0	0	0	0	0	
				BHFT West		1	1	0	2	0	0	0	2	2	

Quality Area	Outcome Measure	Indicator and Supporting Measures	Provider Threshold (if appropriate)	Provider	2012/13 Outturn	Apr-13	May-13	Jun-13	Q1 13/14	Jul-13	Aug-13	Sep-13	Q2 13/14	Year to Date Sum or Median Average*** 2013/14
	MRSA	Number of MRSA Bacteraemia	Threshold = 0	RBFT	1	0	0	0	0	0	0	0	0	0
				HWPFT	0	0	1	0	1	0	0	0	0	1
				FPFT	1	0	0	1	1	0	1	0	1	2
				GWHFT	2	1	0	0	1	1	1	0	2	3
				HHFT	1	1	0	0	1	0	0	0	0	1
				OUH	3	0	1	0	1	0	0	1	1	2
				West and East Community	BHFT	0	0	0	0	0	0	0	0	0
	Cdiff	Number of Clostridium Difficile	37	RBFT	28	2	3	5	10	9	5	4	18	28
			34	HWPFT	26	7	5	6	18	3	2	0	5	23
			12	FPFT	16	1	1	1	3	4	0	2	6	9
			<20	GWHFT	33	1	2	2	5	3	2	3	8	13
			21	HHFT	34	1	5	5	11	4	5	4	13	24
			70	OUH	80	3	8	5	16	1	3	5	9	25
			2	BHFT East	0	0	0	0	0	0	0	0	0	0
			12	BHFT West	0	0	0	0	0	0	2	0	2	2
	Falls	The number of inpatients falling by severity of harm (as per NPSA definition) per 1000 bed day	5.1	RBFT		5.1			5.1	4.8			4.8	5.0
			4.8	HWPFT		6.7	5.6	5.2	5.6	6.0	6.3	5.6	6.0	5.8
			CHS - 8 per 1000 occupied bed	BHFT - Comm		9.2			9.2	7.2			7.2	8.2
			MH - 5 per 1000 occupied bed	BHFT - MH		3.87			3.87	4.1			4.1	4.0
	Safeguarding Training (Children)	All staff should have an appropriate level of training in safeguarding, according to their contact with children.	Level 1 - 95%	RBFT		60.14%			60.14%		84.00%		84.00%	72.07%
			Level 2 - 85%			44.43%			44.43%		60.00%		60.00%	52.22%
			Level 3 - 85%			-			-		10.00%		10.00%	10.00%
			Level 1 - 95%	HWPFT		-			-	69.00%			69.00%	69.00%
	Safeguarding Training (Adults)	All staff should have training in safeguarding of Adults (as per contract)	85%	RBFT		52.72%			52.72%	60.00%			60.00%	56.36%
			HWPFT		-			-	75.70%			75.70%	75.70%	

Quality Area	Outcome Measure	Indicator and Supporting Measures	Provider Threshold (if appropriate)	Provider	2012/13 Outturn	Apr-13	May-13	Jun-13	Q1 13/14	Jul-13	Aug-13	Sep-13	Q2 13/14	Year to Date Sum or Median Average*** 2013/14
Clinical Effectiveness	Delay transfers of care	All patients (medically fit for discharge) unable to be discharged as a result of Provider not identifying appropriately or acted to ensure their timely discharge	Data not currently performance monitored	RBFT		28	24	28	28	22	19	25	22	24
				HWPFT	364	38	12	22	30	21	30	21	21	22
	62 days referral to treatment	1st treatment for suspected cancer within 62 days of GP referral	85.0%	RBFT	83.7%	87.50%	85.60%	83.10%	85.60%	100.00%	85.20%		92.60%	85.60%
			85.0%	HWPFT	89.0%	86.00%	87.00%	86.70%	86.70%	85.80%	93.30%		89.55%	86.70%
			85.0%	FPFT	89.8%	90.00%	97.00%	-	93.50%	-	-		#NUM!	93.50%
			85.0%	GWHFT	89.7%	87.10%	94.10%	88.60%	88.60%	88.50%	90.50%		89.50%	88.60%
			85.0%	OUH		80.65%	81.21%	86.67%	81.21%	85.49%	86.31%		85.90%	85.49%
	Cancelled Operations	Provider cancellation of Elective Care operation for non-clinical reasons either before or after Patient admission	<0.5%	RBFT	0.7%	0.43%	0.46%	0.70%	0.46%	0.37%	0.43%	0.50%	0.43%	0.45%
			1.0%	HWPFT	1.71%	1.00%	0.90%	1.30%	1.00%	1.00%	1.30%	1.70%	1.30%	1.15%
			0.8%	FPFT	0.5%	0.40%	0.40%	0.30%	0.40%	-	-	-	#NUM!	0.40%
			<0.8%	GWHFT	0.7%	1.00%	0.70%	0.60%	0.70%	0.30%	0.70%	0.20%	0.30%	0.65%
			0.8%	OUH		0.63%	0.70%	0.57%	0.63%	0.42%	0.65%	0.69%	0.65%	0.64%
	Stroke (time on stroke unit)	% pts spent 90% of time SU	80.0%	RBFT	84.6%	80.0%	90.0%	94.0%	90.0%	93.0%	90.0%	91.0%	91.0%	90.5%
			80.0%	HWPFT	75.7%	26.0%	78.0%	63.7%	63.7%	85.0%	75.0%	44.0%	75.0%	69.4%
			80.0%	FPFT	90.0%	94.0%	88.0%	96.0%	94.0%	91.0%	94.0%	-	92.5%	94.0%
			80.0%	GWHFT	75.7%	83.3%	82.5%	75.6%	82.5%	78.2%	80.5%	75.8%	78.2%	79.4%
			80.0%	OUH	87.2%	92.7%	83.7%	80.0%	83.7%	83.3%	93.0%	94.9%	93.0%	88.2%
	Stroke (Within 4 hrs to SU)	% pts admitted to SU <4hrs	95.0%	RBFT	58.8%	49.0%	64.0%	75.0%	64.0%	77.0%	61.0%	65.0%	65.0%	64.5%
			95.0%	HWPFT	60.9%	73.0%	55.0%	78.0%	73.0%	73.0%	71.0%	44.0%	71.0%	72.0%
			95.0%	FPFT	71.9%	72.0%	73.0%	72.0%	72.0%	74.0%	94.0%	-	84.0%	73.0%
95.0%			OUH	83.3%	78.1%	87.8%	78.4%	78.4%	84.0%	85.7%	82.4%	84.0%	83.2%	
Maternity	C-section rate	23.0%	RBFT	26.4%	25.0%	27.0%	29.0%	27.0%	27.0%	23.0%	26.0%	26.0%	26.5%	
		23.5%	HWPFT	26.14	25.40%	27.70%	24.30%	25.40%	29.80%	29.60%	28.70%	29.60%	28.20%	
		22.0%	FPFT	23.18%	23.30%	25.90%	22.50%	23.30%	23.50%	21.90%	-	22.70%	23.30%	
		23.0%	OUH			22.31%		22.31%		21.76%		21.76%	22.04%	

Quality Area	Outcome Measure	Indicator and Supporting Measures	Provider Threshold (if appropriate)	Provider	2012/13 Outturn	Apr-13	May-13	Jun-13	Q1 13/14	Jul-13	Aug-13	Sep-13	Q2 13/14	Year to Date Sum or Median Average*** 2013/14
Patient Experience	Friends & Family Test	% of patients recommending the Trust	Baseline TBC	RBFT	I/P Score	56	60	59	59	62	64	63	63	61
					I/P % Resp	8.0%	14.5%	41.0%	14.5%	32.3%	29.3%	32.7%	32.3%	
					A&E Score	27	58	51	51	55	48	53	53	52
					A&E % Resp	2.0%	1.6%	15.3%	2.0%	8.9%	13.0%	15.0%	13.0%	
				HWPFT	I/P Score	69	68	70	69	70	65	67	67	69
					I/P % Resp	27.4%	26.8%	29.4%	27.4%	38.8%	37.1%	33.1%	37.1%	
					A&E Score	29	24	24	24	22	38	12	22	24
					A&E % Resp	2.0%	6.0%	10.9%	6.0%	6.3%	4.6%	4.5%	4.6%	
				FPFT	I/P Score	84	86	78	84	73	79	74	74	79
					I/P % Resp	11.4%	12.3%	32.1%	12.3%	48.6%	46.3%	47.1%	47.1%	
					A&E Score	43	47	41	43	51	61	62	61	49
					A&E % Resp	7.2%	9.8%	26.0%	9.8%	17.1%	25.1%	25.2%	25.1%	
				GWHFT	I/P Score	77	71	76	76	73	76	72	73	75
					I/P % Resp	24.3%	20.1%	25.6%	24.3%	17.2%	23.0%	16.9%	17.2%	
					A&E Score	81	0	65	65	63	61	52	61	62
					A&E % Resp	0.5%	0.1%	4.9%	0.5%	6.2%	5.0%	1.1%	5.0%	
				HHFT	I/P Score	75	75	77	75	77	75	75	75	75
					I/P % Resp	11.2%	20.3%	23.3%	20.3%	26.3%	23.6%	26.2%	26.2%	
	A&E Score	54	63		67	63	72	68	68	68	68			
	A&E % Resp	1.2%	2.4%		8.9%	2.4%	6.4%	4.5%	2.8%	4.5%				
	OUH	I/P Score	76	77	72	76	74	71	66	71	73			
		I/P % Resp	21.8%	17.7%	20.5%	20.5%	21.5%	20.9%	18.8%	20.9%				
		A&E Score	52	27	56	52	61	60	61	61	58			
		A&E % Resp	13.9%	4.6%	17.2%	13.9%	13.3%	11.2%	9.1%	11.2%				
	BHFT (I/P)	I/P	95.7%	94.4%	95.5%	95.5%	-	88.9%	-	88.9%	94.9%			
	% response	% response	58.9%	75.0%	74.6%	74.6%	-	79.4%	-	79.4%				
	BHFT MIU	MI	97.8%	98.4%	98.5%	98.4%	-	96.5%	-	96.5%	98.1%			
	% response	% response	17.7%	18.8%	7.1%	17.7%	-	16.3%	-	16.3%				
Complaints (including Francis)	Number of Complaints	N/A	RBFT	440	55	33	33	121	32	31	31	94	215	
		N/A	HWPFT	424	32	45	33	110	54	41	52	147	257	
		N/A	FPFT	436	33	33	35	101	-	-	-	0	#VALUE!	
		N/A	OUH		57	51	44	152	56	46	-	102	#VALUE!	
		N/A	HHFT	558	57	51	-	108	-	-	54	54	#VALUE!	
		N/A	BHFT	236	15	12	14	41	14	16	10	40	81	

Agenda Item 6.

Title of Report:	Overview and Scrutiny Management Commission Work Programme
Report to be considered by:	Overview and Scrutiny Management Commission
Date of Meeting:	10 December 2013

Purpose of Report: To receive, agree and prioritise the Work Programme of the Commission.

Recommended Action: To consider the current items and any future areas for scrutiny.

Overview and Scrutiny Management Commission Chairman	
Name & Telephone No.:	Chairman of the Overview and Scrutiny Management Commission

Contact Officer Details	
Name:	Charlene Myers
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Supporting Information

1. Introduction

- 1.1 The work programme for the Overview and Scrutiny Management Commission, Health Scrutiny Panel and Resource Management Working Group is attached at Appendix A for the Commission's consideration. Members are also asked to consider any future areas for scrutiny.

Appendices

Appendix A – Overview and Scrutiny Management Commission Work Programme

Overview and Scrutiny Management Commission Work Programme - 2013/14

Reference	Subject	Purpose	Format	Methodology	Start Date	End Date	Lead Officer / Service Area	Portfolio Holder	Status	Comments
OSMC/09/57	Revenue and capital budget reports	To receive the latest period revenue and capital budget reports	In meeting	Quarterly item.	Dec-13	Dec-13	Andy Walker – 2433 Finance	Councillor Alan Law	Scheduled	May lead to areas for in depth review.
OSMC/11/119	Continuing Healthcare (CHC)	To assess the effect of the CHC operations policy and procedures in practise	In meeting		Dec-13	Dec-13	Jan Evans – 2736 Adult Social Care	Councillor Graham Jones	Scheduled	Monitoring of the CHC independent review action plan. Update against actions requested after 6 months. Scheduled for December 2013
OSMC/12/143	Adult Social Care Eligibility Criteria	To conduct a review of the Council's Fair Access to Care Services policy	Task Group (Cllrs Webb & Mason)		Dec-12	Dec-13	Jan Evans–2736 Adult Social Care	Councillor Joe Mooney	In Progress	Report concluding activity undertaken by the group and presenting recommendations to be discussed at the December meeting
OSMC/11/111	Risk Register	To scrutinise individual items on the Risk Register on an annual basis. Annual recurrence	In meeting		Jan-14	Jan-14	Ian Priestley	Councillor Roger Croft	Scheduled	Annual item for January 2014
OSMC/13/151	Home to school transport	To understand the implications for, impact of and alternatives to the Council's home to school transport policy.	In meeting		Jan-14	Jan-14	Caroline Copcorran –2030 Education	Councillor Irene Neill	Scheduled	Proposed by Councillor David Allen. Accepted on to the work programme at the OSMC meeting of 29 October.
OSMC/09/02	Performance Report for Level One Indicators	To monitor quarterly the performance levels across the Council and to consider, where appropriate, any remedial action. Quarterly Item	In meeting		Jan-14	Jan-14	Jason Teal – 2102 Policy & Communication	Councillor Roger Croft	In progress	Quarterly item. To be heard (Jan 14 for Q2, April for Q3 , next meeting TBC but exec circle end date 24th July 2014)
OSMC/11/113	Asset Disposal	To conduct a review of the Council's Asset Disposal and Community Right to BID guidance	In meeting		Sep-13	Jan-14	Andy Walker	Councillor Alan Law	In progress	Commission updated on 2/9/13. Requested that they review the amended guidance post Greenham Control Tower - Commission will receive a written update at the January meeting
OSMC/12/144	Shaw House	To understand the utilisation and income generated	Task Group (Cllrs Brooks, Beck & Ellison)		Jun-13	Jan-14	Steve Broughton - 2837 Head of Culture & Environmental Protection	Councillor Hilary Cole	In Progress	Task Group to examine the Portfolio Holders report following work undertaken by the Cultural Asset Working Group
OSMC/11/110	Energy Saving	To review the Council's policies and procedures for Energy Saving.	In meeting		Apr-14	Apr-14	Adrian Slaughter	Councillor Dominic Boeck	Scheduled	Completed in April 2012. Review to be undertaken in April 2014.
OSMC/12/135	Annual target setting	To examine the annual targets being set for 2014/15.	Task Group (Cllrs Webb, Webster & Vickers)	Task group working directly with PM officers	May-14	May-14	Jason Teal – 2102 Strategic Support	Councillor Roger Croft	Scheduled	Annual review
OSMC/11/129	Housing Allocations policy	To conduct a review of the Council's Housing Allocation Policy	In meeting		Sep-14	Sep-14	Mel Brain - 2403 Social Care Commissioning and Housing	Councillor Roger Croft	Scheduled	Commission updated on 2/7/13: Opportunity to comment on the final draft at 2/9 meeting. Opportunity to review the policy 12 months after implementation.
OSMC/12/149	Newbury town centre parking	To ensure that the needs of Newbury residents, businesses and visitors are appropriately balanced.	Task Group		Early 2014	Mid 2014	Mark Edwards–2208 Highways and Transport	Councillor Pamela Bale	To be scheduled	Suggested by Councillor Tony Vickers and added to the work programme at the meeting of 2 July. To be discussed following completion of the BID/WBC car parking review

Reference	Subject	Purpose	Format	Methodology	Start Date	End Date	Lead Officer / Service Area	Portfolio Holder	Status	Comments
OSMC/13/147	Welfare Reform	To understand the preparations for national Welfare Reform and consider any issues arising.	In meeting		Mar-14	TBC	Sean Anderson - 2149 Head of Customer Services	Councillor Alan Law	Scheduled	- Item incorporated at OSMC meeting of 16/04/13 - Schedule for early 2014
OSMC/13/148	GP data provision for school placement modelling	To review whether GP data is being provided to the Council for the purposes of forecasting school placement needs.	In meeting			TBC			To be scheduled	
OSMC/13/150	Homelessness - young families	To understand the reasons why West Berkshire appears to have a disproportionate amount of young families facing homelessness whose friends and extended family are unwilling or unable to provide them with temporary housing.	Task Group			TBC	Mel Brain-2403 Housing	Councillor Roger Croft	To be scheduled	Arising from the 2012 review of homelessness (recommendation 12)

Agenda Item 10.

Title of Report:	Continuing Health Care (CHC)
Report to be considered by:	Health Scrutiny Panel
Date of Meeting:	10 December 2013

Purpose of Report: To consider the completed work and the outstanding items on the work programme.

Recommended Action: That the Overview and Scrutiny Management Commissions scrutinises the actions being taken in delivery of the Continuing Healthcare Action Plan.

Resource Management Working Group Chairman	
Name & Telephone No.:	Councillor Brian Bedwell
E-mail Address:	bbedwell@westberks.gov.uk

Contact Officer Details	
Name:	Charlene Myers
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1. Introduction

- 1.1 In June 2012 an independent review took place on behalf of the Strategic Health Authority (SHA), into the processes and practices on the delivery of Continuing Healthcare Commissioning in Berkshire.
- 1.2 The final report identified 5 key areas for urgent action and in addition had 54 recommendations which would improve the continuing healthcare working arrangements both in the NHS and Social Services.
- 1.3 Following receipt of the report the Primary Health Trust (PCT) and West Berkshire Council Social Services worked together to prepare a joint Action Plan, which was subsequently agreed by all the unitary authorities in Berkshire for implementation.
- 1.4 The report highlighted the progress with on the implementation of the Action Plan and on each of the recommendations.

2. Scrutiny involvement

- 2.1 At the Health and Scrutiny Panel (HSP) meeting of 19 March 2013, Members examined the Action Plan and the progress being made against it. Given the ongoing nature of the plan, the Panel resolved to receive a further update in six months time.
- 2.2 **Action since March 2013**
- 2.3 Since the March HSP meeting, the PCT has been disbanded and a number of its responsibilities have transferred to Clinical Commissioning Groups (CCG), amongst which is some responsibility for delivery on the Action Plan.
- 2.4 The Health Scrutiny Panel has also been disbanded and its work considered for incorporation into the programme for the OSMC. The Commission agreed at its meeting of 21 May that the update review of the Action Plan should be considered at a future meeting.

3. Consideration of the Action Plan

- 3.1 In order to ensure that the actions contained within the Plan have been delivered or are on track to be delivered, a number of people have been invited to update the Commission. They are
 - Gabrielle Alford, Wokingham CCG
 - Sarah Bellars, Director of Nursing, Berkshire East CCG
 - Sam Ward (NHS England)
 - Councillor Joe Mooney, Portfolio Holder for Adult Social Care
 - Jan Evans, Head of Adult Social Care, West Berkshire Council

4. Recommendation

- 4.1 It is recommended that the Overview and Scrutiny Management Commissions scrutinises the actions being taken in delivery of the Continuing Healthcare Action Plan.

Appendices

Appendix A - Continuing Healthcare Action Plan

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BERKSHIRE

NHS CONTINUING HEALTHCARE

JOINT ACTION PLAN

Updated July 2013

Executive summary – Urgent Recommendations

1) The Strategic Health Authority requires assurance that the Primary Care Trust is operating within the legal framework and guidance around the Fast Track Pathway Tool

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress March 2013	Progress July 13
KR6	All organisations in Berkshire should ensure they have clear arrangements for the timely review of Fast Track applications. This should ensure that the relevant staff are clear on how to complete the fast track tool in line with the National Framework.	<ul style="list-style-type: none"> PCT to review correct CHC Nursing structure to include a fast-track team. Undertake additional training and awareness sessions for provider staff who work in relevant fields. e.g. Specialist Palliative care nurses, District/Community Nursing, Consultants in Care of the Elderly, Oncology, Palliative Care etc and General Practitioners. Priority for training will be given to clinical staff working in specialist fields which have high referral rates to fast-track. Local Authority specialist CHC practitioners to be included in this training 	C Winfield/ E. Rushton	Immediate effect.	<p>CCG's has provided £400k of additional funding to increase CHC team across Berkshire. Recruitment generally proving difficult. Individuals have been interviewed; accepted and then subsequently withdrawn.</p> <p>New structure of CHC team will be implemented once the team is fully recruited.</p> <p>Proposed new structure has been provided to the AD's group.</p> <p>Recruitment ongoing – appointments already made to both nursing and management posts. Additional recruitment ongoing.</p> <p>Jo Dexter (clinical advisor to the review and NHS South of England – West) to</p>	<p>Recruited additional nursing staff and manager level. Adverts ongoing for nurses – LD and MH</p> <p>Publish structure of team once available – transfer to AD Meetings</p> <p>Ad; 2 x team mgr; y x nurses</p> <p>Retrospective review team project manage by NR</p> <p>Joint training up and running across Berkshire</p>

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress March 2013	Progress July 13
		for the purpose of consistency.			provide training once programme agreed.	with NHS and LA Current training covers FT but putting on specific FT training circa 1 hr at individual org team meetings LA specialists to attend Complete
KR7	NHS Continuing Healthcare funding must be available to patients once a positive Fast Track Tool has been completed by a registered clinician. This funding should be available until a person is assessed as no longer eligible.	<ul style="list-style-type: none"> PCT to check that funding is available to fast-track patients. UAs each to provide a senior named contact in relation to fast-track Fast Track assessments initiated and completed by registered clinician will be responded to immediately by CHC staff. PCT and UAs to undertake a joint audit of cases where the fast-track assessment was rejected to assess the outcome for the patients as a shared learning activity. The U.A.s to review their practise in respect 	E. Rushton	31 December 2012 Unknown 31 December 2012 Review September 2013 All LAs	Completed Jan Evans and Zoe Johnstone. Completed Audit required once training completed September 2013 Training programme to be agreed. ??	Completed Audit December 13 Specific issues for CCG FT and any inappropriate - SS instructing individuals Transfer to AD Meeting Completed To be covered by audit – Transfer to AD Meeting

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress March 2013	Progress July 13
		of fast tracking based on the feedback in the Review Report.				

2) Improvements in Joint working between the NHS and the six local authorities at all levels

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress March 2013	Progress July 13
KR48	All organisations should prioritise the building and maintenance of constructive strategic and operational working relationships across Berkshire, particularly between the NHS and the six local authorities. This should be led by appropriate senior individuals. Regular joint meetings should take place on at least a monthly basis in the first instance at both strategic and operational levels.	<ul style="list-style-type: none"> Regular monthly meetings will be arranged between assistant Directors to exchange ideas and discuss issues relevant to all. This will follow on from the joint development of the operations policy and will review and oversee its implementation. Meetings to be co-ordinated by PCT / CCGs. Organisations to agree the definition of reablement in relation to daily living activities and rehabilitation potential where health needs can be proactively lessened 	<p>ALL UAs and PCT / CCGs</p> <p>Cathy Winfield/ CCG leads</p> <p>E Rushton</p> <p>Ops Group (2 x LA reps and CHC AD)</p>	30 November 2012	<p>On-going;</p> <p>1 Nov 2012 10 Dec 2012 23 Jan 2013 18 Feb 2013 11, 18 & 27 Mar 2013.</p> <p>Outcome of meetings:</p> <p>This work has been on-going with facilitation firstly from the Reviewers and currently with Sam Ward. CHC Lead for NHS England. Meetings have been held fortnightly since Feb. see KR 48</p> <p>Operational Policy, Berkshire Local Protocols and Disputes Resolution Procedures all amended. It is believed that final amendments to the Ops</p>	<p>Fortnightly meetings to complete CHC Ops policy work now moved to monthly</p> <p>Completed</p> <p>RE-ablement issues related to discharge - what happens when there is no 'step down' process' Completed as far as related to CHC but wider</p>

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress March 2013	Progress July 13
		before long term care commences. This will be included in the operational policy.			Policy and Dispute Policy can be finalised by end April. To be discussed and covered in the operational policy.	NHS issue Completed Sign off by all organisations required by NHS England Review date required March 14 Transfer to AD Meeting

3) The approval of an Operational Policy which makes all procedures clear will smooth the whole process and procedure and allow for better working relationships

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress March 2013	Progress July 13
KR27	A clear concise operational policy, taking account of the NHS Continuing Healthcare (Responsibilities) Directions 2009 and the principles laid out in the NHS Continuing Healthcare	<ul style="list-style-type: none"> Three identified Assistant Directors (1 East UA, 1 West UA & PCT) will be facilitated to develop a joint operational policy. Samples will be provided by review team as a template for the group to follow. 	M. Goldie / M. Andrews- Evans Jill Smith ALL UAs and PCT /CCGs ALL UAs and	1 October 2012 30 November 2012 30 November	This work has been on-going with facilitation firstly from the Reviewers and currently with Sam Ward. CHC Lead for NHS England. Meetings have been held fortnightly since Feb. see KR 48 The jointly agreed Berkshire Training Course will be	Completed Sign off by all organisations required by NHS England Review date required March 14 Transfer to AD Meeting

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress March 2013	Progress July 13
	<p>framework, which is drafted in consultation with relevant partner agencies, and in particular the local authorities is required as a matter of urgency for ratification by the Primary Care Trust Board (suggested timescale within four weeks – to be agreed in action plan).</p> <p>This must include terms of reference for relevant Panels.</p>	<ul style="list-style-type: none"> The PCT & 6 UAs will jointly agree and implement the operational policy. PCT and 6 UAs will consult with legal services to ensure compliant with legislation. 	PCT /CCGs	<p>2012</p> <p>Mid February 2013 as this is not completed</p>	<p>based on the Operational policy and Berkshire Local Protocols.</p> <p>As content of Ops Policy and Ops guide are almost finalised, dates for training to be scheduled in advance of training package being agreed.</p>	

4) Further work is required on the draft dispute resolution policy between the NHS and Local Authorities to put into place a signed and agreed policy as required in the NHS Continuing Healthcare Responsibilities/Directions

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress March 2013	Progress July 13
KR28	A local dispute resolution policy must be agreed with the six local authorities urgently (suggested	<ul style="list-style-type: none"> Disputes policy will be considered by the Assistant Director's group. Joint policies working well in other areas will 	<p>M.Goldie / Cathy Winfield</p> <p>All UAs & PCT / CCGs</p>	<p>1 November 2012</p> <p>14 December 2012</p>	<p>See KR 48 above</p> <p>Dispute process circulated by CCG. Amended by Ops Group.</p>	<p>Completed</p> <p>Sign off by all organisations required by NHS England</p>

	timescale within two months – to be agreed in action plan).	be used to inform policy development. <ul style="list-style-type: none"> Final Document to be ratified by PCT and 6 UAs and implemented. 		31 March 2013	Further amendments completed – and Director level agreement re checklist disputes – April 2013.	Review date required March 14 Transfer to AD Meeting
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5) Further work is required to resolve the current polarised view on the use of the NHS CHC Checklist Tool and information requirements to accompany the tool, in order to avoid delayed discharges from the acute setting and ensure a patient centred approach

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress March 2013	Progress July 13
KR10	All organisations need to reach an agreed understanding and appropriate use of the checklist tool when individuals are in hospital. They should pay particular attention to this with particular reference to Section 6 of the Practice Guidance and appropriate arrangements when individuals are in hospital Clarity is also required regarding information required	<ul style="list-style-type: none"> A facilitated meeting with PCT / WBC to consider disputed cases. Learning from this exercise use experience to inform future practice e.g. <ul style="list-style-type: none"> Quality and quantity of information required to ensure checklist is not rejected. All organisations to make appropriate use of CHC checklist tool whether in hospital, care home or own home 	E. Rushton / J.Evans ALL ADs in UAs & PCT AD PCT / AD WBC / Discharge Nurses RBH AD PCT & AD WBC	17 August 2012 On-going 23 August 2012 1 October 2012	Use of Checklist to be finalised in Joint Training Programme and rolled out across Berkshire. Facilitated meeting achieved. This led to an interim proposal of WBC, CHC team and RBH meeting weekly to agree the checklist contents for those WBC identify as needing to be considered for CHC. This continues until training programme agreed and delivered. 50:50 funding to discharge to care home once PCT agree to assess has also reduced DTOCs. 50.50 funding arrangement	Completed in training programme Interim facilitated meeting – no longer required

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress March 2013	Progress July 13
	with checklist is required, keeping this as simple as possible.	<ul style="list-style-type: none"> Facilitated meeting with PCT/WBC and RBH to jointly consider the appropriate use of the checklist. To prepare a set of guidelines for nurses on how to complete the checklist. To be agreed by UAs / PCTs and NHS Providers U.A.s to review their practise in respect of check listing based on the feedback in the Review Report and Reviewers. Guidelines to be incorporated in operational policy. Agreement re: interim funding of care to be achieved to release acute bed whilst CHC / long-term care assessment processes are completed. 	<p>UAs</p> <p>AD PCT & AD WBC</p> <p>PCT/ UA ADs</p>	<p>1-October 2012</p> <p>On-going</p>	<p>ceased 31st March 2013. CHC Service, WBC and RBH staff still meeting to progress checklists, assessments and discharge in a timely way to avoid unnecessary delay.</p> <p>National Framework for CHC clearly identifies that interim funding whilst waiting for the PCT to assess is to be funded by the NHS. Included in the Operational Policy and will be implemented 1.4.13. Risk to CCGs is possible if there is an increase in DTOCs due to lack of CHC team capacity or financial risk if there is an increase in interim funding for those individuals who ultimately will not meet the criteria for CHC funding.</p> <p>?? See KR27</p> <p>Part of joint Berkshire Training Course</p> <p>To be discussed</p>	<p>Completed</p> <p>Review date required March 14</p> <p>Transfer to AD Meeting</p> <p>Completed</p>

No.	Recommendation	Action	Responsible Lead	Completion Date	Progress March 2013	Progress July 13
					Inclusion in operational policy Inclusion in dispute policy	Completed Review date required March 14 Transfer to AD Meeting

Summary of Remaining Actions

Activity and Cost

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR1	Primary Care Trusts and Local Authorities review all possible opportunities to improve activity and outcomes for patients and improve compliance with the National Framework;	To develop, agree and implement a robust: <ul style="list-style-type: none"> Operational Policy Disputes Policy Review the feasibility of interim NHS funded beds for CHC patients after 4 weeks in a hospital 	M. Goldie / M. Andrews-Evans PCT / CCGs	1 October 2012 1 November 2012 November 2012	Ongoing within Review Implementation Group	Completed Review date required March 14 Transfer to AD Meeting
KR2	NHS Berkshire is encouraged to maintain the quality of data returns under the benchmarking	To appoint an analyst to establish and maintain a database for the 7 CCGs and prepare monthly reports to CCG AOs.	E. Rushton	1 December 2012	The CHC Service has an excellent database which assists in the provision of its data.	Balance of LA info and NHS info LA can draw off RAS to get reports / internal

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
	project;				No plans for any change.	<p>monitoring</p> <p>NHS to share benchmarking and feedback from Broadcare</p> <p>AD group to agree common dataset to discuss at AD Meeting using benchmarking and LA data</p> <p>Transfer to AD Meeting</p>
KR3	NHS Berkshire and the six Local Authorities jointly and regularly meet to use the benchmarking data to monitor their performance both regionally and nationally;	<p>From 1st October CCGs will establish a system for meeting with UAs to consider CHC / FACS information together</p> <p>To provide CCG lead contact details to Directors of Social Services.</p>	<p>CCG AOs – Cathy Winfield & Alan Webb / UA DSSs</p> <p>Marion Andrews-Evans</p>	<p>1 October 2012</p> <p>September 2012</p>	Not achieved.	<p>Completed</p> <p>See KR2</p>
KR4	The NHS Berkshire Board and the Local Authorities review the benchmarking data and consider the factors influencing the local performance on	Joint meeting with CCGs / UAs to consider benchmarking and develop joint strategic intentions to improve provision and access to long-term care.	CCG AOs - Cathy Winfield & Alan Webb UA DSSs	1 December 2012	Not achieved	<p>Completed</p> <p>See KR2</p>

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
	NHS Continuing Healthcare.					
KR5	NHS South Central scrutinises the benchmarking data at a regional level and undertakes further analysis in relation to the issues listed above in support of all its Primary Care Trust areas, and ensures that best practice is shared.	Action by SHA and subsequently the LAT			Circulated post JSG (5 December 2012) and ongoing	Completed See KR2

SW ask benchmarking group re sharing with LA

Compliance with the National Framework

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR8	All organisations should consider how to engage clients and their representatives appropriately at all stages in the process including	To undertake a review of patient / carer engagement processes and information provided. To include in operational policy.	E. Rushton & PCT Comms team E. Rushton	4 October 2012 February 2013	PCT publications/ website and changes made to documentation. Completed. Joint discussion WBC and PCT re advocacy service.	Completed - to go on website Agreed and pilot Transfer to AD Meeting

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
	information on how to appeal and to agree a local resolution process which could form part of the operational policy.					
KR9	All organisations should ensure consent for assessment is explicitly obtained at the appropriate stages and is clearly recorded.	<ul style="list-style-type: none"> All referrals made to CHC will be checked to ensure a consent form is attached to the documentation and feedback provided to the provider and UA. UA Social Workers to get signed consent forms prior to undertaking the checklist assessments. UA Social Workers to complete MCA decision specific to consent to CHC application should applicant's lack of capacity be an issue on this point. 	<p>E. Rushton</p> <p>UA Directors of Social Services</p> <p>UA Directors of Social Services</p>	<p>1 September 2012</p> <p>On-going</p> <p>On-going</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>	Transfer to AD Meeting re feedback on training

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR11	The process for completion of the multi-disciplinary assessment and Decision Support Tool must be consistent, transparent and clear. It should include the views of both NHS and local authority organisations and any dissent should be recorded.	<ul style="list-style-type: none"> • An Independent audit of documentation will take place to assess the robustness of documentation and actions will be agreed if necessary. Methodology and scope for audit to be agreed. • The guidance that moves a criteria to a higher scoring on the DST where there are dissensions between agencies and supported by the necessary documentary evidence will be included in the operational policy • PCT to clarify role of CHC Nurse Assessor as distinct from CHC Co-ordinator at MDTs 	E. Rushton / UAs E. Rushton	1 December 2012 October 2012	See KR 27	Completed – in Ops Policy and Guidance due for review in March 2014

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR12	When a multi-disciplinary team recommendation is not accepted by the Panel a full rationale and explanation must be given (or the case referred back to the MDT for further work/additional evidence)	<ul style="list-style-type: none"> • CCGs / PCT will review how the panels operate and consider whether the use of an independent chair is appropriate. • Panel meetings and decisions made will have minutes which are distributed to panel members as a record. • Terms of Reference of Panel to be agreed to be included in operational policy. • PCT will write to all applicants with outcome and reasons for rejection within 2 weeks of that Panel. 	E. Rushton E. Rushton	1 December 2012 1 December 2012	See KR 27	<p>Completed – in Ops Policy and Guidance due for review in March 2014</p> <p>Query re admin support for minutes at panels – look at improving this across by using Broadcare</p> <p>Pulled all retrospective review out of current team so released capacity</p> <p>Transfer to AD Meeting</p>
KR13	Decisions regarding a person's eligibility for NHS Continuing Healthcare must be clearly distinct from decisions regarding the approval and funding of care packages and/or Funded Nursing Care.	CHC Checklists will always be completed prior to the Nurse assessment for FNC. CHC Nurses will be reminded of this requirement.	E. Rushton	1 September 2012	Completed	

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR14	Eligibility decisions should be based on the four key indicators of primary health need which should be supported by the Decision Support Tool. A clear rationale should be given on all the relevant documentation.	An audit of documentation will be undertaken to ensure compliance with the four key indicators and rationale is provided in the documentation.	E. Rushton	1 December 2012	Due to current lack of capacity in CHC Dept this has not been possible but will be undertaken 4 months after roll out of joint training to monitor success of training programme.	Audit after completion of training programme and use of new procedures - December 2013 Transfer to AD Meeting
KR15	The right to Appeal and how to do so must be transparent to applicants during each part of the process.	Letters to patients / carers will be reviewed to ensure appeals process is transparent.	E. Rushton	1 October 2012	See KR8 Completed	Completed
KR16	It is recommended that Appeals are held as a separate process to regular decision making Panels	<ul style="list-style-type: none"> As an interim arrangement the appeals panel for East and West will manage appeals for each other to ensure independence. There will be a different chair for the two panels A review will be undertaken with the CCGs to determine future appeal 	E. Rushton CCG AOs – Cathy Winfield & Alan Webb	August 2012 January 2013	Completed WBC concerned at use of East Panel as accountability for both Panels sits with AD for CHC in PCT. Agreement reached that where the L.A. disputes an eligibility decision a Dispute Panel will be convened with an Independent Chair.	Completed - Dispute Policy due for review in March 2014 Transfer to AD Meeting

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
		arrangements.			From 1 st April L.A	
KR17	The Primary Care Trust should set up a resolution process prior to an applicant progressing to Independent Review.	A resolution process will be included within the operational policy, including instructions on how they will be organised.	ADs Group	1 October 2012	A resolution process is in place that is being reviewed with a view to minimising the stages that applicants need to go through prior to IRP. Included in the Ops Policy	Completed by dispute policy which is reviewed in March 14

Timescales

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR18	The Primary Care Trust must ensure that there are arrangements in place for achieving timely eligibility decisions alongside the six local authorities. This includes ensuring that fast track referrals are dealt with in a timely way.	<ul style="list-style-type: none"> Due to high volume of referrals additional nursing staff will be recruited to ensure the 28 day timescale is achieved. Timescale for fast-track referrals will be monitored to ensure compliance and information provided monthly to CCGs / UAs. 	E. Rushton / PCT AD HR E. Rushton	1 September and on-going 1 October and on-going	<p>PCT has a duty nurse to deal with emergency requests under Fast Track.</p> <p>Due to recruitment difficulties there is currently a waiting list for assessments. PCT currently unable to achieve the 28 day turnaround for some assessments.</p> <p>DoH Refunds Guidance exists to enable refunds due to delay in assessment.</p>	<p>Completed</p> <p>Completed, checklists completed in 48 hours. Delay is MDT / reviews not earlier</p> <p>Transfer to AD Meeting</p>
KR19	New regulations	<ul style="list-style-type: none"> Adverts will be placed 	E. Rushton /	End August	Completed and ongoing	Completed

	<p>must be communicated to the public and to staff in a systematic and timely way. The Primary Care Trust must ensure that there is a process in place to achieve this, and that capacity of teams to meet this need is addressed. Numbers of retrospective cases received will be collected in the national benchmarking figures</p>	<p>in 4 local newspapers</p> <ul style="list-style-type: none"> • PCT will communicate with nursing Homes and GP surgeries information regarding the cut-off date for retrospective claims. • A log of all retrospective cases will be maintained. 	<p>PCT Comms. E. Rushton / PCT Comms</p> <p>E. Rushton</p>	<p>2012 Beginning September 2012</p> <p>August 2012</p>		
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Retrospective Cases

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR20	<p>The backlog of retrospective cases needs to be given clear priority and resources allocated appropriately.</p>	<ul style="list-style-type: none"> • The PCT will recruit additional staff to manage workload. Appointment of temporary nurses and admin staff will be considered in the short-term • Councils will notify 	<p>E. Rushton / PCT HR</p>	<p>September 2012 On-going</p>	<p>Retrospective cases will now be managed through a CCG led claims unit.</p> <p>A team of staff are currently being recruited and project plan is being developed.</p>	<p>Project manager and team in place / completed, resources allocated</p> <p>Completed</p>

		the PCT before 30 September 2012 of any self-funding deceased individuals they are aware of who they consider may have been entitled to CHC retrospective funding.				
KR21	It is recommended that the Primary Care Trust assesses the potential for both activity and finance in this area and plans accordingly over the next twelve months.	Financial risk assessment will be made by PCT to establish the potential liabilities for the PCT and CCGs. This information will be presented to the PCT Board and CCG Governing Bodies.	E. Rushton / J. Meek (PCT DoF)	27 November 2012	Business Manager to be appointed who will lead this work. The JD has been completed and gone to HR for matching and/or advert. 19 applications – to be shortlisted and interviews to be held late March.	Completed
KR22	The recent announcement with regard to retrospective cases needs to be communicated effectively to both the public and to staff in all agencies. A national communication toolkit was made available to all Primary Care Trusts	A communication plan to be prepared and implemented.	E. Rushton / PCT Comms	August 2012	Completed	

	together with a comprehensive nationally agreed retrospective review policy for Primary Care Trusts to follow or adapt locally.					
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Capacity

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR23	NHS Continuing Healthcare is a significant risk area for NHS Berkshire. Senior managers need to be assured of the processes and procedures within their organisation. This includes assessing that sufficient capacity at the right level is available to undertake the work required as well as maximising and sharing resources across East and West Berkshire.	A review of staffing requirements will be undertaken and additional staff (nursing and Admin) will be recruited and identified.	E. Rushton / M. Andrews-Evans	September 2012	Review of staffing completed and recruitment in progress.	Completed

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR24	Any new structure in relation to NHS Continuing Healthcare should be based on needs not on the present numbers and grades of staff available. The structure must be fit for the future with particular reference to Clinical Commissioning Groups.	Discuss with the CCG federations (east & west) to ensure the staffing structure meets their requirements and enables joint working with UAs.	M. Andrews-Evans / CCG AOs	September 2012	Completed	
KR25	Evidence suggests that resources in Berkshire are low for both NHC Continuing Healthcare work and Funded Nursing Care. It is suggested that further benchmarking takes place to ensure that assessment teams are adequately resourced to achieve the necessary assessment and review requirements.	As part of the staffing review benchmarking will be undertaken to inform the new staffing structure is fit for purpose.	E. Rushton	September 2012	See KR6 / KR23	Completed

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR26	Local Authorities must ensure that they have sufficient staff to be part of multi-disciplinary teams and be available to attend members of Primary Care Trust Panels/joint decision making processes and Appeal Panels. This should be within a co-ordinated approach across all of the Local Authorities.	6X UA Assistant Directors to agree how to resource MDTs and attend panels The feasibility of developing local communication systems between relevant UA and CHC staff will be explored.	J. Evans J. Evans/ E. Rushton	September 2012	No delays	Completed

Operational Policy

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR29	The Primary Care Trust must make the operational policy available on their website.	Once completed the operational policy will be available on the PCT and 7 CCG's websites and LAs website.	PCT Comms Lead LAs	November 2012	CCG websites will contain the relevant information.	Sign off and post on website Transfer to AD Meeting

Patient Centred

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR30	Local and regularly updated information should be available on the website and also in paper format if required.	Information will be provided in various formats to the public that reflects people's entitlements and processes to be jointly agreed. The PCT staff in communications dept. will ensure the website is kept up to date and is user friendly. This will transfer to the CCGs later in the year ready for 1 April 2013	PCT Comms Lead	On-going	CCG website development has been commissioned. Websites will go live in March 13.	Completed – use DH literature
KR31	Applicants should systematically be involved in all assessments including Decision Support Tools, and should be invited to Appeal Panels as applicable.	An audit of documentation will be undertaken to ensure that this requirement is complied with.	E. Rushton	December 2012	Reviewers noted we were doing this and included this recommendation so that those reading the Review understood this was good practice. Applicants and/or their representative are invited to attend Appeal Panel Hearings.	Completed
KR32	Opportunity for local resolution meetings should be offered to	This will form part of the operational policy. Resolution meetings will	E. Rushton	October 2012	Local resolution meetings and/or appeal panels (depending on the	Completed – in Ops Policy and Guidance

	patients and families as a way of explaining the processes and reasons for the decisions made.	be offered to all patient / carers, which they will be supported to participate in.			circumstances), are offered to individuals and/or their family/representative.	
KR33	All letters should be revised to ensure that they convey appropriate information, are user friendly in plain English and include the reasons for decisions as well as identifying the next steps for appeal or complaint. It is suggested that NHS Berkshire contacts other areas for examples of letters used.	A review of CHC letters will be undertaken. Sample letters will be obtained from other PCTs to inform the review. Revised standard letters will be prepared and available for use by the PCT and CCGs in the future.	E. Rushton	September 2012	Completed	

Management of Appeals, Complaints and Disputes

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR35	Local Appeal/Review Panel membership should be different to the original decision makers	<ul style="list-style-type: none"> East and West panels will hear each other's appeals to ensure independence in the process. This will be reviewed 	E. Rushton CCG AOs	August 2012 Spring 2013	Currently East cases that are appealed are sent to the West CHC Panel and vice versa. This may be reviewed by	Completed – in ops Policy, Guidance and Dispute Policy

	wherever practicable.	following establishment of the CCGs.			CCGs once established after March 13.	
KR36	All decision makers on panels should contribute fully to the decision making processes at Panels with any differences in opinion noted.	<ul style="list-style-type: none"> • Training will be provided to panel members to ensure they are cognisant of the process and support their input. • An independent chair will be used for specific cases as necessary. • See KR12 	E. Rushton & Independent Trainer E. Rushton	September & on-going September & on-going	<p>All Panel members are encouraged to contribute and where there are differences in opinions this is noted.</p> <p>Jo Dexter one of the Independent Review Team has recently attended a Berks West Panel for assurance re the Panel process, discussion and decision making.</p> <p>Once CCGs have established the appeals system, training will be given to panel members after April 13.</p>	Completed
KR38	All organisations should ensure they agree and have in place an up to date local dispute policy agreed between NHS Berkshire and the six local authorities.	Disputes policy to be prepared by ADs group for agreement by the PCT (CCGs) and 6 UAs.	PCT & UA ADs	November 2012	See KR 48	Completed - Dispute Policy
KR39	Information should be clear regarding what can be	Information leaflet / website information will be provided and checked	PCT Comms team	October 2012	See KR8	Completed – Use DH leaflet / pre-meet with family

	appealed and what should be dealt with through local complaint processes.	for usability.				
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Training

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR40	NHS Berkshire and the six local authorities should invest in a suitable training strategy/programme which covers the training needs of each level of staff i.e. whether they complete the checklist, undertake fast track assessments, represent the local authority or are a continuing healthcare assessor or manager.	Following the development of the operational policy, training will be provided by an independent trainer to a joint team from health and UAs. This will ensure common understanding of the policy, the process of assessment and decision-making and the use of the tools for assessment and documentation.	PCT & UA ADs	November – December 2012	Jo Dexter (clinical advisor to the review and NHS South of England – West) to provide interim training where necessary. In light of changes to the National Framework and the finalisation of the Operational Policy / Guidance this interim training is being written and developed for sign off by the ADs group on 27 March 2013	Completed
KR41	Training should be joint and meet the needs of both the NHS and the six	See Above Need to ensure that newly recruited CHC	As Above	As Above	See KR 40	Complete

	local authorities. Urgent training is required at all levels, and should follow shortly after the agreement of the operational policy. It is suggested that external facilitation and training is procured in the first instance.	nurses to be trained before they take up their role.				
KR42	The training strategy and policy should be explicit within the operational policy or at least referred to within that document.	A joint training strategy will be developed led by the PCT training and development manager. This will ensure on-going training for operational staff.	PCT Training & Development manager	November 2012	See KR 40	Complete

Quality Assurance/Standards

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR43	Executive Directors should be appropriately briefed and engaged across the field of NHS Continuing Healthcare and should provide strategic direction where required.	A quarterly briefing will be provided to the Governing Body, containing both activity and financial information. Health Scrutiny and CCG Governing bodies to be provided with briefing on regular basis re: activity	CCG AO CCG AO – Cathy Winfield & Alan Webb /LAs	January 2013 & on-going On-going	Meeting with West Berks CEO and Director of Social Services and PCT CEO, Nurse Director and CCG AO and Lead took place in December and discussed CHC and discharges. CCGs will take forward this action.	Potential agenda item for Health and Wellbeing Board and Overview and Scrutiny when required Transfer to AD Meeting

		and financial information.			The West Berks. HOSC and H&WB Board have had briefings on CHC. Further briefing to West Berks HOSC planned for June 2013.	
KR46	NHS Berkshire together with its Local Authority colleagues should jointly audit practice on a yearly basis. They are advised to contact other areas who may be able to share audit tools.	UAs and CCGs will agree a system of annual audit of CHC / long-term care to inform H&WB strategy and commissioning processes.	UAs		To be led by CCGs and UAs after March 13.	Transfer to AD Meeting

Joint Working

No.	Recommendation	Action	Responsible Lead	Completed By	Progress February 2013	Progress July 13
KR49	Assessment and review is the joint responsibility of health and social care and organisations should work collaboratively to ensure this is achieved.	<ul style="list-style-type: none"> As described in the CHC framework a review protocol will be agreed within the operational policy which will address the issue of a "well managed need". The production of the operational policy will support joint working. 	PCT/LAs PCT / CCGs / UAs	1 st December 2012 On-going	See KR 48	Completed - Ops Policy and Dispute Policy

		<ul style="list-style-type: none"> The appointment of joint posts will be explored and staff exchanges promoted 				
KR50	Brokerage and/or advocacy services should be considered, and where possible currently available services used to support patients in their NHS Continuing Healthcare applications.	The PCT / CCGs will explore with the UAs a shared advocacy service. Looking at what services are currently available in the UAs and BHFT.	PCT / CCG / UAs / BHFT	Autumn 2012	<p>Investigating advocacy services of Age UK</p> <p>Meeting between West Berks Council, the CHC Service and Age Concern CHC Advisory Service took place in early March – there is a proposal that this service, which works very well in Oxfordshire, is piloted over the next 12 months in the West Berkshire Council area. Jointly funded by health and social care.</p>	<p>Completed</p> <p>Pilot to be undertaken</p> <p>Transfer to AD Meeting</p>
KR51	NHS Berkshire should ensure that partner organisations and in particular the mental health trust recognise the importance of NHS Continuing Healthcare assessments and make staff available as required by the	The PCT will raise this matter as part of the contract monitoring process with BHFT to ensure accessible, timely access to specialist advice when necessary.	PCT Mental Health Contract lead	September 2012	Health service and other providers (such as nursing homes) will be included in the training once the operational policy is finalised.	<p>Completed</p> <p>Once training completed can LA / NHS be updated about staff attending</p> <p>AD group to push for final training opportunities</p> <p>Transfer to AD Meeting</p>

	National Framework.					
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Networking/Best Practice

No.	Recommendation	Action	Responsible Lead	Completed By	Progress February 2013	Progress July 13
KR52	NHS Berkshire should look outwardly as well as locally to glean ideas and develop practice.	PCT and CCGs will attend and participate in the joint strategy group and leads meetings. Contact will be made with other CHC departments to provide an exchange of ideas and benchmarking information.	PCT / CCG	On-going	PCT has contacted a large number of PCTs in the South Region area and have used their documents and processes to inform the development of the operational policy and the new staffing arrangements.	Completed
KR53	NHS Berkshire and the six local authorities should consider setting up a local operational group that meets regularly to discuss issues relating to NHS Continuing Healthcare processes and procedures.	Local operational group to be established with the 3 ADs, which can be augmented with additional NHS / UA members as necessary.	PCT / UAs	September 2012	Complete – assistant directors group has been established and will be reviewed once the CCGs take over the CHC function after March 13.	Completed

Information and Activity

No.	Recommendation	Action	Responsible Lead	Completed By	Progress February 2013	Progress July 13
KR54	NHS Berkshire should scrutinise performance on the national benchmarking measures and to share this information with their Board and local authorities. This should include both activity and finance and further understanding of why NHS Berkshire is the lowest in the country in terms of numbers of people receiving NHS Continuing Healthcare yet costs are high in comparison to numbers.	See KR2, KR3 & KR4			Business Manager for CHC to be appointed who will lead this work and provide reports for the CCGs in the future.	Completed
KR55	NHS Berkshire should continually assure themselves of the quality of their data relating to NHS Continuing	CCGs / CSU will ensure systems are in place to periodically check the maintenance of data quality.	CCG AOs	January 2012 & On-going	See above	Completed Transfer to AD Meeting

	Healthcare performance.					
KR56	CCGs and UAs should undertake comprehensive forecasting taking account of all relevant factors including a provision for retrospective cases and the transition of children into adult services. This will enable realistic budgets to be set for NHS Continuing Healthcare.	CCGs with the UAs through the use of the H&WB strategy, with the support of public health, will undertake an annual joint needs assessment of CHC and long-term care to influence the service planning, budget setting and delivery of community services.	CCGs / UAs		Discussion at the HWB Boards with the CCGs has commenced and will inform 13/14 planning arrangements.	Agenda item for H&W broad Retrospective review completed with team Transition of children – see below

Transition

No.	Recommendation	Action	Responsible Lead	Completed By	Progress March 2013	Progress July 13
KR57	A Transitions agreement should be part of or referred to in the overall NHS Continuing Healthcare Operational Policy.	Transition arrangements from children to adults will form part of the operational policy.	ADs development group	October 2012	CHC service has a children’s nurse and agreement for a Band 8a Lead Nurse for Children to lead on children’s work including transitions. Transitions will included in the Ops Guide	West review CHC for transition of children and potentially look at using East system. Needs to feed into AD group as CHC for transition for children Transfer to AD Meeting

KR58	NHS Berkshire must ensure the identification of children for whom adult NHS Continuing Healthcare may be required at age 14 and planning organised accordingly. This includes customer centred planning as well as ascertaining resource implications.	A joint database will be established for children to ensure appropriate planning for future care requirements & timely assessments.	CCGs / UAs	March 2013	A senior nurse (8a) will be appointed to the new structure to lead on children's CHC and will take forward this action.	Berkshire to review children's care Nurse Assessor in West to look ops policy / guide and dispute for children Wider piece of work across Berkshire to engage with LA across Children services generally including CHC – may need separate group outside of AD group
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AD Meeting

- Meet monthly
- Date of next meeting 11 September 4-5.30pm or earlier if Jan can move meetings
- get feedback forms from training programme and analyse / share
- SW to be resource if required at further meetings

Title of Report:	Financial Performance Report – Quarter Two (2013-14)
Report to be considered by:	Overview and Scrutiny Management Commission
Date of Meeting:	10 December 2013

Purpose of Report: To advise the Overview and Scrutiny Management Commission of the latest financial performance of the Council.

Recommended Action: That the Overview and Scrutiny Management Commission considers the financial performance of the Council and recommends further action as appropriate.

Overview and Scrutiny Management Commission Chairman	
Name & Telephone No.:	Chairman of the Overview and Scrutiny Management Commission

Contact Officer Details	
Name:	Charlene Myers
Job Title:	Strategic Support Officer
Tel. No.:	01635 519265
E-mail Address:	cmyers@westberks.gov.uk

Executive Summary

1. Introduction

- 1.1 This is the second report to the Executive as part of the financial reporting cycle for the 2013-14 financial year.
- 1.2 The forecast revenue over spend for the 2013-14 financial year is £261k. This is an increase of £312k from Quarter One when we were reporting an under spend of £51k.

2. Proposals

- 2.1 For Members to note this report.

3. Equalities Impact Assessment Outcomes

- 3.1 EIA completed; no impact on vulnerable groups.

4. Conclusion

- 4.1 The Quarter Two financial position is showing a forecast over spend of £261k for the year end. Though the Council remains in a challenging financial environment, and is faced with making savings in excess of £5m. It has taken steps to maintain financial discipline and ensure that savings are deliverable.

Executive Report

1. Introduction

1.1 The forecast outturn position as at Quarter Two of the 2013-14 financial year is an over spend of £261k, an increase of £312k from Quarter One.

2. Summary Revenue Position

2.1 Overall, the Council is showing a relatively low forecast over spend.

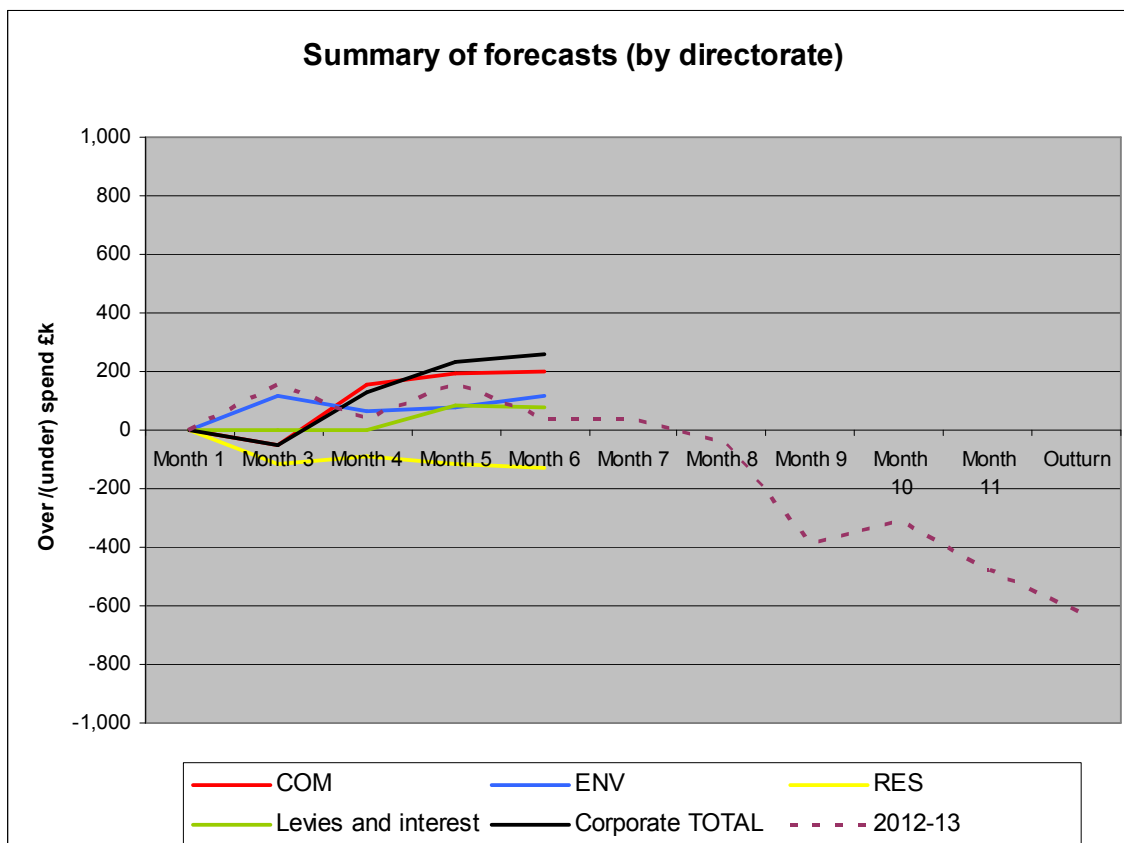
2.2 In Communities, Children’s Services are forecasting an over spend of £324k due to pressures in fostering services and non residential placements. In order to address the increased projected overspend, expenditure across Children’s non placement budgets and all Communities Services’ budgets is being deliberately slowed.

2.3 Care Commissioning, Housing and Safeguarding are reporting an under spend of £102k due a reduction in the level of SP LD demand.

2.4 In Environment, Highways and Transport are forecasting a pressure of £201k largely from reduced car park income and S278 income due to delays to commencement of approved developers’ schemes.

2.5 Culture and Environmental Protection are forecasting an under spend of £173k, from a range of items.

2.6 The other Council services are all forecasting close to a breakeven position for the end of the financial year.



3. Summary Capital Position

- 3.1 69% of the 2013/14 capital programme is committed as at the end of September 2013. Forecast capital spend in the year is currently £29.7 million against a budget of £30.8 million with £1.1 million now expected to be re-profiled into 2014/15.

3.2 Communities

Schemes in Adult Social care for care home refurbishment and to improve the efficiency of service provision are progressing as planned. In Care Commissioning Housing and Safeguarding, a lower than expected take up of Home Repair Assistance grants is expected to result in an under spend of approximately £30,000.

In Education Services, good progress is being made with schemes to deliver additional primary school places. The programme has already been re-profiled to take account of the latest pupil number forecasts, more accurate estimates of schemes to provide additional school places and assumptions about external funding. However further unavoidable delays to projects including the relocation of the Reintegration Service and expansion of Purley Infants and Francis Bailey primary schools are expected to result in a further under spend of approximately 8% of the revised programme.

3.3 Environment

In Culture and Environmental Protection, the Northcroft Leisure Centre Scheme is on budget and on target for completion in mid November, despite some technical difficulties earlier in the project. The Museum Project remains on programme and on budget. Good progress is also being made with the majority of Highways schemes, including the £1.4m re-profiled from future years to address problems on the network caused by the severe winter weather. However £100,000 S106 for the A340 rail bridge at Aldermaston Wharf is still expected to be re-profiled because of difficulties with the land owner. In Planning and Countryside, the majority of work on public rights of way projects will be completed before the autumn weather causes deteriorating working conditions.

3.4 Resources

The Council's investment in the Market Street regeneration project, managed by the Chief Executive, is now largely complete while the London Road project is now at the stage of selecting a joint venture partner. In Finance, the June members' bids panel allocated £47,000 to new schemes, but £80,000 funds allocated to members' schemes in previous years remains unspent or unclaimed. This figure will be reviewed at the next panel meeting.

In ICT, the contract for Superfast Broadband has now been let, but the revised project programme now shows that the Council's budget of £131,000 for implementation of the first stage of the project in 2012/13 will not now be required to be paid until 2014/15. The Strategic Support capital budget for shop mobility and CCTV is already fully committed.

Appendices

Appendix 1a, 1b – Summary revenue and capital position
Appendix 2a, b, c – Directorate commentaries
Appendix 3 – Equality Impact Assessment – Stage 1

Consultees

Local Stakeholders: n/a

Officers Consulted: Corporate Board

Trade Union: n/a

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2013/4 Budget Monitoring
Period 06
Amended Consolidated V2

Appendix 1a

	Past Performance				Forecasted Performance							Net
					Expenditure			Income			Net	
	Cum. Budget to 30/Sep/2013 £	Cum Exp/Inc to 30/Sep/2013 £	Actual Variance to date £	Outstanding Commitment for the year £	Annual Expenditure Budget for 2013/14 £	Forecast Expenditure £	Expenditure Variance £	Annual Income Budget for 2013/14 £	Forecast Income £	Income Variance £	Net Variance £	
EDUCATION (DSG FUNDED)	40,410,512	31,974,591	-8,435,922	314,941	100,985,790	7,541,140	-93,444,650	-101,706,680	-8,262,030	93,444,650	0	-720,890
CORPORATE DIRECTOR - COMMUNITIES	135,017	146,259	11,242	1,624	277,880	287,880	10,000	0	0	0	10,000	277,880
ADULT SOCIAL CARE	16,303,019	13,373,989	-2,929,030	967,166	45,843,730	46,118,020	274,290	-7,736,630	-8,010,920	-274,290	0	38,107,100
CARE COMMISSIONING, HOUSING & SAFEGUARDING	3,006,245	1,789,875	-1,216,370	102,908	7,347,850	7,119,580	-228,270	-1,050,080	-924,128	125,952	-102,318	6,297,770
CHILDRENS SERVICES	5,722,409	6,174,887	452,478	2,276,262	14,186,450	14,655,287	468,837	-1,205,730	-1,350,713	-144,983	323,854	12,980,720
EDUCATION	5,292,785	4,044,967	-1,247,818	2,924,419	16,019,320	16,095,373	76,053	-3,845,060	-3,951,078	-106,018	-29,965	12,174,260
ASC CHANGE PROGRAMME	211,675	187,644	-24,031	93,869	425,050	425,050	0	0	0	0	0	425,050
COMMUNITIES	71,081,662	57,692,211	-13,389,451	6,681,189	185,086,070	92,242,330	-92,843,740	-115,544,180	-22,498,869	93,045,311	201,571	69,541,890
CORPORATE DIRECTOR - ENVIRONMENT	80,845	80,929	84	19	163,170	163,170	0	0	0	0	0	163,170
CULTURE & ENVIRONMENTAL PROTECTION	8,336,359	10,223,642	1,887,283	372,796	27,817,620	27,651,351	-166,269	-5,711,930	-5,718,207	-6,277	-172,546	22,105,690
HIGHWAYS & TRANSPORT	3,089,273	2,550,137	-539,137	2,394,442	12,306,490	12,519,690	213,200	-4,607,520	-4,620,020	-12,500	200,700	7,698,970
PLANNING & COUNTRYSIDE	1,899,253	1,888,159	-11,094	315,286	6,376,770	6,335,732	-41,038	-2,182,140	-2,055,140	127,000	85,962	4,194,630
ENVIRONMENT	13,405,731	14,742,867	1,337,136	3,082,543	46,664,050	46,669,943	5,893	-12,501,590	-12,393,367	108,223	114,116	34,162,460
CHIEF EXECUTIVE	253,154	247,463	-5,691	606	520,120	500,120	-20,000	0	0	0	-20,000	520,120
HR	560,001	475,022	-84,979	131,941	1,500,580	1,450,770	-49,810	-305,780	-299,780	6,000	-43,810	1,194,800
ICT & CORPORATE SUPPORT	1,253,530	1,443,523	189,992	202,003	3,650,050	3,643,558	-6,492	-832,470	-829,290	3,180	-3,312	2,817,580
LEGAL	421,878	408,178	-13,700	7,405	1,178,030	1,208,950	30,920	-246,560	-234,560	12,000	42,920	931,470
STRATEGIC SUPPORT	1,537,061	1,753,706	216,645	22,034	4,408,370	4,364,641	-43,729	-949,950	-975,950	-26,000	-69,729	3,458,420
CUSTOMER SERVICES	-1,853,375	2,282,028	4,135,403	22,494	40,945,380	41,097,543	152,163	-39,138,330	-39,245,260	-106,930	45,233	1,807,050
PUBLIC HEALTH	-277,968	500,455	778,422	20,989	4,411,870	4,331,870	-80,000	-4,411,870	-4,411,870	0	-80,000	0
FINANCE	817,868	184,592	-633,276	80,271	3,853,640	3,819,510	-34,130	-1,812,900	-1,780,419	32,481	-1,649	2,040,740
RESOURCES	2,712,150	7,294,966	4,582,816	487,743	60,468,040	60,416,962	-51,078	-47,697,860	-47,777,129	-79,269	-130,347	12,770,180
CAPITAL FINANCING & MANAGEMENT	-174,331	3,380,532	3,554,863	0	7,443,560	7,466,060	22,500	-478,570	-425,570	53,000	75,500	6,964,990
MOVEMENT THROUGH RESERVES	-1,230,000	-1,237,492	-7,492	0	-1,104,500	-1,104,500	0	0	0	0	0	-1,104,500
LEVIES AND INTEREST	-1,404,331	2,143,040	3,547,371	0	6,339,060	6,361,560	22,500	-478,570	-425,570	53,000	75,500	5,860,490
GRAND TOTAL	85,795,211	81,873,083	-3,922,128	10,251,474	298,557,220	205,690,794	-92,866,426	-176,222,200	-83,094,935	93,127,265	260,839	122,335,020

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West Berkshire Capital Programme: 2013/14 Budget Monitoring

Appendix 1b

Summary by Service

Period End Date:

30/09/13

Service Area	Budget for 2013/14	Expenditure 2013/14 to date	Committed (order placed, not yet paid)	Budget Remaining to be Committed 2013/14	%age of Budget remaining to be committed
<u>Resource Directorate</u>					
Chief Exec	102,600	35,913	3,574	63,113	61.51%
Finance	274,220	37,803	4,440	231,977	84.60%
ICT	1,175,740	316,317	230,367	629,055	53.50%
Strategic Support	62,500	16,098	0	46,402	74.24%
<u>Total for Resource Directorate</u>	1,615,060	406,131	238,382	970,547	60.09%
<u>Communities Directorate</u>					
Adult Social Care	768,490	332,008	77,255	359,227	46.74%
Care Commissioning, Housing & Safeguarding	2,213,310	613,105	743	1,599,462	72.27%
Childrens Services	91,180	33,336	29,176	28,668	31.44%
Education Services	10,611,170	5,707,137	2,940,172	2,934,861	27.66%
<u>Total for Communities Directorate</u>	13,684,150	6,685,586	3,047,346	4,922,218	35.97%
<u>Environment Directorate</u>					
Culture & Environmental Protection	3,612,910	613,748	1,864,390	1,134,771	31.41%
Highways & Transport	11,349,280	4,715,431	3,443,165	3,190,684	28.11%
Planning & Countryside	527,820	319,217	103,163	105,440	19.98%
<u>Total for Environment Directorate</u>	15,490,010	5,648,396	5,410,718	4,430,896	28.60%
Council Totals	30,789,220	12,740,113	8,696,446	10,323,661	33.53%
		41.38%	28.25%		

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COMMUNITIES DIRECTORATE POSITION AS AT QUARTER TWO

Revenue:

	Quarter Two forecast £000
DSG	0
CORPORATE DIRECTOR – COMMUNITIES	10
ADULT SOCIAL CARE	0
CARE COMMISSIONING, HOUSING AND SAFEGUARDING	(102)
CHILDRENS SERVICES	324
EDUCATION	(30)
ADULT SOCIAL CARE CHANGE PROGRAMME	0
Total	202

Note: The forecast for Learning Disability is an over spend of £446k. This is being offset by savings in Older People's budgets and use of some of the ASC Risk Fund.

Corporate Director's summary:

Overview

The forecast position at the end of Quarter Two is an over spend of £202k. This is a £8k increase on the position in month five. The increase has been the net result of the Children's Services overspend decreasing in respect of placement spend (£12k reduction), the under spend on Education Services reducing due to increased agency spend due to sickness absence (£49k reduction). The under spend on Community Care, Housing & safeguarding increasing through increased income yields on temporary accommodation and revision down of the forecast overspend on reactive maintenance for these properties (£29k increase).

The Directorate is forecasting a year end overspend as a result of the level of children currently in Looked After Placements. The current LAC total is 154 versus an average of approximately 130 children during the period of the last five years. In order to address the increased projected overspend, expenditure across Children's non placement budgets and all Communities Services' budgets is being deliberately slowed. The current forecast outturn is therefore net of these projected savings.

Adult Social Care

Adult Social Care is forecasting that the Service will come in on budget at year end.

There are forecast pressures in both Mental Health and Learning Disability budgets due to the high cost of a small number of new clients. These overspends are currently primarily being offset by savings being achieved on Older People's budgets but certain costs may also need to be covered from the ASC Risk Fund where the identified risk has materialised to ensure the service achieves financial balance at year outturn.

Care Commissioning, Housing and Safeguarding

Care Commissioning, Housing and Safeguarding is forecasting a £102k under spend at year end. The under spend has increased by £29k on that forecast in month 5. This increase has been through increased income yields on temporary accommodation and the revision down of the forecast overspends on reactive maintenance for these properties.

There is in total a £149,318 under spend in this service driven mainly by a reduction in the level of SP LD demand. This has been used to offset a total pressure of £47,000 arising from a loss of income on rents from vacant plots on the GT site and MVF - leaving a forecast under spend of £102,318.

Children's Services

Children's Services is forecasting a £324k over spend at year end. The forecast overspend has decreased by £12k against the month 5 forecast. This is the result of a number of changes in placements during the month, the net effect being a reduction of four children within the care system. The table below shows the changes in placements between months 5 and 6.

Figure 1 Current Children's Placement Levels

Placements	Budget	Current No of Children	Change on Month 5	Month 6 Forecast
RESIDENTIAL	1,870,360	11	1	7,375
IN-HOUSE FOSTERING	1,193,361	73	-10	142,488
KINSHIP CARERS	178,760	18	0	56,388
INDEPENDENT FOSTERING	588,150	21	-3	243,564
SPECIAL GUARDIANSHIP	161,970	31	8	155,852
Total LAC	3,992,601	154	-4	605,666
ADOPTION & ALLOWANCES	110,690	19	0	-131
RESIDENCE ORDERS	253,580	36	0	-15,481

Total Children	4,356,871	209	-4	590,054
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The placement budgets are demand led, the fostering services have incurred higher demand over and beyond that anticipated for the financial year.

The service is also incurring increased pressure on the Referral & Assessment and Locality Team budgets through increasing agency costs (forecast £453k), as a result of covering sickness, vacancies and increasing workloads as a result of more children accessing the care system. This increase has led to a net pressure of £140k. This pressure is being partially offset through deliberately reducing expenditure in non placement budgets, under spends are being forecast against Youth Services, Youth Offending, Family Placement Services, Connexions and the overarching Management cost centre.

Education

Education Services is forecasting an under spend of £29K at year end, this is a £49k reduction in the under spend on month 5. The move has been the result of increased agency usage within the Disabled Children's Team to cover sickness absence.

The main areas of under spend within the service are:

- Home to School Transport (HTST) is forecasting an under spend of £67k. HTST is demand led service, final take up figures are not known until the Autumn Term, robust forecasting is not possible until month 7 onwards.
- Contractual savings on Health Related Therapies (£47k) and Flexible Partnership Arrangements (£30k).
- Increasing income from trading services with Academies, Education Welfare Officers and Educational Psychologists (£80k).

The service is experiencing pressures which are forecast to be offset by the aforementioned under spends. The main areas of pressure are Children's Centres and Early Years provision which have been subject to significant savings in prior years which are forecasting a year end overspend of approximately £90k. The Disabled Children's Budgets which have also been subject to significant savings are also under pressure as a result of the complexity of child needs (approx £60k over spend forecast). The increasing number of LAC is creating a pressure on the Children in Public Care budget (£15k).

MVF

The Directorate is forecasting that MVF will be achieved across all services.

Pressures on the 2013-14 budget

Placements (Children's)

There is a total Placements budget of £4 million meeting the needs of approx 170 - 200 children who are looked after in any twelve month period. Of this, £1.15 million is allocated to residential placements, but we would normally expect any overspends on this line to be offset by under-spends elsewhere in the overall Placements budget. Between the financial years 2010-12 we ended the year with 125 Looked After Children, this rose to 144 at the end of the 2012/13 financial year. At the end of 2011/12 West Berks had 33.75 children per 10,000 population looked after, the South East rate was 58.3 per 10,000. Currently 154 children are in the Council's care (figure 1), with eleven children in high cost residential placements.

£650k of additional budget was invested into the Children's placement budgets as part of the budget build process for financial year 13-14. The investment was against Residential Care and Independent Fostering Services. Currently Residential Care is showing an overspend of £7k, Independent Fostering Services continue to forecast a £244k overspend position due to higher than anticipated numbers of children being placed.

Management action to address the emerging pressures

The Directorate has put a number of actions in place to control spend, and these will have an impact over time.

This includes:

- Gate keeping process for all new placements agreed at HoS level
- Scrutiny of all budgets to reduce/suspend expenditure where it can be safely managed
- Holding some posts vacant where safe and appropriate to do so
- Programme of activity aimed to reduce reliance on agency staffing

Children's Services

Tight controls are maintained on children entering the care system, but overall numbers cannot be fully controlled and we are not always able to meet the needs through WBC placements. This year has seen average costs per child increasing due to complexity of need requiring external residential and fostering placements. With regard to Children's Services, precise forecasts are difficult to make in respect of looked after numbers and types of placements required and the consequent pressure on placement budgets.

A summary of the main risks identified for Children's Services are as follows:

		Most Likely £	Worst Case £
1	Looked After Children's Placements increasing	400,000	1,000,000
2	Increasing Agency Usage	300,000	600,000
3	Young person placed on remand (average cost of a single placement is £200k)	0	200,000

	Total	700,000	1,800,000
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Adult Social Care

The ASC Efficiency Programme Board has a programme of actions in place to manage spend within budget.

An overview is taken of budgets and expenditure across the Directorate as a whole, and spend curtailed in as many areas as possible in order to identify ways of offsetting overspends on those budgets which are under particular pressure.

Risks identified

ASC maintains a Risk Register to identify potential budget pressures. This is reviewed regularly by the Head of ASC and the Finance Manager: Communities. The key risks include:

NHS Continuing Healthcare

Work to implement the Action plan following the South Central Health Authority independent review into the implementation of the CHC Framework in Berkshire continues with joint (WBC and NHS) staff training now underway. We are yet to see any improvements on the ground and we remain bottom of the table for receiving CHC funding from the West of Berkshire CCGs. A Berkshire group of CHC and LA senior managers continues to monitor this activity on a monthly basis.

Ordinary Residence

There are always risks surrounding ordinary residence with claims made by other local authorities that WBC should be funding a person's care package. WBC has no means to identify when further claims will be made but is ensuring that it has chased up all WB residents living in supported living in other areas and made OR claims where appropriate. The Berkshire LA s are also discussing a protocol to prevent OR claims on one another.

Learning Disability – unknown clients presenting

Whilst young people with learning disabilities living in our area are carefully monitored, there are on occasion, clients that present with significant needs for whom we have no prior knowledge.

Learning Disability clients at risk

There are currently 26 clients at risk of their circumstances changing due to family carers becoming frail or unstable family home situations. If the risk materialises, there would be significant pressure on the Service.

It should be noted that the overall forecast position holds a large risk in that it is based on the ability to hold demand at a static level. This has proved to be difficult in the past. New management controls are in place but the service is always vulnerable to sudden spikes in demand or new, very high cost clients appearing.

CAPITAL BUDGET MONITORING 2013/14 QUARTER TWO –COMMUNITIES

Summary of Overall Position for the Communities Directorate

Service	2013/14 capital programme £000	Amount Spent/ Committed to 30-9-13 £000	Forecast Spend in Year £000	Forecast Under/ Over Spend in Year £000
Adult Social Care	768	409	668	-100
Care Commissioning, Housing and Safeguarding	2,213	614	2,183	-30
Children's Services	91	63	91	0
Education Services	10,611	8,647	9,891	-720
Total	13,683	9,733	12,833	-850

70% of the Communities capital programme as so far been committed.

Schemes in Adult Social care for care home refurbishment and to improve the efficiency of service provision are progressing as planned.

In Care Commissioning Housing and Safeguarding a lower than expected take up of Home Repair Assistance grants is expected to result in an under spend of approximately £30,000.

In Education Services, good progress is being made with schemes to deliver additional primary school places. The programme has already been re-profiled to take account of the latest pupil number forecasts, more accurate estimates of schemes to provide additional school places and assumptions about external funding. However further unavoidable delays to projects including the relocation of the Reintegration Service and expansion of Purley Infants and Francis Bailey primary schools are expected to result in a further under spend of approximately 8% of the revised programme.

ENVIRONMENT DIRECTORATE POSITION AS AT QUARTER TWO:**Revenue:**

	Quarter Two forecast £000
CORPORATE DIRECTOR	0
HIGHWAYS & TRANSPORT	201
PLANNING & COUNTRYSIDE	86
CULTURE AND ENVIRONMENTAL PROTECTION	-173
Total	114

Corporate Director's summary:**Overview**

- 1.1 The forecast revenue over spend for the Environment Directorate as a whole is £114,116 against the budget of £34 million net.
- 1.2 No variance is expected in the Corporate Director's budget.
- 1.3 Highways and Transport are forecasting an over spend of £200,700
- 1.4 The Planning and Countryside service is forecasting an over spend of £85,962
- 1.5 Culture and Environmental Protection is forecasting an under spend of £172,546

Pressures on the 2013-14 Budget

- 1.6 In Highways and Transport there is a pressure of £200,700, which is an increase of £103,700 from last month. This increase is mainly due to further reduced income in car parks and S278 income due to delays to commencement of approved developers' schemes.
- 1.7 The overall pressure in Planning and Countryside has reduced from £133k to £86k. This is largely due to savings being made in developmental control.
- 1.8 There are pressures in Adventure Dolphin from anticipated reduction in income from Children's Services (which has reduced from £88k to £65k), together with a payment from Kennet School which has not yet been agreed.

Management action taken to address emerging pressures

1.9 Expenditure at Adventure Dolphin is under review in order to minimise the income shortfall. The payment by Kennet School is being pursued.

Risks identified

1.10 Potential risks include:

- Pressure on income from car parks due to further delays in implementation of new schemes and reductions in demand.
- Pressure on income from Development and Building Control due to changes in demand and Government legislation.
- A severe winter could result in expenditure over budget.

CAPITAL BUDGET MONITORING 2013/14 QUARTER TWO – ENVIRONMENT

Summary of Overall Position for the Environment Directorate

Service	2013/14 capital programme £000	Amount Spent/ Committed to 30-09-13 £000	Forecast Spend in Year £000	Forecast Under/ Over Spend in Year £000
Culture and Environmental Protection	3,613	2,478	3,613	0
Highways and Transport	11,349	8,159	11,249	-100
Planning and Countryside	528	422	528	0
Total	15,490	11,059	15,390	-100

The overall Environment Capital programme is now 71% committed.

In Culture and Environmental Protection, the Northcroft Leisure Centre Scheme is on budget and on target for completion in mid November, despite some technical difficulties earlier in the project. The Museum Project remains on programme and on budget.

Good progress is being made with the majority of Highways schemes, including the £1.4m re-profiled from future years to address problems on the network caused by the severe winter weather. However £100,000 S106 for the A340 rail bridge at Aldermaston Wharf is still expected to be re-profiled because of difficulties with the land owner.

In Planning and Countryside, the majority of work on public rights of way projects will be completed before the autumn weather causes deteriorating working conditions.

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RESOURCES DIRECTORATE POSITION AS AT QUARTER TWO

Revenue:

	Quarter Two forecast £000
CHIEF EXECUTIVE	-20
HUMAN RESOURCES	-44
ICT	-3
LEGAL SERVICES	43
STRATEGIC SUPPORT	-70
CUSTOMER SERVICES	45
FINANCE	-1
PUBLIC HEALTH	-80
Total	-130

Overview:

The Directorate is forecasting to be £130k under spent at outturn compared with £119k under spend at Month Five. The increased under spend forecast for Quarter Two is mainly as the result of reduction in expenditure levels of training and supplies and services in the Chief Executive's budget, together with some additional salary savings from delays to recruitment and maternity leave and additional income from land charges in Strategic Support.

Pressures on the 2013-14 budget

The main pressure arising is as a result of a reduction of the Housing Benefit Grant which was not known until after budget setting. A new pressure has arisen in Legal due to two high profile prosecutions which are anticipated to start this year.

Management action taken to address emerging pressures

Savings have been being identified across the Directorate to manage emerging pressures including the following:

- Additional income has been identified in Strategic Support from land charges and emergency planning work for AWE,
- Increased income from the Registrar's Service.
- HR have significant salary savings as a result of vacant posts which will be offered up as permanent savings in the future, together with a post re-grading, the balance of which has also been offered up as a saving.
- Supplies and services and training under spend in the Chief Executive's Service

Risks identified

None

CAPITAL BUDGET MONITORING 2013/14 QUARTER TWO – RESOURCES

Summary of Overall Position for the Resources Directorate

Service	2013/14 capital programme £000	Amount Spent/ Committed to 30-09-13 £000	Forecast Spend in Year £000	Forecast (Under) / Over Spend in Year £000
Chief Executive	103	39	103	0
Finance	274	42	274	0
ICT	1,176	547	1,045	-131
Strategic Support	62	16	62	0
Total	1,615	644	1,484	-131

The capital programme for Resources is 40% committed as at the end of quarter two.

The Council's investment in the Market Street regeneration project, managed by the Chief Executive, is now largely complete while the London Road project is now at the stage of selecting a joint venture partner.

In Finance, the June members' bids panel allocated £47,000 to new schemes, but £80,000 funds allocated to members' schemes in previous years remains unspent or unclaimed. This figure will be reviewed at the next panel meeting.

In ICT the contract for Superfast Broadband has now been let, but the revised project programme now shows that the Council's budget of £131,000 for implementation of the first stage of the project in 2012/13 will not now be required to be paid until 2014/15.

The Strategic Support capital budget for shop mobility and CCTV is already fully committed.

Title of Report:	Scrutiny review into the Adult Social Care eligibility criteria
Report to be considered by:	Overview and Scrutiny Management Commission
Date of Meeting:	10 December 2013

Purpose of Report: To outline the results of the investigation into the operation of the Adult Social Care eligibility criteria.

Recommended Action: That the Overview and Scrutiny Management Commission endorses the recommendations of the Task Group prior to their consideration by the Executive.

Key background documentation: The minutes of and papers provided to the task group (available from Strategic Support).

Task Group Chairman	
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Executive Report

1. Introduction

- 1.1 At its meeting of 11 December 2012, the Overview and Scrutiny Management Commission (OSMC) agreed to conduct a review into Adult Social Care eligibility criteria.
- 1.2 This report sets out:
- (1) The Terms of Reference for the review
 - (2) The methodology used to gain evidence in support of the review
 - (3) The rationale for undertaking the review
 - (4) The Council's statutory duties
 - (5) The current operating model
 - (6) Assessment of statutory compliance
 - (7) Other matters of note
 - (8) Intended legislative changes
 - (9) Analysis and conclusions
 - (10) Recommendations.

2. Terms of Reference

- 2.1 The Terms of Reference were for a Task Group to conduct a review of the Council's Fair Access to Care Services policy and in particular:
- Understand the policy's context, scope and intent
 - Assess the effect of the policy's application in practice, particularly the extent to which it is statutorily compliant
 - Consider what might be done further to improve the policy
 - Report to the OSMC thence the Executive with recommendations as appropriate.

3. Methodology

- 3.1 The review has been conducted by a cross-party task group, working with Council officers and representatives of other organisations.
- 3.2 The members of the working group were Councillors Dominic Boeck, Gwen Mason and Quentin Webb. Councillor Webb was elected as the Chairman. In May 2013 Councillor Boeck was appointed as the Executive Member for Cleaner & Greener, Waste, Environmental Health, Trading Standards and Thatcham Vision. As such he was unable to continue with any involvement with scrutiny and therefore the review was concluded by the remaining two members of the task group.
- 3.3 The task group held the meetings outlined in the table below.

Meeting date	Meeting focus
Monday 14 January 2013	<ul style="list-style-type: none"> • Election of the Chairman • Agreement of the Terms of Reference • Briefing on

	<ul style="list-style-type: none"> ○ The Legal position ○ The national framework ○ Emerging policy developments (including Dilnot) ○ West Berkshire's statistics ○ Previous activity (policy development and review) ● Agreement of the review activity and schedule
Monday 21 January 2013	<ul style="list-style-type: none"> ● West Berkshire Fair Access to Care Services policy <ul style="list-style-type: none"> ○ Context (social care policy framework) ○ Aim and intent ○ Scope ○ Exclusions and diversions ○ Cost of operation ○ Cost of a change of policy ● Practice elsewhere <ul style="list-style-type: none"> ○ Comparative data
Friday 25 January 2013	<ul style="list-style-type: none"> ● The requirements of the Equality Act 2010 <ul style="list-style-type: none"> ○ The equality duty ● Equality Impact Assessments <ul style="list-style-type: none"> ○ Purpose and content ○ Methodology
Monday 4 March 2013	<ul style="list-style-type: none"> ● Further examination of performance information <ul style="list-style-type: none"> ○ Collected by the Council ○ Comparator data from other Councils ● Agreement of the consultation process
Friday 15 March 2013	<ul style="list-style-type: none"> ● Examination of performance information ● Understanding of the application process
Monday 25 March 2013	<ul style="list-style-type: none"> ● Judicial Review case studies ● Sign off of the consultation plan
Monday 24 June 2013	<ul style="list-style-type: none"> ● Access for All
Monday 5 August 2013	<ul style="list-style-type: none"> ● Receipt of the consultation report
Wednesday 11 September 2013	<ul style="list-style-type: none"> ● In depth analysis of consultation results
Tuesday 26 November 2013	<ul style="list-style-type: none"> ● Formulation of the recommendations

3.4 The review also included a significant public consultation which employed a broad range of engagement techniques. Publicity was widespread and much use was made of the networks available to the local voluntary sector. Over 4000 people were contacted directly.

3.5 The following methods were used for gathering information:

- Questionnaire (paper and online)
- Focus groups
- Attendance at meetings
- Workshops with the voluntary sector and with social care staff
- Written responses

3.6 The review has also considered data drawn from annual user satisfaction surveys undertaken by the Adult Social Care Service.

4. Acknowledgements and thanks

4.1 The Chairman and Members of the task group would like to acknowledge and thank all those who supported and gave evidence to the review.

5. The rationale for undertaking the review

5.1 On 14 May 2012 an application for a Judicial Review of the Council's Fair Access to Care Services (FACS) policy was brought, via litigation friends, on behalf of 5 learning disabled clients.

5.2 The case was considered twice by the High Court and rejected. On 3 July 2012 the High Court heard an application from the claimants on appeal at an oral hearing but again this was refused.

5.3 The claimants then lodged an appeal against this decision but the Court of Appeal similarly rejected their claim.

5.4 Importantly, the Judge considered the Department of Health FACS guidance and rejected the argument made by the Claimants that it was not permissible to have a critical only policy, stating this was 'unarguable.' The Local Authority was entitled to choose critical, rather than any lower category.

5.5 Whilst the judgment was very clearly in the Council's favour, it has highlighted the importance of undertaking regular and robust reviews of the policy in respect of the eligibility criteria.

5.6 As the policy was last subject to a full review in 2008, the Executive Member for Community Care and the Head of Adult Social Care had agreed throughout the legal proceedings that it would be prudent for another review to take place. Subsequent to the legal proceedings being finalised therefore, a review took place. This is the report of that review.

6. The Council's statutory duties

6.1 The review has been undertaken with cognisance of the Council's responsibilities in law. These fall into two broad areas, both of which have responsibilities that the Council must meet. The requirements for each are set out in the sub-sections below.

Social care duties

- 6.2 The requirement for local authorities to provide social care services is well established in statute. The legislative provisions and their requirements are in broad terms:
- National Assistance Act 1948 (Part III)
 - Accommodation to those over 18 who by reason of age, illness, disability or other circumstances are in need of care and attention not otherwise available
 - Welfare arrangements for blind, deaf, dumb and crippled persons
 - Health Services and Public Health Act 1968 (Section 45)
 - Promoting the welfare of older people
 - Chronically Sick and Disabled Persons Act 1970 (Section 2)
 - Practical assistance, recreational facilities, meals etc.
 - Mental Health Act 1983 (Section 117)
 - After-care services
 - NHS and Community Care Act 1990
 - Assessment of needs
 - National Health Service Act 2006
 - Prevention, care, after-care, home help and laundry facilities
- 6.3 A key piece of legislation for this review is Section 47 of the NHS and Community Care Act 1990, which states that where it appears to a LA that any person for whom they may provide or arrange for the provision of community care services may be in need of any such services, the authority has a duty to carry out an assessment of that need. If a need is demonstrated, councils must then decide whether they should put in place services to meet it with reference to their eligibility criteria (see below).
- 6.4 Direction on the discharge of social care duties under Section 47 has been provided by the 2002 Department of Health's Fair Access to Care Services (FACS) guidance to local authorities and its successor the 2010 Prioritising Need guidance, both of which are mandatory. The guidance states that councils can independently determine at what level – or band – of need they will provide services. This is termed eligibility criteria. The bands describe the seriousness of the risk to independence and well-being or other consequences if needs are not addressed. They are
- Critical - where life is in danger, or serious abuse or neglect has occurred or might occur;
 - Substantial - where abuse or neglect has occurred or might occur, or the individual is unable to carry out the majority of personal care (i.e. activities such as washing, dressing, going to the toilet, eating, etc.) or domestic routines and there is no-one available to assist;
 - Moderate - where the individual is unable to carry out several personal care or domestic routines, or several of their family and social roles;
 - Low - where the individual is unable to carry out one or two personal care or domestic tasks, or one or two of their family and social roles
- 6.5 In setting their local level, local authorities should take account of their resources, local expectation and local costs and any agreements they may have in place with

partner agencies. Decisions taken on banding levels must be kept under annual review.

6.6 In 2003 West Berkshire Council set a policy of 'critical' only. There are just two other councils operating at critical only: Northumberland County and Wokingham Borough.

6.7 The qualifying criteria for critical are that

- life is, or will be, threatened; and/or
- significant health problems have developed or will develop; and/or
- there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- serious abuse or neglect has occurred or will occur, and/or
- there is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- vital involvement in work, education or learning cannot, or will not, be sustained; and/or
- vital social support systems and relationships cannot or will not be sustained; and/or
- vital family and other social roles and responsibilities cannot or will not be undertaken.

6.8 The FACS guidance also articulates that local authorities must

- ascertain the individual's presenting needs
- evaluate how the needs might pose a risk to independence and well-being if the need is not met
- grade the need against the band used by the authority.

6.9 If it is assessed that there is an eligible need (ie for West Berkshire Council a critical need) then it must be met. The council can however take account of its own resources as to how to meet the need if there are two or more objectively real alternatives and can also take account of whether needs are being met by others (and can continue to be so). Councils charge for the provision of care services where the applicant is able to afford it. Currently if their means exceed a financial threshold of £23,250 then they will pay full cost. If they are below £23,250 there is a financial assessment conducted on the individual.

Equality duty

6.10 The 2010 Equality Act harmonises and enhances the requirements of previous equality legislation (such as the Sex Discrimination Act, the Race Relations Acts and the Disability Discrimination Act).

6.11 Chapter 1 of the Act articulates 9 'protected characteristics' as set out below. Public authorities must, through an 'equality duty' (s.149 Equality Act 2010) have due regard to the need to eliminate unlawful discrimination; advance equality of opportunity; and foster good relations between those with protected characteristics in the exercise of their functions. The protected characteristics are

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnerships
- Pregnancy and maternity
- Race
- Religion
- Sex
- Sexual orientation.

6.12 In fulfilling the Equality Duty, guidance produced by the Government stresses adherence to the following principles

- Knowledge
 - Compliance with the Equality Duty involves a conscious approach and state of mind.
- Timeliness
 - The Equality Duty must be complied with before and at the time that a particular policy is under consideration or decision is taken.
- Real consideration
 - Consideration of the aims of the Equality Duty must form an integral part of the decision-making process. The Equality Duty is not a matter of box-ticking; it must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- Sufficient information
 - The decision maker must consider what information they have and what further information may be needed in order to give proper consideration to the Equality Duty.

These principles have been drawn from case law.

6.13 This means that when developing proposals and making or reviewing policy decisions, including those about finance and service provision, public authorities must comply with their statutory equality duties. Public authorities must ensure that decisions are made in such a way as to minimise unfairness and any disproportionate negative effect on people who have a protected characteristic.

6.14 Cases on the meaning of the public sector equality duty have shown that there should be a clear process of equality impact assessment (EIA) being undertaken in order to demonstrate 'due regard' before making the relevant policy decision. This must include consideration as to whether any identified detrimental impact can be mitigated.

6.15 A written record to demonstrate that due regard had been taken is also expected.

6.16 The EIA is the primary tool for identifying the actual or potential impact of a policy, service and function on service users, staff and other stakeholders. It should be used to help provide excellent services by making sure that they reflect the needs of local communities

7. The current operating model

7.1 As articulated in para 6.6, the Council provides social care for critical needs only as set out in its own Fair Access to Care Services policy. The policy was last updated in March 2012.

7.2 The local FACS policy sits in the context of a wider adult social care service model. The elements of this model are

- Prevention
 - provision of information, advice and support
 - early interventions
 - voluntary sector commissioning
 - universal community services
 - financial assessment and means testing
- Recovery
 - reablement with the NHS
 - therapeutic and time limited interventions
- Long term support
 - assessment of need and eligibility for services
 - control through personal budgets
 - through specialist teams –
 - adults with physical disabilities (PD)
 - older People (OP)
 - adults with learning disabilities (LD)
 - adults with mental health problems (MH).

7.3 Underpinning all three elements of the model is the need to safeguard vulnerable adults and the provision of support to carers.

7.4 The annual adult social care net budget for 2013/14 is £37.6m. This figure will be reduced by £1.85m for 2014/15, although front line services should not be affected.

7.5 In broad outline, the Council operates a process for the determination of needs that can be defined as 'referral and assessment'.

7.6 For those adults with mental health problems the NHS operates a Common Point of Entry, which can be accessed on the internet, by e-mail, phone and post.

7.7 For all other adults in potential need of social care services (those with physical or learning disabilities, or older people), the Council provides a single point of contact through a team called 'Access for All' (AfA).

7.8 AfA receives referrals from health and social care professionals and directly from members of the public, either on their own behalf or on that of others. Referrals can be made through an 'online hub' website, for which processes and personnel are in place to ensure that its content remains current, by phone and e-mail. Information

and Signposting specialists, each of whom have received extensive training on the diverse range of enquiries that they may receive, handle requests received by these media.

- 7.9 In addition to the Information and Signposting staff, AfA has Surgery Link Workers who are able to conduct assessments to provide simple pieces of assistive equipment such as toilet seats and grab rails, provide advice and information or arrange care services. Occupational Therapists conduct assessments when equipment needs are more complex.
- 7.10 Social Workers carry out the statutory community care assessments in accordance with the requirements of s.47 of the NHS and Community Care Act 1990. Those whose needs are not assessed as being critical are provided with advice and guidance then directed to other organisations, such as Citizens Advice and the Department for Work and Pensions.
- 7.11 On receipt of a valid referral, AfA will undertake an assessment to determine eligibility. Two broad factors are assessed
- Needs
 - Through discussion and asking appropriate questions, the Information staff are able to determine whether or not the individual should be considered for an assessment. Where it is clear that it is not appropriate then staff offer information and advice. Those who may be eligible for an assessment are passed to a manager to allocate to the most appropriate worker to visit and complete an assessment.
 - Community Care Assessments are then conducted to identify an individual's presenting needs and to determine whether, under FACS, they would be eligible for a service. The assessment also identifies whether any of the needs are being met by informal carers and whether these arrangements can realistically continue.
 - Financial circumstances
 - Anyone entitled to a community care assessment will be assessed regardless of their financial situation. However, financial circumstances are discussed early on in the process with the service user so that they are fully aware and able to take a decision as regards progressing involvement with the Council. If they decide not to continue with assessment and Council assistance then Information staff will ask appropriate questions to direct them to the right information or services (perhaps in the voluntary sector) so that they can self-fund.
 - Although the Council has a duty to meet all assessed unmet social care needs, there may be alternative routes of funding available to meet need. For example, if someone needed a wheelchair this would be funded by the Wheelchair Service, which is part of the NHS. Adaptations to properties are funded through the Disabled Facilities Grant, administered by the Council's Housing Service.
- 7.12 All people over the age of 65 who have a disability or are perceived by themselves or others to be vulnerable are eligible for an assessment.

- 7.13 Should the applicant be eligible for a Council intervention, a care (or support) plan will be produced. The care/support plan outlines expected outcomes, how they will be achieved and the cost of the services to be provided. The care plan can be commissioned either directly by the Council or by the person concerned (or their carer) through a 'personal budget', which for some people offers more flexibility and control.
- 7.14 The consideration of all care plans and the allocation of resources to meet them is carried out by the Resource Panel. The Panel comprises senior management from Adult Social Care (including the Head of Service) and provides for consistency between cases. It meets weekly but in very urgent cases, an immediate decision can be taken by the Head of Service or a service manager in Adult Social Care.
- 7.15 Annual reviews are conducted for all those in receipt of a service.
- 7.16 Results for both initial assessments and annual reviews are recorded on the Multifunctional Assessment/Review Document (MARD).
- 7.17 If an applicant does not wish to receive direct Council support or does not qualify for direct Council support, either on initial receipt of the referral or following a formal assessment, they are redirected to appropriate support services in the health or voluntary sectors. Many of the voluntary sector organisations receive funding from the Council for the delivery of the services they provide. Each year AfA conducts a sampled review of those directed to support services to establish if their needs were met effectively.

8. Assessment of statutory compliance

- 8.1 The task group obtained evidence to test the concept that in setting its Fair Access to Care Services threshold at 'critical' only:
- (1) the requirements of Section 47 of the NHS and Community Care Act 1990 (as outlined in para 6.3) are being met; and
 - (2) that they are being done so in line with the requirements of the Equality Act 2010 (as set out in para 6.13).
- 8.2 The findings are set out below. Additional, significant, observations on the Council's operations, if relevant, are included.

Social care assessments are being carried out and, if unmet needs are identified, services are put into place

- (1) For 2011/12 (the most recent period for which results were available), the Council received 4940 contacts, 69% of which were through Access for All, the remainder being through the Common Point of Entry. Of these, 1625 went on to complete an assessment (32%).
- (2) Of the 1625 people who had an assessment, 1440 (89%) then went on to receive a service. These figures are comparable to those of the other Berkshire unitaries (all of which, with the exception of Wokingham, are providing services for both 'substantial' and 'critical' need), as set out in the table below, and might indicate that West Berkshire Council is

applying a liberal interpretation to the requirements of the 'critical' eligibility threshold.

	Bracknell Forest	Reading	Slough	West Berkshire	RBWM	Wokingham
Number of contacts received	3730	4000	2430	4940	4285	7290
Of which, number of assessments completed	1330 (36%)	1925 (48%)	1530 (62%)	1625 (32%)	960 (22%)	1195 (16%)
Of which, number of services received as a result of assessment	1090 (82%)	1375 (71%)	685 (45%)	1440 (89%)	695 (72%)	940 (79%)
Percentage of assessments per first contact	29%	34%	28%	29%	16%	12%

- (3) For those people who do not receive an assessment, around a third receive a short term intervention with the remainder receiving information, advice or direction to other organisations. The organisations to which callers may be signposted are many and varied. The Council provides £700,000 per year in grant funding in support of many of these services.
- (4) Although the number of contacts that AfA received in 2012/13 increased by 10% over the previous year, the amount of resources allocated to it did not. In some part this increase is due to AfA fielding telephone calls for other parts of Adult Social Care.
- (5) Although the effectiveness of the AfA organisational model, with the team being managed through Adult Social Care, is assessed by managers to be working well, its effectiveness relative to other organisational models, for example the public point of access being handled by the contact centre, has not been formally evaluated.
- (6) At the time at which the review was undertaken, a snapshot showed that 541 cases (new assessments or reviews due to changes in circumstances) were awaiting consideration by the AfA team. Although down from the 864 cases awaiting assessment when AfA was established in June 2011, this backlog continues to affect the Council's ability to meet its target of conducting assessments within 28 days of referral. The table below shows the length of wait between referral and assessment, by age, for the second quarter of 2013/14. Additional staffing resources have recently been directed to this service to reduce the waiting times for assessment by 31 March 2014.

	Under 18 / unknown	18 – 64	65 and Over	Total	%
Less than or equal to 2 days	0	17	41	58	6%
More than 2 days and up to 2 weeks	0	70	65	135	13%
More than 2 weeks and up to 4 weeks	0	52	53	105	10%
More than 4 weeks and up to 3 months	1	89	226	316	30%
More than 3 months	0	129	309	438	42%
Total	1	357	694	1052	

- (7) Individual circumstances are taken into account when determining the urgency with which assessments need to be carried out but the waiting time does create a risk that independence might deteriorate between referral and assessment, with a resultant further demand on care resources.
- (8) The documentation through which assessments are conducted and recorded (the MARD) has been recently reviewed. Although, practitioners report that the form is more fit for purpose than previously, the process overall remains paperwork heavy, primarily to provide evidence of statutory compliance, and some staff find it difficult to complete. Previous attempts to use electronic methods of record keeping in the service user's home were perceived as being impersonal and unsympathetic to those undergoing assessment.
- (9) Many of those undergoing assessments find the process complex and lengthy and perceive that this can create a risk of individuals' circumstances deteriorating. There are reports that those seeking care are not kept fully informed of timelines, particularly during the early phases.
- (10) Practitioners report that the operation of the Resource Panel can sometimes be inflexible to challenge and that delays in the making of decisions about care packages could be avoided if case officers were to be present when they were made.
- (11) To ensure that service levels are appropriate and that needs are being met, the Adult Social Care service conducts periodic surveys. The use of the survey provides an effective tool for measuring satisfaction. None of the surveys have indicated that there are undue problems or biases with the provision of the service, including the use or appropriateness of re-directions away from services delivered directly by the Council.
- (12) A complaints system that is compliant with statutory requirements is in operation and provides an effective form of redress, including if necessary by the Local Government Ombudsman, for dissatisfaction with any aspect of care services.

- (13) The provision of services to prevent the necessity for the provision of full social care intervention is an essential part of the current operating model. If this were not to be in place then more assessments – which incur cost and are time consuming – would be likely to be required.
- (14) Although most people who do not go on to receive a full assessment agree with the Council's decision that they should not have had one, a sizeable minority either believe that they should have had or do not know whether they should.
- (15) Carers feel themselves to be at a disadvantage if they do not have the ability to challenge decisions made on care provision. This is particularly so if they are caring for people who are older or disabled and who may then be more likely to have carers who are themselves older.

The operation of the FACS policy does not have a disproportionate effect on any of the 'protected characteristics' groups

- (1) The Council has an established policy framework to assess the extent to which there might be a disproportionate impact on people with any of the protected equality characteristics. This includes the use of Equality Impact Assessments.
- (2) An EIA was conducted during the substantial examination of the Council's eligibility threshold, through the Healthier Communities and Older People Policy Development Commission in 2007/2008. No adverse or disproportionate equality effects have historically been identified.
- (3) Aside from cases referenced in the Judicial Review as referred to above, no complaints have been recorded about the overall setting of a 'critical' FACS threshold or that its application in practice is discriminatory.
- (4) As articulated in Section 5, the legality of the Council's FACS policy has been tested through the courts. As part of the legal process, the Council offered reassessments for those bringing the legal action. Of the three case studies presented to the Task Group, in only one case was a further need identified.
- (5) Although almost 30% of people, when asked, thought that they had been disadvantaged by the Council's decision to offer care to those in critical need only, research appears to indicate that this is because they did not meet the criteria rather than because of any bias against their having one or more protected characteristic.

Notwithstanding the statements made in (1) to (4) above, the following (specific) matters have been identified.

- (6) The transition from child social care to adult social care appears to be a period in the life of young people and their carers that present particular difficulties. The Council's policy position that young people moving from children's social care to adult social care should usually remain in the familial home does not appear to be widely understood. The service has

established a Transitions Project that ends in March 2014 addressing a range of issues associated with this transition from children's to adult services including access to services.

- (7) Third sector organisations providing care are aware that in some cases their focus is on people who fall into certain age brackets, for example the elderly or young adults. This creates a risk that some of those who should be in receipt of care but who are outside of these age brackets might not get appropriate support.
- (8) The desire to be independent and their stoicism may mask the needs of some older people.
- (9) Council staff are concerned that the age of the person seeking care is a significant factor in its provision. They perceive that under 65 year olds get a higher allocation of services than over 65s with identical needs. This leads to the perception by staff that service provision is dictated by age and that the level of service is better and more flexible for younger service users.
- (10) There is concern from a number of stakeholders, including Council staff, that those with remitting or relapsing conditions (both physical and mental) may have heightened safety and independence risks as they become alternatively eligible and ineligible for care. This may be to some degree due to the complexity of the process, the time taken for the assessment process to complete and the absence of follow up when care packages are removed after the condition has improved. This was particularly a concern in the area of Mental health services.
- (11) Whilst recognising that it may sometimes be impractical, people who have mental illness and those who care for them have expressed a desire to be more involved in the decisions taken about their support packages.
- (12) Because of their unique communication circumstances, people who are deaf or hearing impaired may have difficulty accessing care. This is particularly so if they are older or do not communicate in any way other than by use of British Sign Language. Council staff highlight that those with other sensory needs, particularly blind people, may experience similar difficulties.
- (13) There is a widely held view that those with conditions on the autistic spectrum may have difficulties obtaining appropriate levels of support.
- (14) Council staff report that male carers appear to be more likely to contact social services sooner for support and female carers are more likely to provide support for longer. This could indicate that male carers are less able to cope which could place those being cared for by them at risk. Women may therefore be disproportionately affected by this.
- (15) Council social care staff have expressed a view that although religious or cultural needs, for example washing routines, may be identified by the

assessing social worker, they might not always be taken into account by the Resource Panel.

- (16) Whilst the risk of disproportionate adverse impact on those with any particular individual protected characteristic or condition is generally low, notwithstanding those highlighted above, some concern exists that when a person has two or more conditions then the needs of the person are not considered holistically. Examples might include those with a combination of both mental illness and physical disabilities, or those with a learning disability and who are pregnant.

9. Other noteworthy matters

9.1 In addition to the findings and assessments made above, the Task Group conducting the review had a number of matters highlighted to it that, whilst not directly relevant, nonetheless required note and consideration for recommendation. This is particularly so for feedback given during consultation with focus groups. These matters are set out below.

- (1) There is a significant body of opinion that believes the needs of carers are not fully taken into account for or reflected in social care assessments. Unrecognised needs – whether temporary or more permanent – may diminish either the capacity of the carer to provide support or the effectiveness of individual care packages. This appears to be particularly so in the case of older carers.
- (2) When asked, carers have expressed a view that respite care could be used as a preventative as well as crisis intervention.
- (3) Formal and informal support for carers, for example through the provision of a copy of the Carer's Handbook, as soon as they are identified could have positive effects on those in receipt of care.
- (4) There appears to be some demand for periodic newsletters the content of which might signpost those in receipt of social care, regardless of provider, and their carers to the full range of services that are available to them.
- (5) There is a perception that communication ability and knowledge of 'the system' can allow some people to appear to be eligible and gain better access to services whilst others who are less able or willing to state their case but with identical needs may lose out. Council staff have further expressed a view that some workers are able to make more cogent arguments than others and that similar inequities can apparently therefore ensue from Resource Panel decisions.
- (6) Those in receipt of care services report frustration when, due to a change in their needs, on re-assessment they are no longer deemed to be 'critical' and a reduction or cessation in support follows. Staff on the other hand report frustration when – because of need initially having been over-assessed – they have to advise those previously in receipt of support that it is being withdrawn or otherwise reduced, again on the basis of need.

- (7) The role of health professionals and the interface between health care and social care does not appear to be managed to consistent levels. For example, district nurses are reported to be very supportive and helpful whereas GPs could be more proactive in identifying need when they see those who are relying on carers for their support.

10. Intended legislative changes

- 10.1 With effect from April 2015 it is likely that a new, single, national eligibility threshold will be introduced that will remove the power for local authorities to set their own levels. It is likely that this new band will be broadly equivalent to the current level of 'substantial'.
- 10.2 The government has indicated that there may be some financial recognition that, for the three authorities operating at 'critical' only, there will be both a transitional cost for the conduct of re-assessment of cases in line with the revised criteria and for the annual provision of services for the increased numbers of people likely to qualify. As the Council does not record the level of need for those assessed as being below 'critical', the precise number of those who would currently be assessed as having 'substantial' needs and who would therefore qualify under the new system is not known.
- 10.3 Notwithstanding the absence of firm local figures, it is estimated (from government calculations) that the one-off transitional cost for West Berkshire will be around £1.2m, with the requirement to provide services to those whose needs would not currently make them eligible costing an addition around £1.97m annually.

11. Analysis and conclusions

- 11.1 Analysis of the data shown in the table at 8.2(2) shows that although in West Berkshire the Council is operating a Fair Access to Care Services policy at the 'critical' level, the ability of people within the district to access social care assessments and services, when compared with the data from the other councils in Berkshire, is not apparently hampered. This comparison still stands even though West Berkshire Council is one of only two in the county operating at 'critical'.
- 11.2 Whilst a 'critical' eligibility criteria may on the face of it, indicate that less people might be able to access care than if it were to be set at 'substantial' it was found that Council funded preventative care is high and provides for a significant degree of mitigation of any disproportionate negative effect on people with any of the protected characteristics.
- 11.3 These two key findings (above) of this review lead then to the conclusion that there is no evidence that the Council's decision to set its eligibility criteria at 'critical' is having a disproportionately negative effect on any of the groups with protected characteristics.
- 11.4 Whilst some people with the protected characteristics perceive themselves to be being disadvantaged, it also appears that those disadvantages as they currently manifest themselves would probably be present regardless of the level at which the eligibility criteria operate. There does however appear to be a need for further investigation to be undertaken to assess the degree to which their perceptions are

reality and, if necessary, measures identified and put into place to mitigate the effect.

- 11.5 Overall, support for carers also seems to be an area of some concern which requires further investigation.
- 11.6 There is therefore a number of additional specific actions that can and should be taken to move forward further the effectiveness of the work in this area. These are set out in section 12, below.

12. Recommendations

12.1 The following recommendations are proposed:

- (1) The Head of Adult Social Care should keep the Council's Fair Access to Care Services eligibility criteria at 'critical' and continue to ensure that appropriate levels of funding remain for the provision of preventative services outside of that required for assessed care packages (currently £700,000 per year).
- (2) The Head of Adult Social care should ensure, through annual review, that in its operation of the Fair Access to Care Services Policy the Council continues to comply with its statutory duties. In addition to any required policy changes, the reviews should incorporate an assessment of equality impact.
- (3) The Head of Adult Social Care should monitor the effectiveness of the steps that have been taken to reduce both the time taken to complete Section 47 assessments and the backlog of those cases awaiting assessment. Additionally, a further action might be a cessation of the practise of the Access for All team fielding telephone calls for other social care teams and the allocation of more staff time for the completion of assessments.
- (4) The Head of Adult Social Care should evaluate the operation of the Access for All team to ensure that its position within the organisational structure provides the most effective operational environment. Any changes to the role, formation or positioning of it should ensure that staff in this crucial team are appropriately trained, resourced, focussed and supported.
- (5) The Head of Adult Social Care should continue to review and evaluate the effectiveness of the Multifunctional Assessment/Review Document to further improve its effectiveness and ensure that the administrative burden it necessarily imposes is kept to an absolute minimum.
- (6) The Head of Adult Social Care should ensure that those completing the Multifunctional Assessment/Review Document understand that the information it contains will be used by the Resource Panel to make decisions on the provision of care. If necessary, training should be provided to ensure that the delays caused by incomplete or poorly completed forms are reduced.

- (7) The Head of Adult Social Care should ensure that all staff undertaking social care assessments understand the need to keep those undergoing the process fully apprised of progress. This should ensure that expectations are managed and that dissatisfaction is resultantly kept to a minimum.
- (8) The Head of Adult Social Care should ensure that the lessons drawn from the Transitions Project (which examined the period when people move from children's social care to adult social care) are widely communicated and fully understood both by those going through it and the staff supporting them.
- (9) The Head of Adult Social Care should undertake further work to test the perception of some stakeholders that some groups, regardless of the level at which the eligibility criteria are set, are being disadvantaged. Specifically on the grounds of their
 - Age, particularly older people or those not receiving care from a particular and specific age-related service provider (eg Age UK)
 - Disability, particularly those with
 - remitting or relapsing conditions
 - sensory impairment
 - a condition on the autistic spectrum
 - Gender, particularly women who may have a societal expectation that they should act as a primary carer
 - Religion, particularly those with a cultural requirement for hygiene or washing routines.

Should a disproportionate adverse effects be determined to be present then measures should be introduced to mitigate them.

- (10) The Head of Adult Social Care should review and then re-issue the guidance to staff about the necessity to ensure a holistic assessment is carried out in line with the 'Cross team working protocol'.
- (11) The Head of Adult Social Care should give consideration to the introduction of measures to meet the needs of carers, especially
 - Their capacity to provide care and the impact that it may have on the effective delivery of support packages
 - The beneficial effects of preventative respite care
 - The widespread and early provision of the Carer's Handbook
 - The production of a newsletter or bulletin
- (12) The Head of Adult Social Care should strengthen the links between their service and GPs to ensure that the unique and trusted status of GPs is used to identify an early need for social care or the provision of support for carers.
- (13) The Head of Adult Social Care should disseminate widely to their service the report on the findings of the public consultation in order that improvements in operational systems, processes and practise might be further identified.

Appendices

There are no appendices to this report.

Consultees

Local Stakeholders:	<p>A widespread consultation process was developed and delivered by an independent. In achieving a wide distribution of materials and developing the voluntary sector workshop and the focus groups, the consultant worked closely with West Berkshire Independent Living Network (WBILN) throughout.</p> <p>Publicity Information about the consultation was sent out to approximately 40 different local organisations by the consultant, WBILN and Empowering West Berkshire (EWB). WBILN also sent the information out to all its members. This offered the option of a visit to a meeting and asked for information about the consultation to be sent out to users of services. West Berkshire Council sent out information to all those using social services currently and to members of its citizen’s panel. A link was included on the West Berkshire council website. Vodafone and West Berkshire Council distributed the information to all their staff via its internal system. In addition a newsletter was sent out to the members of the Community Council Berkshire (3,000 including many in West Berkshire) and WBILN featured the consultation in its newsletter. A news item was prepared, for media distribution, by West Berkshire Council.</p> <p>Number of contacts During the consultation in excess of 4,000 people were directly contacted and a much larger number informed about the consultation. Over 150 had an opportunity to make comments direct to the consultation manager through the range of opportunities listed below and 199 responded to the paper questionnaire.</p> <p>The engagement took a range of forms:</p> <p><i>Supporting materials</i> Three supporting documents were prepared, giving a simple introduction to the consultation and to the way social care is delivered. These were:</p> <ul style="list-style-type: none"> • ‘About the review’ • ‘What is adult social care?’ • and ‘What are the social care levels?’ <p><i>Questionnaire</i> This was developed over a period of time and it was decided to focus on the experience of services. Distribution was made widely</p>
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	<p>and it was available for completion on paper and online. 199 full responses were received and this included 30 responses on paper.</p> <p><i>Focus groups</i> There were four focus groups with mental health service users, physically disabled, carers and older people. These were designed to consider more deeply the primary question of Protected Characteristics under the Equalities Act (2010) and to consider the experience of services in more depth.</p> <p><i>Attendance at meetings</i> Meetings were attended by request and by invitation. The following meetings were attended:</p> <ul style="list-style-type: none"> • Learning Disability Partnership Board • Patient Panel • Reading Deaf Centre • Healthwatch • Provider Forum (West Berkshire Council Social care providers) • Its My Life Group <p><i>Workshops with the voluntary sector and with social care staff</i> There were three workshops, two with West Berkshire Council social care staff and one with representatives from the voluntary sector. These were designed to explore the Protected Characteristics in more detail and all looked closely at some of the issues about delivery of the critical care level.</p> <p><i>Newsletters/publicity</i> Newsletter articles were sent out via West Berkshire Independent Living Network and Community Council Berkshire. The Council also wrote directly to all local MEPs, MP, district, town and parish councillors.</p> <p><i>Written responses</i> Two organisations Healthwatch and West Berkshire Neurological Alliance sent in written responses.</p>
<p>Officers Consulted:</p>	<ul style="list-style-type: none"> • Jan Evans, Head of Adult Social Care • Steve Duffin, Head of Adult Social Care Efficiency Programme • Melanie Ellis, Finance Manager • Leigh Hogan, Team Leader, Legal Services • Debbie Butland, Service Manager, Adult Social Care • Marion Angus, Team Manager, Adult Social Care • Staff attending consultation workshops as described above
<p>Trade Union:</p>	<ul style="list-style-type: none"> • None