



## NOTICE OF MEETING

### Adult Social Care Overview and Scrutiny Panel

Monday 10 January 2011, 7.30 pm

Council Chamber, Fourth Floor, Easthampstead House, Bracknell

### To: ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

Councillor Turrell (Chairman), Councillor Harrison (Vice-Chairman), Councillors Baily, Blatchford, Mrs Fleming, Leake, Phillips, Mrs Shillcock and Ms Wilson

### cc: Substitute Members of the Panel

Councillors Mrs Angell, Beadsley, Mrs Beadsley, Bowers, Brossard, Finch and Mrs McCracken

ALISON SANDERS  
Director of Corporate Services

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Published: 21 December 2010



**Adult Social Care Overview and Scrutiny Panel  
Monday 10 January 2011, 7.30 pm  
Council Chamber, Fourth Floor, Easthampstead House,  
Bracknell**

**AGENDA**

Page No

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

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

**2. MINUTES AND MATTERS ARISING**

To approve as a correct record the minutes of the meeting of the Adult Social Care Overview and Scrutiny Panel meeting held on 12 October 2010.

1 - 6

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

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

**4. URGENT ITEMS OF BUSINESS**

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

**BUDGET CONSULTATION**

**5. 2011/12 DRAFT BUDGET PROPOSALS**

To consider key themes and priorities for the Adult Social Care and Health Department as outlined in the Council's Draft Budget Proposals for 2011/12.

7 - 50

**PERFORMANCE MONITORING**

**6. PERFORMANCE MONITORING REPORT (PMR)**

To consider the latest trends, priorities and pressures in terms of departmental performance as reported in the PMR for the second quarter of 2010/11 (July to September) relating to Adult Social Care. An overview of the third quarter will also be provided.

51 - 92

**Please bring the previously circulated Performance Monitoring Report to the meeting. The PMR is attached to this agenda if viewed online.**

7. **CARE QUALITY COMMISSION (CQC) ADULT SOCIAL CARE PERFORMANCE JUDGEMENT 2010**

A report concerning the CQC Inspection Performance Judgement and related Action Plan is attached for consideration.

93 - 120

**OVERVIEW AND POLICY DEVELOPMENT**

8. **THE VISION FOR ADULT SOCIAL CARE - CAPABLE COMMUNITIES AND ACTIVE CITIZENS AND THINK LOCAL, ACT PERSONAL - NEXT STEPS FOR TRANSFORMING ADULT SOCIAL CARE**

A report briefing the Panel on the above documents and asking how it would like to contribute to work to ensure local strategies and plans are aligned to the new Adult Social Care agenda is attached for consideration.

121 - 172

9. **TRANSPARENCY IN OUTCOMES: A FRAMEWORK FOR ADULT SOCIAL CARE**

To consider the attached briefing report in respect of the above publication launched by the Department of Health, which sets out a consultation on proposals for a new outcome framework for implementation in 2011/12.

173 - 178

10. **SUPPORTING PEOPLE SERVICE**

To receive the above progress update report for information.

179 - 182

**HOLDING THE EXECUTIVE TO ACCOUNT**

11. **EXECUTIVE FORWARD PLAN**

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

183 - 186

**DATE OF NEXT MEETING**

The next scheduled meeting of the Adult Social Care Overview and Scrutiny Panel is Tuesday 14 June 2011.

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**ADULT SOCIAL CARE OVERVIEW AND  
SCRUTINY PANEL  
12 OCTOBER 2010  
7.30 - 9.02 PM**



**Present:**

Councillors Turrell (Chairman), Harrison (Vice-Chairman), Blatchford, Mrs Fleming, Phillips, Mrs Shillcock and Ms Wilson

**Apologies for absence were received from:**

Councillors Baily and Leake

**Also Present:**

Councillor Edger

Simon Broad, Head of Adult Safeguarding

Andrea Carr, Policy Officer (Overview and Scrutiny)

Mira Haynes, Chief Officer: Older People & Long Term Conditions

Zoë Johnstone, Chief Officer: Adults and Commissioning

Amanda Roden, Democratic Services Assistant

**13. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Adult Social Care Overview and Scrutiny Panel held on 8 June 2010 be approved as a correct record, and signed by the Chairman.

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

There were no declarations of interest relating to any items on the agenda, nor any indications that members would be participating whilst under the party whip.

**15. Urgent Items of Business**

There were no urgent items of business.

**16. Performance Monitoring Report**

The Chief Officer: Adults and Commissioning presented the Performance Monitoring Report (PMR) for the first quarter of 2010/11 (April to June) relating to Adult Social Care.

Work was being undertaken on the PMR for the second quarter of 2010/11 (July to September). Maintaining performance in the current climate had been challenging financially and further challenges lay ahead with changes to the Health Service and new responsibilities for Local Authorities.

The Section 75 Joint Commissioning arrangements for Intermediate Care with Berkshire Healthcare Community Services had been agreed. Following the analysis of the Personalisation pilot, further developments had been made. Reporting to the Department of Health for the first quarter had been completed.

The jobs scheme for vulnerable homes and groups had been successful. A new reporting tool had been purchased. Service Plan Actions were currently on target.

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

- People had attended a 'virtual' day centre at the Open Learning Centre in Bracknell whilst the Downside Resource Centre was in the process of being closed.
- The Hold Managing Authority conference at 8.9.7 of Annex C was on target. Managing Authorities referred to, for example, residential care homes. Best interest assessors undertook exercises to identify training needs.
- A consultation led by Simon Hendy, Chief Officer: Housing, would be undertaken with Bracknell Forest Homes to identify the needs of people aged fifty years and over in Bracknell Forest. This had been discussed at meetings of the Older People's Partnership.
- The consultation and review of Day Services in Bracknell Forest had been undertaken.
- Three GP surgeries had agreed to display information packs for carers from the Adult Social Care and Health Department. A Carers' Strategy Group meeting had been undertaken recently. GP surgeries had information boards and the aim was for all GP surgeries in Bracknell Forest to display carers' information packs. The Chief Officer: Older People and Long Term Conditions had met with a former representative of the Local Involvement Network (LINK), to undertake work to encourage GP surgeries to display carers' information packs. The update to the Carers' Information booklet was nearly complete.
- The Adult Social Care and Health Department would become aware that a carer had collected an information pack when a carer's assessment was used. Bracknell Forest Voluntary Action (BFVA) had a database of people who had received information packs. Hospitals would also be considered as venues to display carers' information packs. Advertisement of the information packs had been undertaken through the Town and Country publication and through carers' lunches and conferences.
- A Timebank Development Officer had been recruited for a project in partnership with the Princess Royal Trust to support people to join the LETS scheme. A drive would be undertaken to recruit staff for the scheme.
- Managers in Adult Social Care would undertake work with NHS Berkshire East to maximise the Council's influence in shaping services, such as the Healthspace. The combined approach with the NHS had been working well, specifically in relation to Intermediate Care in Bracknell Forest which had the lowest number of delayed discharges across East Berkshire.
- There were plans to identify volunteers for Heathlands Residential Home to provide support for activities.
- The Adult Social Care and Health Department had been liaising with the Housing and Environment sections on a review of how the Handyperson Scheme was provided. A tender process for a new scheme was currently being undertaken.

## 17. **Adult Safeguarding Annual Report**

The Head of Adult Safeguarding presented the Safeguarding Adults Annual Report 2009/10.

Progress had been made on last year's objectives. The Safeguarding Board met every two months with representatives from the health and voluntary sectors and was

working well. East Berkshire had a Safeguarding Board. Bracknell Forest's Safeguarding Board had been in place for 18 months. Staff Guidance was being drafted by the Head of Adult Safeguarding regarding the new IT system for safeguarding records.

Bracknell Forest Council had incorporated safeguarding procedures into the Personalisation agenda. There had been a 30% decrease in referrals compared to 2008/09. A good Care Governance Board was considered to be a significant factor in the decrease in referrals by not placing people in poorly performing homes. Approximately 40% of referrals had been substantiated and were processed and investigated appropriately with good outcomes for service users. The Safeguarding Adults Forum had also been successful.

The Berkshire policy and procedure regarding safeguarding was in the process of being updated into a web based version for members of the public, GPs and others to use. The objectives for 2010/11 included training to ensure the effectiveness of the web based version and to raise awareness. There was a need to ensure that external providers contracted by Bracknell Forest Council followed safeguarding procedures.

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

- Incidents which had been unsubstantiated would remain in the care management system but not the safeguarding system. If there was a series of allegations relating to one care home, this would be referred to the Care Governance Board on an institutional rather than an individual basis.

The Chairman thanked the Head of Adult Safeguarding for the presentation.

## 18. **Deprivation of Liberty Safeguards (DoLS)**

The Head of Adult Safeguarding presented the Deprivation of Liberty Safeguards (DoLS) information which included a DoLS newsletter, the DoLS Application and Authorisation Process and a Quick Reference Prompt sheet for reporting DoLS.

The purpose of the information was to raise awareness and clarify the position regarding the deprivation of liberty of service users in care homes. The newsletter would be produced on a quarterly basis and there would be a provider event in the new year. Case studies would be included in the newsletter to encourage people to contribute their experiences.

There were eight best interest assessors, rather than six. The level of applications received by Local Authorities had not matched the higher level the Department of Health had been expecting. Work would be undertaken with providers to clarify this.

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

- The restriction of a person's movements to protect them from harm was not considered to be a deprivation of liberty. The restriction would be re-assessed regularly. If an individual's door was kept locked or they were only allowed to leave their room accompanied by a member of staff, this could be considered to be a deprivation of their liberty. If this was considered to be in the person's best interests, then the restrictions may be monitored.
- There was no specific definition of deprivation of liberty. For the purposes of receiving treatment, for example in hospital, or receiving care and support, the aim was to care for people safely and well. If staff were in any doubt as to

whether to raise the issue of deprivation of an individual's liberty, then the issue should be raised and less restrictive options may be considered.

- Deprivation of liberty would only apply when a person did not have the mental capacity to make decisions for themselves. If a person made poor decisions or was slightly forgetful but still had the mental capacity to make decisions, then this may be referred through safeguarding but not deprivation of liberty safeguarding.
- There was an Amber and Red alert system in relation to care homes. Alerts could be raised by nurses, the Care Quality Commission (CQC), when there was a change of manager at a care home, from other Local Authorities, family members or via complaints, for example. If poor support continued to be offered, then a care home may not be commissioned again in the future.
- The forthcoming training opportunities in relation to Deprivation of Liberty, the Mental Capacity Act and Safeguarding Adults could be attended by members of the Panel if they were interested in learning more about these issues. There would be a series of training opportunities for staff and Berkshire wide training for all care managers.

#### 19. **Equity and Excellence: Liberating the NHS**

The Chief Officer: Adults and Commissioning gave an update in respect of the Equity and Excellence: Liberating the NHS White Paper which the new coalition government had issued in July 2010.

There was a series of five consultation documents regarding the White Paper posing questions as to how changes should be made in the NHS.

The White Paper detailed the abolition of Strategic Health Authorities and Primary Care Trusts (PCTs) and the delivery of a GP Consortia which would be responsible for commissioning other health services. The body entitled Health Watch would replace LINKs and PALS services in relation to democracy and legitimacy in health, the regulation of health care providers and the review of arms length bodies.

There had been workshops on each of the consultation papers. GP practices in Bracknell Forest were keen to develop a local GP Consortia. Slough and Windsor and Maidenhead Local Authorities would prefer a Berkshire wide GP Consortia. The development of a GP Consortia would depend on whether a minimum population was required.

A report on the White Paper had been submitted in early October and would go to the Executive on 19 October 2010.

#### 20. **Re-Provision of Services following the closure of Downside Resource Centre**

The Chief Officer: Older People and Long Term Conditions gave a presentation regarding the re-provision of services following the closure of Downside Resource Centre (DRC).

The DRC was designed to support forty people per day and was closed in November 2009 due to health and safety issues. A virtual day centre was established at the Open Learning Centre in Bracknell and was closed in August 2010 after a consultation on the future of the centre and the Executive decision to re-provide services.



The consultation revealed the most popular reasons for attending the DRC as: meeting with friends, the lunch provided at the centre, shopping trips, and trips to culture or leisure venues.

Five of the twelve staff who worked at the DRC had accepted other posts within the Adult Social Care and Health Department.

Service users had been supported through the transition for a period of six to twelve weeks. Some service users had been assessed as self funding and had chosen to arrange their own services. Twenty-one people now received a Direct Payment to join Keep Mobile and twenty-four now attended Sandhurst Day Centre for a total of fifty sessions per week. Others had chosen to attend Friends of Downside at the Look-In on Tuesdays, and two had decided to develop allotments at the South Road Allotment site.

The Disability Initiative was being sponsored with the provision of a satellite service in Bracknell Town Centre.

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

- Panel Members would be provided with the presentation slides on the Downside Resource Centre Re-provision by e-mail.
- No complaints had been received from service users as yet regarding the new arrangements and alternative services to the DRC.
- Service users had been supported to undertake activities which they individually wished to do.
- The local voluntary sector was being supported through the re-provision of services.
- The alternative services available were flexible and provided choice.

## 21. **'Staying Safe' Overview and Scrutiny Report**

The Chairman presented a report of the Working Group of the Panel in relation to the review of adult safeguarding in the context of Personalisation of Adult Social Care.

The review had included a visit to West Sussex in order to compare work in Bracknell Forest with work in other areas. Nine months had been spent collecting information and progressing the review.

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

- An additional recommendation be added at 6.11 of the 'Staying Safe' Overview and Scrutiny Report for the Executive Member for Adult Services, Health and Housing to adopt: Consideration be given to the development of a Self Neglect Policy for Bracknell Forest.
- Direct Payments in Bracknell Forest could be partially saved and used on relevant services or items.
- If a service user had fluctuating mental capacity, then a long term view would be taken alongside work to understand why there was self-neglect. The Mental Capacity Act would be followed and clarification was given to the extent to which staff should support service users.
- Part of a care plan was to record changes and work undertaken with an individual. There was a system whereby care practitioner visits were recorded in a 'yellow book'.

- Risk assessments would be undertaken to identify individual risks of service users. The aim was prevention.

**22. Overview and Scrutiny Progress Report**

The Panel noted the bi-annual Progress Report of the Assistant Chief Executive on Overview and Scrutiny activity over the period February to August 2010 and local and national developments in Overview and Scrutiny.

**23. Work Programme 2011/12**

The Panel was invited to endorse its draft indicative Work Programme for 2011/12.

It was agreed that the following additional review items be added to the Panel's draft indicative work programme for 2011/12 for subsequent consideration:

- i) Implications of new legislation
- ii) Deprivation of Liberty Safeguards

Panel Members should advise the Chairman of any other areas of interest for consideration in the work programme for 2011/12.

**24. Executive Forward Plan**

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

**CHAIRMAN**

**ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL  
10 JANUARY 2011**

**ENVIRONMENT, CULTURE & COMMUNITIES OVERVIEW AND SCRUTINY PANEL  
11 JANUARY 2011**

**CHILDREN, YOUNG PEOPLE AND LEARNING OVERVIEW AND SCRUTINY PANEL  
12 JANUARY 2011**

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**DRAFT BUDGET PROPOSALS 2011/12  
(Borough Treasurer)**

**1 INTRODUCTION**

- 1.1 The Executive agreed the Council's draft budget proposals for 2011/12 at its meeting on 14 December 2010 as the basis for consultation with the Overview and Scrutiny Commission, Overview and Scrutiny Panels and other interested parties. The consultation period runs until 25 January 2011, after which the Executive will consider the representations made at its meeting on 15 February 2011, before recommending the budget to Council.

**2 SUGGESTED ACTION**

- 2.1 **That the Overview and Scrutiny Panels comment on the Council's draft budget proposals for 2011/12.**

**3 SUPPORTING INFORMATION**

- 3.1 Attached to this report are extracts from the 2011/12 Revenue Budget and Capital Programme reports that are of relevance to each of the Overview and Scrutiny Panels. These extracts are for information and background to assist consideration of the Council's draft budget proposals and comprise:

- Revenue Budget Report
- Commitment Budget
- Draft Revenue Budget Pressures
- Draft Revenue Budget Savings Proposals
- Proposed Fees and Charges
- Equalities Screening Record Form (where applicable)
- Capital Programme Report and Summary
- Proposed Capital Schemes

The full 2011/12 Revenue Budget and Capital Programme reports are available on the Council's public website as part of the wider budget consultation ([www.bracknell-forest.gov.uk/your-council/yc-budget-consultation-2011-to-2012.htm](http://www.bracknell-forest.gov.uk/your-council/yc-budget-consultation-2011-to-2012.htm))

- 3.2 The day before the Council's budget proposals were agreed as a basis for consultation, the Provisional Local Government Finance Settlement was announced. This was unprecedented in terms of its timing and complexity as well as in the overall scale of grant reduction. Whilst some information on individual grants is still awaited the Council now has a much clearer picture of the position it will be facing. In overall terms it may be necessary to reduce spending next year by up to £2.25m, in addition to the £3.7m identified in the initial budget proposals. Of this £2.25m, around £1m was fully anticipated as it relates to grant funded work that has always been due to end on 31 March. This leaves just over £1m of further savings to find. Work on this is underway and the outcome will be fed into the budget consultation process as soon as possible.

Background Papers

None

Contact for further information

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Doc. Ref:

G:\Accounting Services\Budget 2011-12\Consultation\Scrutiny\Budget Proposals Covering Report (OS) (Dec 10).doc

**TO: THE EXECUTIVE**  
**DATE: 14 DECEMBER 2010**

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**GENERAL FUND REVENUE BUDGET 2011/12**  
**(Chief Executive/Borough Treasurer)**

**1. PURPOSE OF DECISION**

- 1.1 Over recent months Leading Members and officers have been developing options for the 2011/12 Budget in light of national expectations of significant reductions in public expenditure.
- 1.2 Under the Council's constitution, the Executive is required to consult on its detailed budget proposals with the Council's Overview & Scrutiny Commission and other interested parties during the next six weeks. This report summarises the current position on the Council's budget preparations for 2011/12. This year, however, perhaps reflecting the difficulty of constructing a national financial settlement, the Provisional Local Government Settlement has been delayed. Uniquely, at the time the Executive agenda was published the settlement had not been announced and, indeed, no firm date for it had been given. Therefore, in the absence of the provisional settlement, the report is based on a number of assumptions regarding government funding. This approach can be justified as the proposals contained within the report represent a 'core' budget package that would be needed under almost all potential funding scenarios. Members will be updated orally at the Executive meeting if the settlement is announced on Monday 13 or Tuesday 14 December. Should the provisional settlement require significant modifications to these proposals, they will be agreed as soon as possible by the Leader and Executive Member for Finance, Resources and Assets for consultation along with the items included in this report.
- 1.3 All comments received on these budget proposals will then be submitted to the Executive on 15 February along with details of the final finance settlement. This will allow the Executive to determine its final budget package and recommend the appropriate Council Tax level to Council, who will formally approve the 2011/12 budget and Council Tax on 2 March 2011.

**2 RECOMMENDATIONS**

**That the Executive:**

- 2.1 **Approve the revised Commitment Budget for 2011/12 to 2014/15 at Annexe A;**
- 2.2 **Agree the draft budget proposals for 2011/12 as the basis for consultation with the Overview & Scrutiny Commission and other interested parties.**
- 2.3 **Agree the Treasury Management Strategy and associated documents at Annexe E and request that the Governance and Audit Committee review each of the key elements.**
- 2.4 **Approve the virements relating to the 2010/11 budget as set out in section 10.**

### **3 REASONS FOR RECOMMENDATIONS**

- 3.1 The recommendations are designed to allow the Executive to consult on its draft budget proposals for 2011/12 as required by the Local Government Act 2003.**

### **4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 The range of options being considered is included in the report and its Annexes.

### **SUPPORTING INFORMATION**

### **5 COMMITMENT BUDGET 2011/12 – 2014/15**

- 5.1 Initial preparations for the 2011/12 budget have focussed on the Council's Commitment Budget for 2011/12 – 2014/15. This brings together the Council's existing expenditure plans, taking account of approved commitments and the ongoing effects of service developments and efficiencies that were agreed when the 2010/11 budget was set. The planning period has now been extended from three to four years so that it is aligned with the new Coalition Government's spending plans. It should be noted however that the figures included for years two (2012/13) to four (2014/15) are indicative only.
- 5.2 There have been no significant changes to the Commitment Budget since it was last considered by the Executive in July. In particular the position on Area Based Grant in future years, following the in-year reductions implemented in June, is still not clear and will not be known until the provisional settlement is received at the earliest.
- 5.3 Against this background Table 1 summarises the position and shows that base expenditure (excluding schools) is planned to rise by £0.782m to £75.369m next year, before consideration is given to allowances for inflation and the budget proposals identified by individual Departments in 2011/12. The most significant elements of the rise are increasing costs of waste disposal, changes in employers NI and bandings and the revenue impact of the capital programme. The commitment budget is shown in more detail in Annexe A.

Table 1: Summary Commitment Budget 2011/12-2014/15

	<b>Planned Expenditure</b>			
	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Base Budget	74,587	75,369	75,326	75,427
<i>Movements in Year:</i>				
Chief Executive / Corporate Services	79	-70	0	0
Children, Young People and Learning (excluding schools)	-102	10	-20	0
Adult Social Care and Health	11	0	0	0
Environment, Culture & Communities	290	17	121	13
Non Departmental / Common	504	0	0	0
<i>Total Movements</i>	782	-43	101	13
<b>Adjusted Base</b>	<b>75,369</b>	<b>75,326</b>	<b>75,427</b>	<b>75,440</b>

## **6 PROVISIONAL LOCAL GOVERNMENT FINANCE SETTLEMENT 2011/12**

### National Perspective

- 6.1 In previous years the Government has announced the Provisional Local Government Finance Settlement in late November, enabling Councils to consult on their budget proposals based on an informed estimate of its core funding from central government. However as at 10 December, the Provisional Settlement for 2011/12 has still not been announced. It is believed that this is largely due to the difficulties in arriving at an acceptable distribution of grant following the significant cuts to local government funding announced in the Comprehensive Spending Review in October 2010.
- 6.2 The Spending Review set out real-term reductions of 28% in local authority budgets over the period 2011/12 – 2014/15, with significantly front-loaded reductions in grant. Given the lack of detail contained within the Spending Review announcement and the complexity of the funding formula, the Council has had to make its best judgement of the likely loss of grant over the 4-year period. For budget planning purposes a cash reduction in formula grant of 8% has been assumed in 2011/12, followed by a 6% cut in 2012/13, a 2% reduction in 2013/14 and a further 4% reduction in 2014/15. The remaining 8% represents the allowance for inflation over the 4 years. These forecasts take into account the Coalition Government's plans to tackle pressures on social services by providing an additional £1bn to local authorities (and a further £1bn to the health service) over the spending review period.
- 6.3 Based on the reductions announced for Local Government as a whole within the Spending Review there is likely to be reductions in specific grants and in particular in the Area Based Grant. However until the full details of the Provisional Settlement are released it is not possible to identify the impact of these on Bracknell Forest. As such the Budget Proposals do not reflect any specific reductions to these grants, although these will need to be addressed ahead of the meeting of the Executive on 15 February. At the simplest level, if the 12% reduction introduced in-year during 2010/11 is sustained; no further action will be needed. However, any increase above

this level will need to be considered against the Council's full spending plans and not just against grant funded spending.

- 6.4 The *Valuing People Now* consultation undertaken by the previous Government led to a change in policy which from April 2009 required NHS learning disability budgets and associated commissioning responsibility for social care for adults to be transferred to local authorities. Last year the funding was received by East Berkshire Primary Care Trust and then transferred to the Council during the year. For 2011/12, for the first time, funding will be allocated directly to Councils by the Department of Health as part of the general grant settlement. Matching income of £7.599m has been removed from Adult Social Care and Health to reflect this change.

#### Council Tax

- 6.5 Council Tax at current levels will generate total income of £47.915m in 2011/12. In addition a further £0.558m will be generated from the increase in tax base arising from the occupation of new properties and other changes in exemptions and discounts during 2011/12.
- 6.6 The Government has prioritised keeping Council Tax increases to the minimum possible next year. To support this aim, the Department for Communities and Local Government has announced that it will give Councils who agree to freeze or reduce Council Tax in 2011/12 a grant equivalent to a 2.5% increase in Council Tax. In the three subsequent years, the government will provide supplementary funding via specific section 31 grant to compensate Councils for the reduced council tax income.
- 6.7 The Executive intends to accept the Coalition Government's offer to work in partnership with local authorities to protect council tax payers with a council tax freeze, thereby passing on the benefit to the council tax payers. The working assumption upon which the proposals in this report are based at this stage, therefore, is that there will be no increase in Council Tax and that the Council will receive additional grant from central Government of £1.212m to offset this. Of course, this assumption may need to be revisited in the light of the final settlement, but the Executive's aspiration is clear.

## **7 BUDGET PROPOSALS 2011/12**

### Service Pressures and Developments

- 7.1 In the face of significant reductions in public expenditure in general and in grants to Local Government in particular the scope to invest in new service provision is self evidently severely restricted. Nevertheless, it is important to retain a clear focus by ensuring that the Council continues to improve services and invest in the Borough, focussing on protecting front line services and continuing to invest to deliver the six Medium Term Objectives that were set for the period to 2011. In preparing the 2011/12 draft budget proposals each department has evaluated the potential pressures on its services and these are set out in Annexe B. The following Table summarises the pressures by department.



Table 2: Service Pressures/Development

	£'000
Chief Executive / Corporate Services	45
Children, Young People and Learning (excluding schools)	160
Adult Social Care and Health	809
Environment, Culture & Communities	347
Council Wide	756
<b>Total Pressures/Developments</b>	<b>2,117</b>

7.2 Many of the pressures are simply unavoidable and respond only to changing demographic trends, particularly as they relate to Adult Social Care and the resultant increase in client numbers, the economic climate or additional requirements on the Council stemming from legislation. They do, however, also support the Council's six overarching priorities and medium term objectives in the following way;

- Promote health & achievement (£0.87m)
- Create a Borough where people are, and feel safe (£0.13m)

7.3 Within the proposals, however, are two important developments to invest in better futures for the Borough's most vulnerable people that could also lead to a significant longer term reduction in costs. These are the plans to enhance the support given to the victims of domestic violence and their families, recognising that there is a background factor in around 70% of children who are subject to Child Protection Plans. Quite apart from the impact on the lives, preventative action, if successful, could help stem the increase in the number of such children, who subsequently become the subject of expensive care, support and protection packages. The second major development is the proposal to invest £0.100m in developing additional support for carers within the Borough. This reflects the Government's aspirations for the 'Big Society' and recognises the role that carers play within our communities.

7.4 In addition to these revenue proposals the Council continues to invest in its priorities through targeted capital expenditure, details of which are contained in the capital programme report elsewhere in tonight's agenda.

Service Economies /Balancing the Budget

7.5 Since May 2010 the Executive and CMT have held regular meetings to determine options for savings in order to balance the budget and a list of potential draft budget savings has been developed. This list totals £3.662m and is attached at Annex C and summarised in Table 3. As in previous years, these economies focus as far as possible on central and departmental support rather than on front-line services. However it is becoming increasingly difficult to find further savings in these areas, which would not compromise the Council's ability to function effectively.

Table 3: Summary Service Economies

	£'000
Chief Executive / Corporate Services	374
Children, Young People and Learning (excluding schools)	325
Adult Social Care and Health	1,382
Environment, Culture and Communities	1,331
Council Wide	250
<b>Total Savings</b>	<b>3,662</b>

### Net Impact of Economies and Pressures

- 7.6 The Table below shows the net impact of the economies less pressures by department (therefore excluding Council Wide pressures and economies) and as a percentage of the commitment budget.

Table 4: Net Impact of Economies and Pressures

	£'000	%
Chief Executive / Corporate Services	329	2.1
Children, Young People and Learning (excluding schools)	165	1.1
Adult Social Care and Health	573	2.5
Environment, Culture and Communities	984	3.5
<b>Total Net Savings by Department</b>	<b>2,051</b>	<b>2.5</b>

### Key Decisions

- 7.7 The Council's constitution requires key decisions to be declared on the forward plan. It defines a key decision as being one over £0.400m and/or a major policy decision affecting more than one electoral ward. Consideration and approval of the budget is a major policy decision and is therefore a key decision. However, the budget, by its nature, includes proposals which in themselves fall within the technical definition of a key decision. Examples of these are the savings proposals on:

- Additional Support for Carers
- Domestic Violence
- Educational Psychology Service
- Education Welfare Service
- Heritage Service
- Arts Development

- 7.8 As the budget report is a policy document and is subject to six weeks consultation, the identification of these issues within the budget report fulfils the requirements under the Council's constitution.

### Council Wide Issues

- 7.9 Apart from the specific departmental budget proposals there are some Council wide issues affecting all departments' budgets which need to be considered. The precise impact of these corporate budgets is likely to change before the final budget proposals are recommended. However the current view on these issues is outlined in the following paragraphs:

- a) Capital Programme

The scale of the Council's Capital Programme for 2011/12 will impact upon the revenue budget and will itself be subject to consultation over the coming weeks. All new spending on services will need to be funded from new capital receipts or borrowing from internal resources. The proposed Capital Programme of £10.458m for 2011/12 features in a separate report on tonight's agenda. After allowing for projected capital receipts of £2m in 2011/12, but

excluding the self-funding Invest to Save schemes, the additional revenue costs will be £38,000 in 2011/12 and £425,000 in 2012/13.

b) Interest and Investments

Short term interest rates are expected to remain on hold for a considerable time. The recovery in the economy has commenced and recent growth data has come in on the high side of expectations. Nevertheless, this higher rate is unlikely to be sustained, with growth expected to revert back to more insipid levels. The danger of a double-dip recession is fading but the crisis in the euro-zone, the prospects of tight economic policies in the UK and tenuous consumer confidence means the threat has still not evaporated. The Bank of England admits that inflation will remain above target until 2012 and remains a key risk to the future course of interest rates. Nevertheless, the perceived need to counter the fiscal squeeze via accommodative monetary policy suggests that barring a deterioration of the current situation, the Monetary Policy Committee will be prepared to hold rates at very low levels until the latter stages of 2011. The Council continues to regard security of the principal sum it invests as the key objective of its treasury management activities.

The 2011/12 budget is therefore based on an average rate of return of 0.9% and reflects the lower cash balances as a result of the 2010/11 and 2011/12 Capital Programmes. The 2010/11 budget was based on a return of 2.0% and as such expected interest income is projected to fall from £0.769m to £0.200m in 2011/12. After taking into account movements in the commitment budget and the impact of the proposed capital programme this produces a budget pressure of £0.456m. However, should interest rates not recover as quickly as anticipated, every 0.1% reduction in the average rate of return would add a £20,000 pressure to the General Fund.

The Council reviews the annual Treasury Management Strategy Statement under the requirement of the CIPFA Code of Practice on Treasury Management. The Local Government Act 2003 requires the Council to “have regard to” the Prudential Code and to set Prudential Indicators for the next three years to ensure that the Council’s capital investment plans are affordable, prudent and sustainable. Annex E outlines the Council’s prudential indicators for 2011/12 – 2013/14 and sets out the expected treasury operations for this period. It is recommended that the Executive agree the Treasury Management Strategy and associated documents and in line with the Code of Practice request that the Governance and Audit Committee review each of the key elements.

c) Provision for Inflation and Pay Awards

The Commitment Budget excludes the cost of inflation on both expenditure and income. With consumer price inflation (CPI) currently running at around 3.1% and retail price inflation (RPI) 4.6%, inflation will clearly impact on budgets.

In past years, the Council has restricted the provision for inflation on prices as a general economy measure, to help address the underlying budget gap, although pay awards have been fully funded. In the context of the Council’s overall financial position, it is again prudent to consider where the provision for inflation on prices can be limited as an economy measure, although some

exceptions will be necessary to reflect actual increases that will not be containable without real service reductions and to meet contractual commitments.

At this stage the inflation provision is not finalised, although for planning purposes a sum of £0.646m has been added to the budget. This compares to a provision of minus £0.068m last year and approximately £2m in the previous two years. This will be achieved by:

- Freezing pay budget lines, although an allowance has been made for a £250 increase for employees earning less than £21,000 in line with the national settlement;
- Having zero inflation in certain areas e.g. furniture, equipment and consultants;
- Using the Consumer Price Index for a number of budget lines rather than the Retail Price Index;
- Increasing fees and charges by 3.5% unless this is inconsistent with the Council's income policy.

The Council will need to consider where it is appropriate and necessary to provide for inflation over the coming weeks so that the actual inflation provision can be added to the final budget report in February 2011.

d) Fees and Charges

The Council established a policy for the review of fees and charges when setting the 2001/02 budget. This requires each Department to consider the level of charges against the following criteria:

- Fees and Charges should aim, as a minimum, to cover the costs of delivering the service;
- Where a service operates in free market conditions, fees and charges should at least be set at the market rate;
- Fees and charges should not be levied where this is an ineffective use of resources, i.e. the cost of collection exceeds any income generated.

It is estimated that most prices, where the Council charges users a fee for services, will need to increase by around 3.5% to recover the costs of those services. This is in addition to the 2.5% VAT increase effective from 1 January 2011. However, where current economic conditions and the market rate indicate a different percentage, for example for leisure income, this has been applied. Certain other fees also attract a different percentage as they are determined by statute. The proposed fees and charges are included in Annexe D. Car park charges were increased for the period January 2011 to March 2012 by the Executive on the 17 November. A zero percent increase is therefore shown in Annexe D.

e) Corporate Contingency

The financial risks facing the Council are at a similar overall level to those experienced last year. The Council manages these uncertainties in the budget through the use of a general contingency added to the Council's budget. A sum of £1.393m is currently included for contingency in the base budget for 2011/12. This is derived from the original 2010/11 contingency of £1m plus ongoing transfers into the contingency relating to the in-year grant savings

package and energy price reductions. The addition in relation to in-year grant savings will be retained to help meet the expected reduction in Area Based Grant and specific grants next year. The energy price reductions will be taken into account in the calculation of the inflation provision for 2011/12. Therefore this leaves £1m in the contingency.

During the next year the Council will continue to face significant risks on its budget particularly in relation to demand led budgets. Capital funding from Government to fund additional capacity in schools could also be at risk. Therefore the Borough Treasurer recommends that the general contingency should be set at £1m which is equal to the original contingency for 2010/11.

The Executive will need to make a judgement on the appropriate level of contingency at its February meeting, taking advice from the Borough Treasurer who will need to certify the robustness of the overall budget proposals in the context of the Council's remaining general and earmarked reserves. All the reserves will be reviewed to ensure that they are sufficient to manage the financial risks facing the Council in the coming years.

### Spending on Schools

- 7.10 The Schools Budget – both delegated school funding and centrally managed items such as Special Educational Needs placements made outside of the Borough - is funded by a specific Dedicated Schools Grant (DSG) with any year end balance, either surplus or deficit, required to be ring-fenced within the Schools Budget. Therefore, use of this funding is outside the control of the Council.
- 7.11 However, Local Authorities have a legal duty to set the overall level of Schools Budget and individual budgets for each of their schools by 31 March. This must be no lower than the level of anticipated DSG, but can be higher, if the Council decides to add a top up.
- 7.12 The level of DSG is calculated by multiplying the per pupil funding rates that the Department for Education (DfE) determines for each local authority by the actual January pupil numbers. At this stage, both of these key pieces of information have yet to be confirmed, and with the DfE also considering changes to school funding for 2011/12, such as the new Pupil Premium, it is difficult to estimate future funding. However, using the 2010/11 per pupil funding rate of £4,367 and the number of pupils on roll at October would generate a total DSG of £66.383m.
- 7.13 To meet the statutory publication deadline, the Schools Budget for 2011/12 will have to be set on the basis of the estimated level of DSG plus any accumulated balance. The draft budget proposals therefore assume the Schools Budget is set at the level of DSG and that any accumulated deficit or surplus is managed to a nil balance by the end of the funding period.
- 7.14 Decisions around the final balance of the budget between spending by schools and that on pupil services managed by the Council is the responsibility of the Executive Member for Education, although the Schools Forum must be consulted, and in certain circumstances, agree to spending increases on the services managed by the Council.

## Summary

- 7.15 Adding the draft proposals to the Commitment Budget and taking account of the corporate issues identified above would result in total expenditure of £82.563m as shown in Table 5.

Table 5: Summary of proposals:

	£'000
Commitment Budget	75,369
Transfer of learning disability funding to general government grants	7,599
2011/12 Budget Pressures	2,117
2011/12 Budget Economies	(3,662)
Capital Programme	38
Reduced Interest Rate	456
Inflation Provision	646
Change in Contingency	0
<b>Draft Budget Requirement 2011/12</b>	<b>82,563</b>

- 7.16 Without the provisional finance settlement assumptions have had to be made on the level of grant income. It has been assumed that the Council can anticipate income of up to £81.310m. This arises from Government grants (£24.026m), transfer of learning disability funding (£7.599m), Council Tax Freeze Grant (£1.212m) and Council Tax (£48.473m). However, with the potential overall cost of the budget package being consulted on in the region of £82.563m, this leaves a potential gap of around £1.253m. As such, as outlined in paragraph 1.2, the potential economies outlined in Annexe C should be seen as a "core package" that may well need to be built upon through the consultation period.
- 7.17 Members can choose to adopt any or all of the following approaches in order to bridge the remaining gap:
- a) an appropriate contribution from the Council's revenue balances, bearing in mind the Medium Term Financial Strategy;
  - b) identifying further expenditure reductions.

## **8 BALANCES**

- 8.1 The Council has an estimated £7.3m available in General Reserves at 31 March 2011. Details are contained in Table 6.

Table 6: General Reserves as at 31 March 2011

	£m
General Fund	8.8
Enid Wood House lease surrender	(1.2)
VAT repayments and Ufton Court	0.3
Planned use in 2010/11	(0.6)
<b>Estimated Balance as at 31 March 2011</b>	<b>7.3</b>



- 8.2 The lease for Enid Wood House has now been surrendered to the Landlord at a cost of £1.211m. This has allowed the Council to avoid costs of approximately £6.9m over the next 27 years. On the 15 September 2009, the Executive agreed that the surrender cost should be met from the Structural Changes Reserve. However this reserve is required to meet the one-off costs associated with the proposed savings included in the 2011/12 budget, and future years. It would therefore be more appropriate to meet the cost of the surrender from the General Reserve. This approach will be reviewed over the coming months with a view to bringing a firm recommendation to the Executive when the accounts for 2010/11 are closed.
- 8.3 Changes in VAT legislation resulted in various services being reclassified from standard rated to exempt for VAT purposes. At the time these changes were introduced the Council raised and submitted claims for overpaid tax but was only able to claim for the previous 3 years. This 3 year cap was successfully challenged in court cases collectively known as Conde Nast/Fleming. As a result a number of claims were submitted to try and claim back overpaid VAT plus interest for earlier years (going back to 1973 when VAT was introduced). The outstanding claim for adult courses has recently been settled and the Council has received the sum of £0.149m (including interest but after fees). This leaves one Council specific claim outstanding for junior sports tuition. The timing and outcome of this claim is still uncertain. The Council is also entitled to a share of Wokingham Borough Council's sporting claim as the Downshire and Hurst golf clubs were originally jointly managed. Reading Borough Council has also made a library hire charges claim for all the Berkshire unitaries as prior to 1997 this had been a Berkshire County Council function. The Council's share of these claims is estimated to be in the region of £0.283m (excluding interest and fees). Only the £0.149m has been included in the projected balance because of the uncertainty as to the timing and amount of any future receipts.
- 8.4 A revenue reserve relating to Ufton Court and held by West Berkshire on behalf of the six unitaries is now no longer required. This has been distributed, resulting in additional revenue funds for the Council of £0.117m.
- 8.5 The Council has investments of £2m with Heritable and £3m with Glitnir which are both Icelandic banks that have been put into receivership/administration. At this point in time, recovery rates have not been fully disclosed by the respective institutions, although indicators suggest up to an 85% recovery for Heritable and something approaching full recovery for Glitnir. With regard to the Heritable deposits, payments totalling £931,000 (representing 45p in the £) have been received to date, and a further interim dividend is expected in January 2011. The administration of Glitnir Bank is being progressed in Iceland under Icelandic law and as such is proving to be more protracted and complex. The Council is working closely with the LGA and the administrators in order to maximise the return of these deposits. The case is currently being argued in the courts and an initial decision is expected to be made early in 2011.
- 8.6 The Council took advantage of the Capital Finance Regulations to defer the impact of the potential loss on General Reserves. In 2010/11 the loss which is currently projected to be approximately £0.4m will need to be charged to the General Reserve. This projection is based on the best case scenario although in the worst case the loss could be as high as £2.575m. With this in mind an earmarked reserve of £2.575m was created at the end of last financial year to meet any potential losses. An application has recently been made to capitalise the loss at whatever level it is eventually settled and the outcome of this application should be known before the Council considers the final budget proposals and sets the level of Council Tax on 2 March 2011.

- 8.7 No allowance has been made for Performance Reward Grant, resulting from the successful delivery of the Local Public Service Agreement with the previous Government, in the balance calculation as the government is reviewing its position on this.
- 8.8 The Council has, in the past, planned on maintaining a minimum prudential balance of £4m. This assessment is based on the financial risks which face the Council and the Borough Treasurer considers these in the February report to the Executive.

## **9 CONCLUSION**

- 9.1 The Council's constitution requires a six week consultation period on the draft budget proposals. In this context, it is inevitable that, of the broad range of options proposed for consultation, not all will necessarily be included in the final package. It is also likely that some further issues with a financial impact will arise between now and February.
- 9.2 When the final settlement is known, the Executive can consider the prudent use of revenue balances to support expenditure in line with the overall medium term financial strategy, along with further possible reductions to augment the "core package" of economies in Annexe C. In doing this, it will be important to manage the budget process effectively so that the inevitable important service pressures can be responded to whilst, as far as possible, front-line services are maintained with minimal disruption and without creating long term problems for the Council.
- 9.3 It is suggested, therefore, that the Overview & Scrutiny Commission reviews the overall budget package and determines whether any specific issues should be considered further by the Overview and Scrutiny Panels, at their meetings in January.
- 9.4 All comments from the Overview & Scrutiny Commission, Overview and Scrutiny Panels and others on the revenue budget proposals will then be submitted to the Executive on 15 February 2011. This will allow the Executive to determine the final budget package and recommend the appropriate Council Tax level to the Council on 2 March 2011.

## **10 BUDGET MONITORING 2010/11- VIREMENT REQUEST**

- 10.1 A virement is the transfer of resources between two budgets but it does not increase the overall budget approved by the Council. Financial Regulations require formal approval by the Executive of any virement between £0.050m and £0.100m and of virements between departments of any amount. Full Council approval is required for virements over £0.100m. During 2010/11 a number of significant virements have been identified which require the approval of the Executive. These have been previously reported to the Corporate Management Team who recommend them to the Executive for approval. They have been included in the quarterly Performance Monitoring Reports. Details of virements between departments are set out in Annexe F and summarised in Table 7. Details of internal departmental virements exceeding £0.050m are set out in Annexe G.



Table 7: 2010/11 Virements

	Reorganisation £'000	Town Centre £'000	Structural Changes Reserve £'000	Bus Contracts £'000	Contingency Fund £'000	Council Wide Items £'000
Corporate Services/Chief Executive's	277	365	168	0	109	-95
Children, Young People and Learning	10	0	204	0	155	72
Adult Social Care & Health	-158	0	51	0	-330	-10
Environment, Culture & Communities	-29	0	132	323	96	-22
Council Wide	-100	0	0	0	0	266
Non Departmental Budgets	0	0	0	0	0	1
Contingency	0	-71	0	0	-30	-196
Earmarked Reserves	0	-294	-555	-323	0	-16
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 11 **ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

- 11.1 The Local Government Finance Act 1992 requires the Council to set the level of the Council Tax by 11 March each year. It is impossible to achieve this without having agreed an affordable revenue budget for the year in question.

### Borough Treasurer

- 11.2 The financial implications of this report are included in the supporting information.

### Equalities Impact Assessment

- 11.3 The Council's final budget proposals will potentially impact on all areas of the community. A detailed consultation process is planned in order to provide individuals and groups with the opportunity to comment on the draft proposals. This will ensure that in making final recommendations, the Executive can be made aware of the views of a broad section of residents and service users. A number of the budget proposals require specific equality impact assessments to be carried out and draft versions of these are attached in Annexe H. Consultation with equalities groups that are likely to be affected by the proposal is part of the assessment process.

### Strategic Risk Management Issues

- 11.4 A sum of £1m is currently proposed to meet the costs of unpredictable or unforeseen items that would represent in year budget risks. This is equal to the level of contingency set for 2010/11. The Executive will need to make a judgement on the level of contingency at its meeting in February.

11.5 The Borough Treasurer, as the Council's Chief Finance Officer (section 151 officer), must formally certify that the budget is sound. This will involve identifying and assessing the key risk areas in the budget to ensure the robustness of estimates and ensuring that appropriate arrangements are in place to manage those risks, including maintaining an appropriate level of reserves and contingency. This formalises work that is normally undertaken each year during the budget preparation stages and in monthly monitoring after the budget is agreed. The Borough Treasurer will report his findings in February, when the final budget package is recommended for approval.

## 12 CONSULTATION

### Principal Groups Consulted

12.1 The Overview & Scrutiny Commission will be consulted on the budget proposals and may also choose to direct specific issues to individual overview and scrutiny panels. Targeted consultation exercises will be undertaken with business rate payers, the Senior Citizens' Forum, the Schools Forum, Parish Councils and voluntary organisations. Comments and views will be sought on both the overall budget package and on the detailed budget proposals. In addition, this report and all the supporting information are publicly available to any individual or group who wish to comment on any proposal included within it. To facilitate this, the full budget package will be placed on the Council's web site at [www.bracknell-forest.gov.uk](http://www.bracknell-forest.gov.uk). There will also be a dedicated mailbox to collect comments.

12.2 The timetable for the approval of the 2011/12 Budget is as follows

Executive agree proposals as basis for consultation	14 December 2010
Consultation period	15 December 2010 - 25 January 2011
Executive considers representations made and recommends budget.	15 February 2011
Council considers Executive budget proposals	02 March 2011

### Background Papers

None

### Contact for further information

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### Doc.Ref.

G:\Accounting Services\Budget 2011-12\Executive December 2010\14 Dec 10 Revenue Budget Report.doc

## Commitment Budget 2011/12 to 2014/15

	2010/11 £'000	2011/12 £'000	2012/13 £'000	2013/14 £'000	2014/15 £'000
<b>Chief Executive / Corporate Services</b>					
Approved Budget	15,846	15,923	16,002	15,932	15,932
Transport function - Best Value Review		-50			
Place Survey		-15			
Area Based Grant		<b>TBC</b>	<b>TBC</b>	<b>TBC</b>	<b>TBC</b>
Borough Elections		70	-70		
Capital Invest to Save 07/08 - server refresh		13			
Other revisions to recharges		61			
Net Inter Departmental Virements	77				
<b>Chief Executive / Corporate Services Adjusted Budget</b>	<b>15,923</b>	<b>16,002</b>	<b>15,932</b>	<b>15,932</b>	<b>15,932</b>
<b>Children, Young People and Learning</b>					
Approved Budget	14,991	14,466	14,364	14,374	14,354
Suitability surveys			20	-20	
Schools Music Festival		10	-10		
Area Based Grant		<b>TBC</b>	<b>TBC</b>	<b>TBC</b>	<b>TBC</b>
Senior Management Restructure		-112			
Net Inter Departmental Virements	-525				
<b>Children, Young People and Learning Adjusted Budget</b>	<b>14,466</b>	<b>14,364</b>	<b>14,374</b>	<b>14,354</b>	<b>14,354</b>
<b>Adult Social Care and Health</b>					
Approved Budget	23,688	23,300	23,311	23,311	23,311
Area Based Grant		<b>TBC</b>	<b>TBC</b>	<b>TBC</b>	<b>TBC</b>
Senior Management Restructure		11			
Net Inter Departmental Virements	-388				
<b>Adult Social Care and Health Adjusted Budget</b>	<b>23,300</b>	<b>23,311</b>	<b>23,311</b>	<b>23,311</b>	<b>23,311</b>
<b>Environment, Culture and Communities</b>					
Approved Budget	27,866	27,633	27,923	27,940	28,061
Landfill Tax / Waste Disposal PFI		71	-207	6	16
Landfill tax increase		109	106	104	99
Local Development Framework		-50	105	3	-110
Planners Farm Income		30			
Capital Invest to Save 06/07 - Easthampstead Park		-1	-1	-1	-1
Area Based Grant		<b>TBC</b>	<b>TBC</b>	<b>TBC</b>	<b>TBC</b>
Sandhurst Freedom March			5		
South Hill Park Grounds		80			
Forestcare		-25			
Coroners Service - transfer from TVPA		10	9	9	9
E+ Card		66			
Net Inter Departmental Virements	-233				
<b>Environment, Culture and Communities Adjusted Budget</b>	<b>27,633</b>	<b>27,923</b>	<b>27,940</b>	<b>28,061</b>	<b>28,074</b>
<b>Total Service Departments</b>	<b>81,322</b>	<b>81,600</b>	<b>81,557</b>	<b>81,658</b>	<b>81,671</b>
<b>Non Departmental / Council Wide</b>					
Approved Budget	-7,804	-6,735	-6,231	-6,231	-6,231
2010/11 capital programme (full year effect) - Interest		71			
Minimum Revenue Provision		179			
2010/11 use of balances (full year effect) - Interest		4			
Area Based Grant		<b>TBC</b>	<b>TBC</b>	<b>TBC</b>	<b>TBC</b>
Changes in employers NI and bandings		250			
Net Inter Departmental Virements	1,069				
<b>Non Departmental / Council Wide</b>	<b>-6,735</b>	<b>-6,231</b>	<b>-6,231</b>	<b>-6,231</b>	<b>-6,231</b>
<b>TOTAL BUDGET</b>	<b>74,587</b>	<b>75,369</b>	<b>75,326</b>	<b>75,427</b>	<b>75,440</b>
<b>Change in commitment budget</b>		<b>782</b>	<b>-43</b>	<b>101</b>	<b>13</b>

For management purposes budgets are controlled on a cash basis. The following figures which are used for public reports represent the cost of services including recharges and capital charges:

	2010/11 £'000	2011/12 £'000	2012/13 £'000	2013/14 £'000	2014/15 £'000
Corporate Services	6,854	6,933	6,863	6,863	6,863
Children, Young People and Learning	19,231	19,129	19,139	19,119	19,119
Adult Social Care and Health	25,679	25,690	25,690	25,690	25,690
Environment, Culture & Communities	36,135	36,425	36,442	36,563	36,576
Non Departmental/Council Wide	-13,312	-12,808	-12,808	-12,808	-12,808
	74,587	75,369	75,326	75,427	75,440

### Description of Commitment Budget Items for 2011/12 to 2014/15

Department and Item	Description
<b>Chief Executive / Corporate Services</b>	
Transport function - Best Value Review & Berkshire Wide Procurement	Retendering of home to school transport contracts.
Place Survey	Following the abolition of Comprehensive Area Assessments, there is no longer a requirement to complete the Place Survey.
Area Based Grant	TBC
Borough Elections	The next scheduled Borough elections will be in May 2011.
Capital Invest to Save 07/08 - server refresh	This capital project reduced the overall size of the server estate by using consolidation/virtualisation software. This produced revenue savings.
Other revisions to recharges	An accounting adjustment to ensure income from recharges matches the expenditure budgets.
<b>Children, Young People and Learning</b>	
Suitability surveys	Suitability and access surveys are undertaken every three years to update the Asset Management Plan so that up to date information is available to inform investment decisions on the capital programme.
Schools Music Festival	Biennial event which enables pupils from the Council's Primary schools to participate in a large scale production which links music, dance and art.
Area Based Grant	TBC.
Senior Management Restructure	The new Council Departmental structure approved by the Council on 23 September 2009 has created changes to the senior management structure in Children, Young People and Learning.
<b>Adult Social Care and Health</b>	
Area Based Grant	TBC.
Senior Management Restructure	The new Council Departmental structure approved by the Council on 23 September 2009 has created changes to the senior management structure in Adult Social Care and Health.

Department and Item	Description
<b>Environment, Culture and Communities</b>	
Landfill Tax / Waste Disposal PFI	Projection of 25 year contract costs for Recycling and Waste Disposal. The contract is shared with Wokingham and Reading Borough Councils.
Landfill tax increase	Projected costs of increased rates of Landfill Tax over and above those initially announced by the Government which have increased through successive budget announcements.
Local Development Framework	The estimated costs of a continuous rolling programme to deliver Development and Supplementary Planning.
Planners Farm Income	Re-imburement of capital investment by Bracknell Forest Borough Council in the expansion of the composting facility several years ago at Planners Farm in return for a lower gate fee over the term will drop out in 2011/12.
Capital Invest to Save 06/07 - Easthampstead Park	An invest to save scheme to provide en-suite bedrooms. This is the incremental net increase in revenue to be received on top of the original sum declared to repay the original capital investment.
Area Based Grant	TBC.
Sandhurst Freedom March	Contribution to Sandhurst Town Council's freedom march scheduled to take place in 2012.
South Hill Park Grounds	A condition of the grant funding from the Heritage Lottery Fund for the South Hill Park Grounds Restoration Project is that there is an ongoing commitment by the authority to maintain the improvements.
Forestcare	The business plan for Forestcare seeks to break even over a period of time. This commitment is to move to that break even point.
Coroners Service - transfer from TVPA	The Thames Valley Police Authority (TVPA) is transferring responsibility for the Coroners Service to the local authorities in Berkshire. In 2010/11 the TVPA will provide 100% funding. This will be phased out over the next four years 2011/12 to 2014/15.
E+ card	Expenditure previously charged to Capital
<b>Non Departmental / Council Wide</b>	
2010/11 capital programme (full year effect) -Interest	The full year effect of the loss of interest based on the 2010/11 capital programme.
Minimum Revenue Provision	The increase in the principal repayment on internal loans used to finance capital expenditure.

Department and Item	Description
<b>Non Departmental / Council Wide</b>	
2010/11 use of balances (full year effect)	The full year effect of the interest loss on the use of balances in 2010/11.
Area Based Grant	TBC
Changes in employers NI and bandings	Employer rates of National Insurance Contributions will increase by 0.5 per cent from April 2011.

## ADULT SOCIAL CARE AND HEALTH

Description	2011/12 £'000	2012/13 £'000	2013/14 £'000	2014/15 £'000
<p><b>Purchased Care – all Adult Social Care</b></p> <p>Resourcing anticipated impact from rise in population on care support. This pressure arises principally from demographic changes as children with disabilities become the responsibility of Adult Social Care when they reach 18 and increasing numbers of older people and people with long term conditions require support. This support is now tending to be for a greater periods of time as people live longer.</p>	<b>709</b>			
<p><b>Additional Support for Carers</b></p> <p>Working with Carers is an important part of this Councils vision to support people to remain independently at home. It is proposed that this funding would enable the continued development of innovative ways of supporting carers in the valuable support role they undertake. The new funding for this important area is being found from within our own resources even in these tough times.</p>	<b>100</b>			
<b>ADULT SOCIAL CARE AND HEALTH TOTAL</b>	<b>809</b>			



## ADULT SOCIAL CARE AND HEALTH

Description Impact	2011/12 £'000	2012/13 £'000	2013/14 £'000	2014/15 £'000
<p><b>Residential and Supported Living Costs for People with Learning Disabilities</b></p> <p>Under Valuing People Now, funding and commissioning of social care for adults with learning disabilities transferred from the NHS to local authorities. Part of this process has delivered savings arising as a consequence of people needing different care and support arrangements.</p>	<b>-430</b>			
<p><b>Finance Team - Financial Assessments</b></p> <p>The new Integrated Adults System and other changes to processes have created efficiencies and improvements in the assessment of people's ability to make a financial contribution to the support provided by the council. Provided the Mobile Financial Assessments Module is implemented, which is dependent on system upgrades, a 0.8 FTE staffing reduction will be achieved. This will also deliver a more timely and improved level of information to individuals.</p>	<b>-20</b>			
<p><b>Drugs / Alcohol</b></p> <p>Support has been provided to people with drugs or alcohol dependencies through a Joint Arrangement with other Berkshire Local Authorities. This arrangement has been replaced with a more cost effective service that will be provided through an East Berkshire Joint Commissioning arrangement for which BFC has the lead.</p>	<b>-55</b>			
<p><b>Resettlement service</b></p> <p>Support to people finding accommodation has been moved from an external contract to a service level agreement with the Environment, Communities and Culture Department. This arrangement will generate efficiencies through greater economies of scale on the provision of resettlement services.</p>	<b>-10</b>			
<p><b>Meals at Home Service</b></p> <p>The current Framework agreement for Meals at Home Service through one provider at subsidised rate has been replaced with a range of providers with no subsidy from the Council.</p>	<b>-45</b>			

Description Impact	2011/12 £'000	2012/13 £'000	2013/14 £'000	2014/15 £'000
<p><b>Review of Staffing at Waymead Respite and Day Opportunities</b></p> <p>Review of staffing requirements in relation to demand and individual need from people with learning disabilities indicates that a reduction of 1.0 FTE staff can be achieved. Based on current demand, the reduction will not prevent the service meeting statutory and safety requirements in relation to staffing levels.</p>	-23			
<p><b>De-registration of 8 Portman Close</b></p> <p>To better meet the needs and choices of individuals with learning disabilities, 8 Portman Close has been approved to be de-registered as a residential home and will now enable people to have individual tenancies. This will ensure more person centred support care arrangements are in place at reduced cost.</p>	-90			
<p><b>Improved Commissioning</b></p> <p>A range of measures have been put in place over the past few years that have assisted in managing demand which taken together with the adoption of a robust approach to commissioning services from providers has resulted in cost reductions on commissioned services.</p>	-709			
<p><b>ADULT SOCIAL CARE AND HEALTH TOTAL</b></p>	-1,382			

## ADULT SOCIAL CARE &amp; HEALTH DEPARTMENT

## 2011/12 PROPOSED FEES &amp; CHARGES

Service : Adult Residential and Nursing Care - Contributions  
from people supported

**Purpose of the Charge: To contribute to the costs of residential accommodation**

	2010/11 Budget	Proposed 2011/12 Budget
	£'000	£'000
<b>Income the proposed fees will generate:</b>	<b>2,771</b>	<b>2,891</b>

**Are concessions available? Yes - The actual contribution will be assessed in accordance with the current 'CRAG' (Charging for Residential Guide) issued by the Department of Health (DoH)**

**Link to the Council's Medium Term Objectives: To promote independence and choice for vulnerable adults and older people**

Description	Current Fee (Exc VAT)	Proposed Fee (Exc VAT)	Increase
	£.p	£.p	%

<p><b>Residential and Nursing Care</b> Contribution Per Week</p> <p>This includes permanent, respite and short term care.</p> <p><b>Standard Contributions</b> The cost of the accommodation will vary, but the following is a summary of the standard amounts normally paid:</p> <p><b>Older People</b></p> <table border="0"> <tr> <td>Residential</td> <td>454.78</td> <td>454.78</td> </tr> <tr> <td>Residential - Dementia / Elderly Mentally Infirm</td> <td>480.92</td> <td>480.92</td> </tr> <tr> <td>Nursing</td> <td>480.92</td> <td>480.92</td> </tr> <tr> <td>Nursing - Elderly Mentally Infirm</td> <td>550.97</td> <td>550.97</td> </tr> </table> <p>Nursing costs are net of the Registered Nursing Care Contribution from Health 2011/12 external rates are subject to confirmation</p> <p><b>Other specialist accommodation</b></p> <p>Actual support needs</p> <p>Actual support needs</p> <p>Where people are in accommodation funded by the Council, the maximum contribution they will be asked to make is the cost of the accommodation, but this will be subject to a financial assessment under 'CRAG' and so the actual contribution may be lower.</p> <p>Fee increases in 2011/12 will depend on each persons financial circumstances but for most people will be linked to the increase in pensions and benefits they receive</p>	Residential	454.78	454.78	Residential - Dementia / Elderly Mentally Infirm	480.92	480.92	Nursing	480.92	480.92	Nursing - Elderly Mentally Infirm	550.97	550.97	See Below	See Below	
Residential	454.78	454.78													
Residential - Dementia / Elderly Mentally Infirm	480.92	480.92													
Nursing	480.92	480.92													
Nursing - Elderly Mentally Infirm	550.97	550.97													
			3.1 - 4.6 (Estimate)												

## ADULT SOCIAL CARE &amp; HEALTH DEPARTMENT

## 2011/12 PROPOSED FEES &amp; CHARGES

Service : Adult Residential and Nursing Care - Contributions  
from people supported (Continued)

Description	Current Fee (Exc VAT)	Proposed Fee (Exc VAT)	Increase
	£.p	£.p	%
<b>Payments deferred pending sale of property</b>			
Interest payable	2% above Lloyds base rate	2% above Lloyds base rate	
Due date: Under deferred payment agreement	56 days from support ceasing	56 days from support ceasing	
Other	Date of support ceasing	Date of support ceasing	

## ADULT SOCIAL CARE &amp; HEALTH DEPARTMENT

## 2011/12 PROPOSED FEES &amp; CHARGES

Service : Adult non residential services - Contributions from people supported

Purpose of the Charge: To contribute to the costs of Non Residential Support

	2010/11 Budget	Proposed 2011/12 Budget
	£'000	£'000
Income the proposed fees will generate:	757	785

Are concessions available? Yes - The actual contribution will be assessed in accordance with the current 'Fairer Contributions Policy' issued by the Council which complies with national guidance issued by the DoH.

Link to the Council's Medium Term Objectives: To promote independence and choice for vulnerable adults and older people

Description	Current Fee (Exc VAT)	Proposed Fee (Exc VAT)	Increase
	£.p	£.p	%

<b>Non Residential Support</b> This includes homecare, day care, meals and other support in the community			
<b>Standard Rates</b>			
Homecare	External - rate per hour	14.40	14.40
	Specialist:		
	Long Term Conditions / Dementia support	23.93	24.80
	Other Specialist Support	Actual support costs	Actual support costs
Direct Payments, Day Care and any other support	Actual support costs	Actual support costs	
2011/12 external rates subject to confirmation			
Where people are supported by the Council, the maximum contribution they will be asked to make is the cost of the support, but this will be subject to a financial assessment under the 'Fairer Contributions' policy and so the actual contribution may be lower.			
Fee increases in 2011/12 will depend on each persons financial circumstances but for most people will be linked to the increase in pensions and benefits they receive.			3.1 - 4.6 (Estimate)

## ADULT SOCIAL CARE &amp; HEALTH DEPARTMENT

## 2011/12 PROPOSED FEES &amp; CHARGES

Service : Adult Residential Care - Charges when the council is not responsible for funding

Purpose of the Charge: To recover the full cost of the service used

	2010/11 Budget	Proposed 2011/12 Budget
	£'000	£'000
Income the proposed fees will generate:	59	61

Are concessions available? No

Link to the Council's Medium Term Objectives: To promote independence and choice for vulnerable adults and older people

Description	Current Fee (Exc VAT)	Proposed Fee (Exc VAT)	Increase	
	£.p	£.p	%	
<b>Residential Care (including Respite)</b>				
<b>Older People</b>				
Residential/	Charge per week	605.10	626.30	3.5%
Respite	Charge per night	86.40	89.40	3.5%
<b>Learning Disability</b>				
Residential/	Charge per week	1,136.30	1,176.10	3.5%
Respite	Charge per night	162.30	168.00	3.5%

## ADULT SOCIAL CARE &amp; HEALTH DEPARTMENT

## 2011/12 PROPOSED FEES &amp; CHARGES

Service : Adult Day Care - Charges to other organisations

Purpose of the Charge: To recover the costs of the service

	<b>2010/11 Budget</b>	<b>Proposed 2010/11 Budget</b>
	<b>£'000</b>	<b>£'000</b>
Income the proposed fees will generate:	0	0

Are concessions available? No

Link to the Council's Medium Term Objectives: To promote independence and choice for vulnerable adults and older people

Description	Current Fee (Exc VAT)	Proposed Fee (Exc VAT)	Increase
	£.p	£.p	%
<b>Day Care</b>			
<b>Heathlands Day Centre</b> Charge per day	46.10	47.70	3.5%
<b>Learning Disability</b> Charge per day	105.90	109.60	3.5%
<i>Use of these services by other local authorities is not significant</i>			

## ADULT SOCIAL CARE &amp; HEALTH DEPARTMENT

## 2011/12 PROPOSED FEES &amp; CHARGES

Service : Blue Badge Scheme

Purpose of the Charge: To contribute to the cost of the service

	2010/11 Budget  £'000	Proposed 2011/12 Budget £'000
Income the proposed fees will generate:	1	1

Are concessions available? No

Link to the Council's Medium Term Objectives: To promote independence and choice for

Description	Current Fee (Exc VAT)	Proposed Fee (Exc VAT)	Increase
	£.p	£.p	%
<b>Blue Badge - Issues and Duplicate Badges</b> <i>This is the maximum fee payable set by the the Department of Health and is under review</i>	2.00	2.00 Or as specified by the DH	0.0



## ADULT SOCIAL CARE &amp; HEALTH DEPARTMENT

## 2011/12 PROPOSED FEES &amp; CHARGES

Service : Health funded adult social care provision

Purpose of the Charge: To recover the costs of the service

	<b>2009/10 Budget</b>	<b>Proposed 2010/11 Budget</b>
	<b>£'000</b>	<b>£'000</b>
<b>Income the proposed fees will generate:</b>	<b>9,824</b>	<b>2,297</b>

Are concessions available? No

Link to the Council's Medium Term Objectives: To promote independence and choice for vulnerable adults and older people

Description	Current Fee (Exc VAT)	Proposed Fee (Exc VAT)	Increase
	£.p	£.p	%

<p><b>Health Funded Provision</b> The Council receives a number of different income streams from health organisations, summarised as:</p> <p><b>Registered nursing care contribution</b></p> <p><b>Continuing health care contributions</b></p> <p><b>Joint funded posts and other income.</b></p> <p>Following the transfer of Learning Disability commissioning responsibilities, it is anticipated that funding will no longer be directly received from Health. Income budgets have been adjusted accordingly.</p>	<p>Current DH rates</p> <p>Actual costs incurred</p> <p>Actual costs incurred</p>	<p>Current DH rates</p> <p>Actual costs incurred</p> <p>Actual costs incurred</p>	
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## ADULT SOCIAL CARE &amp; HEALTH DEPARTMENT

## 2011/12 PROPOSED FEES &amp; CHARGES

Service : Other miscellaneous adult social care income

Purpose of the Charge: To recover the costs of the service

	<b>2009/10 Budget</b>	<b>Proposed 2010/11 Budget</b>
	<b>£'000</b>	<b>£'000</b>
Income the proposed fees will generate:	232	239

Are concessions available? No

Link to the Council's Medium Term Objectives: To promote independence and choice for vulnerable adults and older people

Description	Current Fee (Exc VAT)	Proposed Fee (Exc VAT)	Increase
	£.p	£.p	%

The Council may receive a number of different income streams in addition to health organisations, including:			
<b>Supported living and tenancies</b>	Actual costs incurred if applicable	Actual costs incurred if applicable	
<b>Other miscellaneous income.</b> Where no specific rate is set and where applicable the Council will seek to ensure any fees or charges will cover the cost of service provided	Actual costs incurred if applicable	Actual costs incurred if applicable	

**TO: THE EXECUTIVE  
14 DECEMBER 2010**

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**CAPITAL PROGRAMME 2011/2012 - 2013/2014  
(Borough Treasurer)**

**1 PURPOSE OF DECISION**

- 1.1 Under the Council's Constitution, the Executive are required to issue their budget proposals for consultation for a minimum period of six weeks prior to making their recommendations to full Council on 2 March 2011. The capital programme forms an important part of the overall budget proposals and is a key means by which the Council can deliver its medium term objectives.
- 1.2 This report draws together each service's proposals so that the Executive can agree a draft capital programme for 2011/12-2013/14 as the basis for consultation. In compiling the draft programme the main focus is inevitably on determining the requirements for 2011/12, although future year's schemes do also form an important part of the programme.
- 1.3 The financial implications of the recommendations in this report are reflected in the subsequent reports on the Council's draft revenue budget. Any revisions to the proposals put forward by each service would also need to be reflected in that report which will also be published as the basis for consultation following the Executive's meeting.

**2 RECOMMENDATIONS**

**That the Executive:**

- 2.1 **Approves, for consultation, an initial Council funded capital programme of £10.458m for 2011/12 summarised in Annex A, including the schemes listed in Annexes B – F.**
- 2.2 **Approves, for consultation, the inclusion of an additional budget of £1m for Invest to Save schemes.**
- 2.3 **Approves, for consultation, the inclusion of £2.5m of expenditure to be funded from S106 as outlined in para 5.10**
- 2.4 **Approves, for consultation, the inclusion of £2.764m of expenditure to be externally funded as outlined in para 5.10**

**3 REASONS FOR RECOMMENDATIONS**

- 3.1 The reasons for the recommendations are set out in the report.

## **4 ALTERNATIVE OPTIONS CONSIDERED**

4.1 The alternative options are considered in the report.

## **5 SUPPORTING INFORMATION**

### **Capital Resources**

5.1 Each year the Council agrees a programme of capital schemes. In the past these schemes have been funded from three main sources:

- the Council's accumulated capital receipts
- Government Grants
- other external contributions

5.2 The Local Government Act 2003 brought in radical changes to the financing of capital expenditure and from that date, the Government no longer issued borrowing approvals. Instead, under a new "prudential framework", Councils can set their own borrowing limits based on the affordability of the debt.

5.3 The Council's estimated total usable capital receipts at 31st March 2011 are zero. The Council is constantly looking for opportunities to rationalise its property holding to reduce costs. However, the impact of the "Credit-Crunch" and the substantial deterioration in the property market means it is unlikely that many opportunities will be available for disposal at optimal prices in the near term.

5.4 As a result of the LSVT Transfer of the Council's housing stock to Bracknell Forest Homes in 2008 the Council will benefit from a share of future Right-to-Buy sales and from the VAT Shelter. At the time of the transfer it was estimated that this would deliver annual receipts of approximately £3m over the proceeding 10 years. This is now expected to be lower in the short-term as a result of the recession and the on-going uncertainty in the capital markets. As such it is now assumed that receipts in 2011/12 will amount to £2m rising to £3m in 2012/13 as the economy picks up.

5.5 As the Council's accumulated capital receipts have been fully utilised the Council returned to a position of internal borrowing in 2010 and as such a revenue contribution is required each year. Once the Council's current level of investments is exhausted, which is expected to be within the next 2 years, the Council will need to borrow externally.

5.6 The proposed capital programme for 2011/12 has been developed, therefore, on the assumption that it will be funded by a combination of Government grants, other external contributions and some internal borrowing in addition to the £2m of capital receipts. The financing costs associated with the General Fund Capital Programme have been provided for in the Council's revenue budget plans which also appear on tonight's agenda.

### **New Schemes**

5.7 Within the general financial framework outlined above, Service Departments have considered new schemes for inclusion within the Council's Capital Programme for 2011/12 - 2013/14. Given that both capital and revenue resources are under pressure, each Department has evaluated and prioritised proposed schemes into the broad categories, set out in the Council's Corporate Capital Strategy and in line with the Council's Asset Management Plan. Having done this, only the very highest

priority schemes and programmes are being recommended for inclusion in the Capital Programme.

### **Unavoidable (Including committed schemes)**

This category covers schemes which must proceed to ensure that the Council is not left open to legal sanction and includes items relating to health and safety issues, new statutory legislation etc. Committed schemes also include those that have been started as part of the 2010/11 Capital Programme. Also included within this category are those schemes that were previously funded from the General Fund Revenue Account, but which by their nature could be legitimately capitalised. Schemes in this category form the first call on the available capital resources.

Within these categories provision has been made to address the disabled access requirements to both school buildings (£0.1m) and all other Council buildings (£0.1m). The works have been identified through independent access audits and have been prioritised to meet the needs of pupils and the users of these buildings. Significant progress has been made in past years and a programme of works has been planned across a range of service areas.

### **Maintenance (Improvements and capitalised repairs)**

The Council is responsible for a significant number of properties and assets. As part of the established asset management planning process, property condition surveys are carried out and updated annually to assess the overall maintenance needs. Historically the Council has funded all Priority 1 maintenance works identified in these surveys. These represent the works that are necessary, within the next 12 months, to maintain buildings in beneficial use through the prevention of closure, dealing with health and safety items and potential breaches of legislation. The latest assessment, based on condition surveys, identified a backlog of urgent outstanding repairs of £8.47m. However £4.47m of this requirement relates to schools and as such must be a first call on their capital resources. The Council has provided for an allocation (£0.2m) within its Capital Programme as a contingency for urgent works that cannot be met from within the schools devolved budgets.

As such, based on the most recent survey data, £4.0m of the Priority 1 urgent repairs relate to Council buildings other than schools. Given the resource restraints of the Council, the Capital Programme is restricted to £1.145m (exclusive of Schools contingency). An additional £0.2m has been added to the revenue budget in 2011/12 to address some of the shortfall that cannot be legitimately met through the capital programme – this relates to work that is not of a capital nature or below the Council's de minimus level, but has been highlighted in the condition surveys as requiring urgent attention. This level of investment will result in £2.655m of urgent repairs being deferred to future years and increasing the overall level of backlog maintenance.

The implications of failing to maintain Council buildings and to address the backlog will be a significant issue for the Council over the coming years and efforts will be focussed on ensuring that the highest priority items are tackled first, that efficiencies are maximised in the procurement of works and that maintenance which will result in energy efficiencies are undertaken through the invest-to-save programme, as set out in the Council's Asset management Plan 2010

### **Rolling programmes**

These programmes cover more than one year and give a degree of certainty for forward planning schemes to improve service delivery. They make an important

contribution towards the Council's Medium Term Objectives and established Asset Management Plans.

### Other Desirable Schemes

In addition to the schemes identified in the above categories, each service has requested funding for other high priority schemes that meet the needs and objectives of their service and the Council's Medium Term Objectives. The net cost of schemes which attract partial external funding are included in the schemes put forward. The number of Council funded schemes within this category is severely constrained this year, but does include some money to allow a full £4m refurbishment programme at Kennel Lane School to proceed. This reflects the priority given to the scheme when the Executive considered the education capital programme in October.

### Invest To Save Schemes

These are schemes where the additional revenue income or savings arising from their implementation exceeds the internal borrowing costs. The Council's approach to Invest to Save schemes is included in its Capital Strategy and in accordance with the Capital Strategy it is proposed that a further £1m be included in the 2011/12 capital programme for potential Invest to Save schemes.

- 5.8 A detailed list of suggested schemes within the draft capital programme, together with a brief description of each project, for each service is included in Annexes B – F. A summary of the cost of schemes proposed by Departments is set out in the table below and in Annex A. This shows that the total net funding requested is £10.458m in 2011/12.

<b>Capital Programme 2011/12-2013/14</b>				
<b>Annex</b>	<b>Service Area</b>	<b>2011/12 £000</b>	<b>2012/13 £000</b>	<b>2013/14 £000</b>
B	Corporate Services	320	825	270
C	Council Wide	2,364	2,875	2,605
D	Children, Young People & Learning	3,754	5,150	4,320
E	Adult Social Care & Health	0	60	0
F	Environment Culture & Communities	9,284	9,753	6,923
	<b>Total Capital Programme</b>	<b>15,722</b>	<b>18,663</b>	<b>14,118</b>
	<b>Externally Funded</b>	<b>5,264</b>	<b>6,200</b>	<b>5,600</b>
	<b>Total request for Council funding</b>	<b>10,458</b>	<b>12,463</b>	<b>8,518</b>

- 5.9 As part of the offer to tenants in the lead up to the housing stock transfer ballot the Council gave a commitment to spend 75% of the available receipt on new affordable housing and the 2011/12 – 2013/14 programme includes an allocation of £12.9m,

with £4m earmarked for 2011/12. The remainder of the receipt will be used in subsequent years.

**Externally Funded Schemes**

- 5.10 A number of external funding sources are also available to fund schemes within the capital programme, amounting to £5.264m of investment in 2011/12. External support has been identified from two main sources:

**Government Grants**

A number of capital schemes attract specific grants. It is proposed that all such schemes should be included in the capital programme at the level of external funding that is available. There is significant uncertainty regarding the level of funding that the Council will receive, particularly in relation to funding from the Department for Education.

**Section 106**

Each year the Council enters into a number of agreements under Section 106 of the Town & Country Planning Act 1990 by which developers make a contribution towards the cost of providing facilities and infrastructure that may be required as a result of their development. Usually the monies are given for work in a particular area and/or for specific projects. The total money available at present, which is not financially committed to specific projects, is £4.15m, although conditions restricting its use will apply to almost all of this.

Officers have identified a number of schemes that could be funded from Section 106 funds in 2011/12, where funding becomes available. These are summarised below

<b>Department</b>	<b>Schemes</b>	<b>Budget</b>
Corporate Services	Community Centres	£250,000
CYPL	Schools	£250,000
ECC	Local Transport Plan	£750,000
ECC	Leisure, Culture & Visual Environment	£250,000
	<b>Total</b>	£1,500,000

Under the constitutional arrangements, the Council must approve the release of such funding. However, this does not preclude the Executive bringing forward further schemes to be approved by the Council to be funded from Section 106 funds during the year.

Annexes B - F also include details of all schemes that will be funded from the various external sources in the next year.

**Funding Options**

- 5.11 There are a number of important issues concerning the long term funding of capital expenditure. Following the transfer of the housing stock in 2008, the Council's capital receipts are limited to miscellaneous asset sales and the contribution from the VAT Shelter Scheme and Right-to-Buy claw back agreed as part of the transfer. As noted earlier in this report, these receipts are likely to be depressed by the general economic conditions and as such receipts in 2011/12 are estimated to be in the region of £2m.

- 5.12 The proposed capital programme for 2011/12 has been developed, therefore, on the assumption that it will be funded by a combination of £2m of capital receipts, Government grants, other external contributions and some internal borrowing. The financing costs associated with the Capital Programme have been provided for in the Council's revenue budget plans.
- 5.13 Should any additional capital receipts be generated in 2011/12 the interest earned on these will be used to mitigate the revenue cost of the capital programme.
- 5.14 For 2011/12 it is unlikely that the Council will need to resort to external borrowing as it will be able to utilise revenue resources held internally. However the Capital Finance Regulations, require the General Fund to set aside an amount which would be broadly equivalent to the amount the Council would need to pay if it borrowed externally. If any amendments are made to the capital programme the revenue consequences will need to be adjusted accordingly. Executive Members will therefore need to consider the impact of the capital programme as part of the final revenue budget decisions.
- 5.15 The reduction in available capital receipts has placed greater emphasis on the capital programme and its impact on the revenue budget. Following the introduction of the Prudential Borrowing regime local authorities are able to determine the level of their own capital expenditure with regard only to affordability on the revenue account. In practice this represents the amount of borrowing they can afford to finance, and will necessitate taking a medium-term view of revenue income streams and capital investment needs.
- 5.16 To achieve its aim of ensuring that capital investment plans are affordable, prudent and sustainable, the Local Government Act requires all local authorities to set and keep under review a series of prudential indicators included in the CIPFA Prudential Code for Capital Finance in Local Authorities. The Capital Programme recommended in this report can be sustained and is within the prudential guidelines. Full Council will need to agree the prudential indicators for 2011/12 to 2013/14 in March 2011, alongside its consideration of the specific budget proposals for 2011/12 and the Council's medium-term financial prospects.
- 5.17 Members will need to carefully balance the level of the Capital Programme in future years against other revenue budget pressures and a thorough review, including the prioritisation of those schemes planned for 2012/13 onwards, will need to be undertaken during next summer.

### **Meeting the Council's Medium Term Objectives**

- 5.18 The integrated budget package prioritises resources according to the six overarching priorities of the Council and continues to invest mainly through targeted capital expenditure, in services designed over the next three years to:

#### **Priority 2 - Protect and enhance our environment**

- £1.2m on highways infrastructure maintenance
- £4.0m on new affordable housing
- £1.4m on other measures to protect and enhance the environment

#### **Priority 3 – Promoting health and achievement**



- £1.1m on promoting achievement and learning

**Priority 4 - Create a borough where people are, and feel safe**

- £0.2m on access improvement programmes

**Priority 5 - Provide value for money**

- £0.2m on continued investment in Information Technology

## **6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

- 6.1 The authorisation for incurring capital expenditure by local authorities is contained in the legislation covering the service areas. Controls on capital expenditure are contained in the Local Government Act 2003 and regulations made thereunder.

### Borough Treasurer

- 6.2 The financial implications are contained within the report.

### Equalities Impact Assessment

- 6.3 The Council's final budget proposals will potentially impact on all areas of the community. A detailed consultation process is planned in order to provide individuals and groups with the opportunity to comment on the draft proposals. This will ensure that in making final recommendations, the Executive can be made aware of the views of a broad section of residents and service users. Where necessary, impact assessments on specific schemes within the capital programme will be undertaken before work commences.

### Strategic Risk Management Issues

- 6.4 The most significant risk facing the Council is the impact of the capital programme on the revenue budget. The scale of the Council's Capital Programme for 2011/12 will impact upon the revenue budget and will itself be subject to consultation over the coming weeks. All new spending on services will need to be funded from new capital receipts or borrowing from internal resources. The additional revenue costs of the proposed Capital Programme of £10.458m for 2011/12 after allowing for projected capital receipts of £2m but excluding the self-funding Invest to Save schemes will be £38,000 in 2010/11 and up to £425,000 (based on estimated short-term interest rates) in 2012/13. This effect is compounded by future year's capital programmes. As revenue resources are limited it is clear that a capital programme of this magnitude is not sustainable in the medium term without significant revenue economies. The generation of capital receipts in future years may mitigate the impact on the revenue budget, but as the timing and scale of these receipts is uncertain their impact is unlikely to be significant.
- 6.5 There are also a range of risks that are common to all capital projects which include:
- Tender prices exceeding the budget
  - Planning issues and potential delays

- Uncertainty of external funding (especially when bids are still to be submitted or the results of current bids are unknown)
- Building delays due to unavailability of materials or inclement weather
- Availability of staff with appropriate skills to implement schemes and IT projects in particular.

6.6 These can be managed through the use of appropriate professional officers and following best practice in project management techniques.

6.7 The report also identifies the risk associated with the shortfall in maintenance expenditure compared to that identified by the latest condition surveys. With only those highest priorities receiving funding in 2011/12, there will be further build up in the maintenance backlog and a risk that the deterioration in Council assets will hamper the ability to deliver good services.

## 7 CONSULTATION

### Principal Groups Consulted

7.1 The Overview & Scrutiny Commission will be consulted on the budget proposals and may also choose to direct specific issues to individual overview and scrutiny panels. Targeted consultation exercises will be undertaken with business rate payers, the Senior Citizens' Forum, the Schools Forum, Parish Councils and voluntary organisations. Comments and views will be sought on both the overall budget package and on the detailed budget proposals. In addition, this report and all the supporting information are publicly available to any individual or group who wish to comment on any proposal included within it. To facilitate this, the full budget package will be placed on the Council's web site at [www.bracknell-forest.gov.uk](http://www.bracknell-forest.gov.uk). There will also be a dedicated mailbox to collect comments.

7.2 The timetable for the approval of the 2011/12 Budget is as follows

Executive agree proposals as basis for consultation	14 December 2010
Consultation period	15 December 2010 - 25 January 2011
Executive considers representations made and recommends budget.	15 February 2011
Council considers Executive budget proposals	02 March 2011

### Background Papers

#### Contact for further information

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#### Doc. Ref

G:\Technical And Audit\Capital\Capital 2011-12\December Exec 2010\Capital Programme (Exec Dec 10) - Draft.Doc

### CAPITAL PROGRAMME - 2011/12

	Corporate £000	Council Wide £000	CYPL £000	ASCH £000	ECC £000	TOTAL £000
Committed	0	435	60	0	5,035	5,530
Unavoidable	55	784	784	0	1,382	3,005
Maintenance	0	1,145	200	0	312	1,657
Rolling Programme / Other Desirable	15	0	151	0	100	266
<b>47 Total Request for Council Funding</b>	<b>70</b>	<b>2,364</b>	<b>1,195</b>	<b>0</b>	<b>6,829</b>	<b>10,458</b>
Total External Funding	250	0	2,559	0	2,455	5,264
<b>Total Capital Funding</b>	<b>320</b>	<b>2,364</b>	<b>3,754</b>	<b>0</b>	<b>9,284</b>	<b>15,722</b>

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## CAPITAL PROGRAMME - ADULT SOCIAL CARE & HEALTH

	2011/12 £000	2012/13 £000	2013/14 £000
<b>Committed</b>	0	0	0
<b>Unavoidable</b>			
Social Care Records Interface	0	60	0
	0	60	0
<b>Maintenance</b>			
See Council Wide	0	0	0
	0	0	0
<b>Rolling Programme / Other Desirable</b>			
	0	0	0
	0	0	0
<b>TOTAL REQUEST FOR COUNCIL FUNDING</b>	0	60	0
<b>External Funding</b>	0	0	0
<b>TOTAL EXTERNAL FUNDING</b>	0	0	0
<b>TOTAL CAPITAL PROGRAMME</b>	0	60	0

## Capital Programme 2011/12 – Adult Social Care and Health

<b>Committed</b>	<b>£'000</b>
<b>None</b>	<b>0</b>

<b>Unavoidable</b>	<b>£'000</b>
<b>None</b>	<b>0</b>

<b>Maintenance</b>	<b>£'000</b>
<b>Improvements &amp; capitalised repairs</b>	
Included in Council Wide Allocation	

<b>Rolling programme and Other Desirable</b>	<b>£'000</b>
<b>None</b>	<b>0</b>



# **Performance Monitoring Report**

for

## **Adult Social Care & Health**

**Second Quarter 2010/11  
July - September 2010**

Portfolio holder: Councillor Dale Birch  
Director: Glyn Jones

## Section One: Executive Summary

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### Introduction by the Director of Adult Social Care and Health

The second quarter has been another busy one in the department with a number of important developments taking place which will improve the quality of life for people within the Borough. In particular, work within Learning Disability between the department and providers to re-provide residential accommodation to supportive living.

Development work with colleagues in Health has resulted in enhancing the current Community Response and Reablement Service to increase the focus on admission avoidance and provide support at home. This enhancement went live on 1 October 2010.

This has been fully funded by NHS Berkshire East. It is anticipated that further development work will result funding to enhance end of life support being made available.

Since Quarter 1, there have been a significant number of consultation documents supporting the Health White Paper: Equity and Excellence. The department through the Director, is leading the Council's development and response and is engaging at various levels with the different stakeholders within Health. This PMR will be used in the future to keep Members informed of the developments as they occur.

The coming quarter will see the formal publication of the Care Quality Commission annual performance judgement on 25 November.

### Adults and Joint Commissioning

#### *Learning Disabilities*

Implementation of the programme for the re-provision of most of the homes accommodating people who previously lived in Church Hill House hospital is now complete. All 14 of the homes have de-registered. Each individual concerned now has settled accommodation via a tenancy agreement, and an individual package of support.

The Safe Place scheme was implemented and launched in July. This identifies "safe haven" shops and businesses in the town centre and surrounding areas where people can go for support, should they feel at all threatened or unsafe whilst out. Staff in these places have relevant numbers to call for support (e.g. police, social services).

For the new business plan for the Green Machine, a Community Interest Company (supported by BFC) providing green space maintenance services is progressing with new partnerships to be in place and for full independence to be achieved by the end of the financial year.

#### *Autistic Spectrum Disorders*

In response to the recent publication "Fulfilling and Rewarding Lives" (The National Strategy for adults with autism) a working group has been set up and meeting monthly since July. The group has developed a work plan to develop a local joint



commissioning strategy and delivery plan. These plans will be completed for approval by the early part of the new financial year.

#### *Mental Health*

Following the Supporting People review of Mental Health contracts, a plan to further develop the support provided to individuals living at Glenfield, and to other people in the community. A new team manager is in post and has developed a consultation and action plan. The consultation process has now started and is due to be completed in January 2011. Bracknell Forest Homes have engaged in this process and unused office space at Glenfield has been converted into single accommodation units. This is now being used for respite care and has increased choice for individuals.

#### *Safeguarding*

The first Deprivation of Liberty Safeguards (DoLS) newsletter was sent to all Bracknell care homes, members of the Safeguarding Adults Partnership Board and all Adult Social Care & Health staff in September. This quarterly newsletter aims to provide these groups with up to date information and case studies, information about training opportunities, and an opportunity share experiences of this relatively new piece of legislation.

The four Safeguarding Adults Partnership Boards in Berkshire have agreed to commission a revision of the current Berkshire safeguarding Adults Policy & Procedures (2008). The revised and updated version will be web based and will reflect new legislation, including Mental Capacity Act (2005), Deprivation of Liberty Safeguards (2007) and the role of the Independent Safeguarding Authority (ISA). It aims to provide the public and staff working in the sector with all of the relevant knowledge in relation to safeguarding adults. The web based policy will also signpost people to particular areas of interest, and to local policies.

#### *Joint Commissioning*

The drafting of section 75 agreements for Intermediate Care and Learning Disability has continued. Recruitment of a project worker for the employment element of the Jobs and Homes (Public Service Agreement 16) pilot was successful.

The Community meals arrangements have been established and will be implemented in November. The joint commissioning team has taken on the temporary support of the Local Involvement Networks (LINKs) with the Steering Groups support following the termination of the contract with the host organisation, Help and Care.

Consultation on the NHS white paper 'Equity and Excellence: Liberating the NHS' has taken place and a council response has been submitted to the Department of Health.

#### *Personalisation*

The Evaluation Report from the Personalisation Pilot was approved for publication and action plans have been developed to support the roll-out of personalised support arrangements for people supported by Adult Social Care. Following on from the end of the pilot, the Supported Self-Assessment and the Resource Allocation System have been revised and are now in use. The Information Hub - an online resource detailing the availability of support and activities - is now live on BORIS for testing by staff.

## **Older People and Long Term Conditions (OPLTC)**

### *Community Support and Wellbeing*

Downside Resource Centre closed on 31st August. All the people who used to attend the centre had their support plans reviewed and a number were supported to self-assess their needs and develop an individual support plan. A presentation has been prepared on the outcomes for people and was presented to the Adult Social Care Overview and Scrutiny Panel on 12<sup>th</sup> October.

As part of the centralised transport review a new bus to Heathlands meets Disability Discrimination Act requirements has been delivered and will do much to improve the journey experience of people who use the centre Monday through Sunday.

In Heathlands Residential Home, redecoration of the upstairs lounge and dining room was completed by a group of volunteers from Boeringer Ingelheim who donated materials as well as their time to very good effect. A number of the oil paintings provided by Trading Standards are now on display and the overall effect has been to create a fresh and welcoming environment.

Fundraising by staff has enabled further social activities to be provided in-house and in the community by people living in the home.

The Business Support Team now includes staff from Heathlands, Ladybank, Bridgewell, Community Response & Reablement (CR&R) and OPLTC and, apart from those based in the residential units, staff are now co-located on the Second floor of Time Square. Plans for training are in place to ensure each team member understands all roles and functions of the team.

The Dementia team recently supported a person with end-stage Dementia to fulfil their long-stated wish to die at home, which required individual staff to adjust their working hours according to this person's rapidly changing needs for a service. The team will continue to offer this level of care as required and plan to offer support to colleagues Heathlands to provide additional staffing for end of life care for residents with Dementia.

Birmingham University has contacted the team and is intending to interview members about the very high quality service they deliver.

### *Older People and Long Term Conditions (OPLTC)*

The team supported the new joint duty Section with a full-time occupational therapist and a part-time social worker. It is hoped that the creation of a robust duty system will enable care managers to move more people into monitoring, knowing that skilled staff will be immediately available in the event of an emergency. The new system is designed to improve problem-solving with staff working for up to two weeks with individuals which aims to reduce 'revolving door' referrals and frees up staff to begin working with supported self-assessment and person-centred support planning. Full roll-out of personalisation starts on 1st October.

The SOS service continues to go from strength to strength in supporting carers and enabling people with complex needs to remain at home.

The team will shortly be rolling out Home First, an initiative aimed at enabling people assessed as needing residential or low-level nursing care to return home before making a decision about their long-term future.

The team continues to support the use of the assessment flat at Barnett Court as a means of increasing choice and reducing admissions to long-term care.

#### *Community Response & Reablement (CR&R)*

The PCT has released monies to support the implementation of enhanced intermediate care. This has been supported through project management from the medicines advisor in Bracknell who was seconded to work on the project.

A social Worker from the team has been attached to Frimley Park hospital (where the largest numbers of Bracknell residents are admitted) with the task of working proactively to facilitate hospital discharges. This has driven down the numbers of people who have had their transfer of care delayed.

The new duty function of the team went live in August 2010. The aim is to strengthen the point of access to services for adult social care. In order to support this new duty function of the team we added additional Occupational Therapy support to work on the waiting lists for the team. These were reduced to zero from September 2010. The long term effect of this is that people are seen in a timely way thus reducing risk of further injury or trauma (and therefore reducing possible need for hospital admission or long term service).

A Memorandum of understanding is in place between the PCT and the Council which outlines the intent of both organisation to commit to the new section 75 agreement from April 2011.

Both the Bridgewell Centre and Ladybank Residential Home were successful in re-registration for the Care Quality Commission. An interim assistant unit manager has been appointed in the Bridgewell Centre from available resource.

#### *Emergency Duty Team (EDT)*

EDT now has access to all 6 unitary authorities IT systems but are waiting training date/time from Wokingham to allow EDT to go 'live'. The Service Review has now reached Stage 3 with Unitary Authorities having deadline of 14th October 2010 to sign up to preferred Service Model choice.

The management team have now visited over 60 teams in Berkshire and associated agencies. All benchmarking exercises now completed and research documented.

The team has now formed a Berkshire wide Appropriate Adult scheme for out of hours at no cost to the 6 unitary authorities it will serve.

#### *Drugs and Alcohol Action Team (DAAT)*

The training programme has now been rolled out and bookings are being taken. The programme has been developed on a Berkshire East basis with each locality having a lead area.

The narcotics anonymous meeting has now been established. Levels of attendance are quite low but this is to be expected with a new group. We will continue to support the group in any way that we can.

The new substance misuse service directory has now in final draft form for checking and will be sent to the print room to be finalised shortly.

A revised funding bid to the big lottery fund was unsuccessful. Following the announcement of the comprehensive funding review a further bid will be submitted.

Work is ongoing in respect of the Berkshire East clinical Governance Framework. The prescribing policy and file management policy have been presented to the Berkshire East Substance Misuse Joint Commissioning Group and will be signed off in November.

## **Performance and Resources**

### *Information and Communications Technology (ICT)*

This quarter has seen a settling in period for the new IAS system. We resolved and closed 416 calls with 17 open over the same period for the new software. This was a mixture of both incidents and service requests and has been a busy time for all concerned. The working relationship with the software supplier is continuing to improve in line with our Service delivery model.

### *Finance*

The main activity in the last quarter has been monitoring the 2010-11 budget and making preparations for 2011-12. For the 2010-11 budget position, current information indicates that a substantial budget under spend will occur as a result of a number of factors that have resulted in both reduced spend and additional income. More information on this is set out in the Financial Summary at Annex C.

In terms of preparations for next year's budget, senior managers have been preparing options for consideration around the Council's medium term budget strategy. Despite the uncertain financial future, this work is now well advanced.

Further developments have occurred around the Adult Social Care IT system where a detailed project plan has been developed to take forward the implementation a mobile Financial Assessments process that will allow for people to know their likely financial contribution to care (if required) at the end of the visit. The new Fairer Contributions policy was introduced from August 2010 to ensure it is compatible with changes required for Personalisation. This was introduced following widespread consultation, and has resulted in changes in financial contributions for a number of people.

### *Human Resources*

The team have been supporting the staffing implications with the reduction in the ABG, undertaking the social work employee "Health Check", and providing support through the Council's job evaluation review project. The team have also been reviewing the CRB processes.

### *Performance and Governance*

Challenges around reporting from the IAS system remain. We are now actively working with suppliers Liquid Logic to move this work swiftly forward. A number of returns have been successfully completed including the Blue Badge Return, and a Performance Management Information Group has been established to ensure that ASC&H is fully involved in identifying and supporting performance monitoring, improvement requirements and data quality.

## **Summary of Equality Impact Assessments**

No Equality Impact Assessments were published this quarter.

## Section Two: Progress against Service Plan

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Annex C provides details of performance against relevant National Indicators this quarter, as well as an update on the operational risks identified in the Service Plan. Adult Social Care & Health Service Plan for 2010/11 contains 53 detailed actions to be completed in support of the 13 Medium-Term Objectives. Annex C also provides information on progress against each of these detailed actions; all actions were achieved or on target at the end of Quarter 2 (✓), with none causing concern (✗).

Annex C also provides details of performance against relevant National Indicators this quarter, where data is available, as well as an update on the operational risks identified in the Service Plan.

A new Strategic Risk Register was developed during the second quarter. The new Strategic Risk Register including mitigating actions to address risks was approved by the Executive on 14 September 2010. A summary of progress on these mitigating actions will be included in the Corporate Performance Overview Report for quarter 2.

## Section Three: Resources

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### Staffing

This quarter, with the reduction in the Area Based Grant, has resulted in the HR team being involved with a staffing reductions exercise in the department. This resulted in one post been identified as being at risk and subsequently being made redundant. This was in addition to the arrangements to close Downside which resulted in supporting redeployment activities for a number of staff and, ultimately, 14 staffing redundancies.

Work continues in preparation for the workforce health check under the Social Work Task Force. This will involve consulting with staff on issues regarding workload management, workflow, systems, healthy workplace and effective service delivery. Although this exercise follows the recommendations from the Social Work Task the information provided will supplement the previous work undertaken on the recruitment and retention of social workers in Bracknell Forest.

The adult workforce strategy is concentrating in the main through the changes resulting from the Personalisation agenda. This has included visits to Oxfordshire County Council to review some of the arrangements to support the Personal Assistants.

The support with corporate activities has continued during the period. This includes the work in support of the job evaluation review.

There is still no further development with the introduction of the Vetting and Barring Scheme. There will still be the requirement to undertake CRB checks and the process of this is being reviewed with a view to streamline the process.

### Budget

See Annex B for more detailed information on:

#### Revenue Budget

Annex B1	Summary financial position
Annex B2	Budget virements
Annex B3	Budget variances

#### Capital Budget

Annex B4	Summary financial position and scheme status and target
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### Revenue

#### *Current approved budget*

The approved cash budget for the current financial year reported last period totalled £25.604m, with £23.225m in cash and £2.379m in recharges and accounting adjustments.

There have been a small but significant number of changes to the cash budget this period. The biggest change is in response to managing the in-year reductions in grant funding announced by the government in May and June which has resulted in

the Department needing to manage budget reductions of £0.221m. Full details of the savings were agreed by the Executive in October and included reductions on:

- Carers grant
- Mental Health
- LINKs
- Stroke Strategy
- Social Care Reform Grant
- HIV/Aids
- Preserved Rights

Other budget changes agreed this period are:

- One-off allocation of £0.026m from the Structural Changes Fund to cover staff termination costs following the closure of Downside Resource Centre.
- A small number of self balancing adjustments that have been processed to ensure budgets are properly aligned to spending plans.

The current approved budget for the year therefore totals £25.410m, with £23.031m in cash and £2.379m in recharges and accounting adjustments.

#### *Provisional outturn*

At this stage of the year, trends are beginning to become established and spending plans finalised which provides the first opportunity to predict budget variations with a degree of confidence. However, as it is still relatively early in the year, and with a number of volatile, high cost budgets being managed, changes in forecasts can not be ruled out over the coming months. At this stage, based on current information and expectations, a net under spending of £0.892m is anticipated on the following items:

- A £0.097m saving on Mental Health arising from a combination of alternative arrangements for support to drugs and alcohol related conditions together with reduced costs on residential placements.
- An £0.838m under spend on supporting people with learning disabilities. The most significant variance relates to receiving more income than expected when the budget was set. There has also been a reduction in costs as a number of changes have been made to existing care packages, including those now moved from residential to supported living arrangements. Savings are also anticipated on staffing costs as some posts have been vacant.
- Extra cost of £0.033m to enable the development of a data hub.
- Older people and long term conditions are forecast to over spend by £0.090m. £0.065m of this relates to additional in house residential care and a reduction in financial contributions from clients.
- A £0.080m under spending is forecast for Performance and Resources which arises from computer licence fees for the new Adult Services IT system being charged to the capital programme for one year only and reduced spend on buildings maintenance.

## **Capital**

### *Current approved budget*

The approved cash budget for the current financial year reported last period was £1.062m. Subsequent to setting the budget, new capital grants have been awarded to the Council that increase the approved budget to £1.126m. The new funding relates to:

- Transforming Adult Social Care grant £0.044m.
- Care Housing grant £0.020m.

### *Provisional Outturn*

No variances are anticipated at this stage.

### *Internal Audit Assurance*

No internal audit reports were issued with a limited assurance opinion this period.



## Complaints received

No. Rec'd Q 2	Nature of complaints (bulleted list)	Action taken (bulleted list)
1	Complaint regarding care provided by provider allocated	Complaint upheld and resolved
1	Complaint regarding administrative errors within the finance team.	Complaint upheld and resolved
1	Complaint regarding poor communication	Complaint upheld and resolved
1	Complaint regarding care provided by provider allocated	Ongoing investigation
1	Complaint concerning member of staff and poor communication	Ongoing investigation
1	Complaint regarding administrative errors within the finance team.	Ongoing investigation
1	Joint complaint with PCT – lack of communication	Ongoing Investigation

## Compliments Received

There were a total of 45 compliments received.

The Community Response & Reablement Team received 17 compliments in this quarter, 23 for the Older People & Long Term Conditions Team (8 of which were for Blue Badge applications).

The Personalisation Team received 1, as did the Mental Health Team, 1 also for the Community Team for People with Learning Disabilities. The Performance & Governance Team received 2.

## Section Four: Forward Look

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### Adults and Joint Commissioning

#### *Learning Disabilities*

The programme of 'reprovision' is now complete with all relevant homes de-registered and concerned individuals receiving tailored support. From October through to December each individual will be reviewed to ensure the tailored support they are now receiving is meeting their needs in the way they wish.

A working group will be set up to work with a local charity who are re-developing some of their accommodation space. This group will work towards and plan this redevelopment in aiming to provide further adapted and affordable accommodation for people with a learning disability.

Detailed planning will commence for the move of Community Team for People with Learning Disabilities (CTPLD) from Waymead to Time Square

#### *Autistic Spectrum Disorders*

Following the publication in March "Fulfilling and Rewarding Lives" (The National Strategy for adults with autism) the government has since published Implementing 'Fulfilling and Rewarding Lives': Consultation for statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy

The working group set up to develop and work towards a local joint commissioning Strategy, will also co-ordinate and complete a local consultation in response to the Government's draft statutory guidance.

#### *Mental Health*

Berkshire Healthcare NHS Foundation Trust (BHFT) has now implemented a new Patient Record IT system for the Community Mental Health Team for Older Adults; the implementation for the Community Mental Health Team (CMHT) will commence in November. Plans to manage the implications for the Electronic Social Care Record (ESCR) are being continually developed and implemented.

BHFT is continuing with 'Next Generation Care' (NGC) change programme. ASC&H will coordinate the Council's contribution to the consultation on the future location of in-patient services.

#### *Safeguarding*

Safeguarding will continue to monitor and review progress against all actions contained within the Safeguarding Adults Partnership Board Action Plan. A DoLS workshop is being planned for care providers, which will take place in February 2011.

Safeguarding continue to develop and implement safeguarding awareness e-learning tool for all relevant Council employees.

### *Joint Commissioning*

The draft section 75 for CTPLD will be taken to DMT for approval before joint agreement is sought from the Joint Strategic Commissioning Board.

The Prevention strategy will be submitted to DMT for approval in November.

Evaluation of the Dementia Advisor post will be carried out (Bracknell is to be a case study site for national evaluation).

### *Personalisation*

The roll out of Personal Budgets for all people new to Adult Social Care and existing people at the time of review is planned for October. This will meet the target set by the Department of Health.

The Information Hub will be live on the Council's website in November.

An information pack has been developed, to support the roll out of personal budgets - this will be printed for circulation in October.

## **Older People and Long Term Conditions**

### *Community Support and Well-being*

Discussions are underway with Disability Initiative, who have gained corporate sponsorship for a satellite service to be based in Bracknell Town-Centre and will be working with a local public house to provide rehabilitative day-care, two days each week.

The Dementia team is reconfiguring rotas in order to increase capacity as demand continues to exceed resources.

A customer satisfaction survey will be carried out in October and an action plan drafted to address any gaps that may be identified. All good news will be forwarded to DMT.

The team manager will be promoting the new Home First scheme with all four acute trusts and working with OPLTC and CR&R care managers to ensure that follow-on plans are in place for all people supported to return home from hospital.

A report will be compiled reviewing the first year of the assessment flat at Barnett Court and looking at ways to improve both take-up and through put, along with the forging of closer links with Housing.

The internal reconfiguration of Heathlands Day Centre is currently out to competitive tender. It is hoped that works will be completed in December, when an open day will be held to re-launch the service.

A Service Specification is being developed and preliminary discussions are on-going with the PCT, who may be interested in purchasing places in the newly expanded service.

In the meantime, additional staff are being recruited and options around interfacing BFC's services with those in the voluntary sector to create a genuinely seamless dementia service are currently being explored. Some part-time staff have expressed interest in taking on the additional organiser and carer/driver posts that will be recruited to over the next few months. Specialist training for new and existing staff around supporting people living with the experience of dementia will be organised in partnership with local voluntary and third sector organisations to promote consistency and best practice.

The construction of two new wet rooms on the ground-floor level of Heathlands Residential Home is finally scheduled and work should be completed in December. This will improve bathing facilities and do much to support the dignity and well-being of people with impaired mobility.

Use of the Social Care Capital Grant has allowed the purchase of additional profiling beds to improve the safety of people living with the experience of dementia. Further capital bid monies will be used to meet new Care Quality Commission (CQC) standards around infection control through the installation of new UV hand-dryers and a specialist washing machine for towels and bedding.

Efforts will be made to recruit volunteers through BFVA interested in assisting with arts and crafts and music and drama activities.

Staff will undertake additional training this year on loss and bereavement with a special emphasis on supporting people living with the experience of dementia. It is planned that this training will be done under the new qualifications framework, with the aim that all staff will have completed the module by late January, 2011.

#### *Older People and Long Term Conditions (OPLTC)*

Following the implementation of a joint duty section with CR&R, a proposal for further reconfiguration of existing services will go to DMT in October. The aim will be to ensure that we have the right skills mix to support the roll out of Personalisation, the expertise available to support people with complex needs who may be eligible for Continuing Healthcare Funding and Home First.

In order to measure the impact of Personalisation, the team will revise an initial review of roll-out in December and will revise the annual customer satisfaction survey, due in January 2011, to reflect the change to supported self-assessment.

The team will continue to encourage supported self-assessment and the use of individual budgets at each review and workers will complete a Continuing Health Care checklist for all people where it appears the person's primary needs are around health.

#### *Community Response & Reablement (CR&R)*

Following detailed planning, enhanced intermediate care will be implemented on 1 October as the PCT had intended. To support this, additional monies have been made available by the PCT for the section 75 agreement. All activity is carefully monitored. This ensures a 24 hour 7 day service with a 2 hour response time. The first three months (until December 2010) will be a pilot period when details of times of demand and the type of service required will be logged and analysed. During the pilot, we have put in place on call OT and support workers who are supported by the on call managers. Once we have clarity for demand and service type, we will be developing enhanced intermediate care further.

The team will continue to work closely with the PCT to develop End of Life services which will be supported with additional funding from PCT. This will also be piloted and evaluated with reporting streams back to senior managers in both the PCT and the council.

The Medicines Manager will work with the senior care co-ordinator in the domiciliary care team on medicines management policies and procedures in the community.

At the Bridgewell Centre, the Medicines Manager and the clinical governance lead from the PCT will continue to work on ensuring that the unit has all relevant policies in place regarding clinical governance. These policies are ones that the Council would not cover e.g. clinical issues and medicines.

#### *Emergency Duty Team (EDT)*

EDT management will facilitate child protection/child in need training specific to out of hours emergency services for the new staff at the Children's A&E department Royal Berkshire Hospital opening November 2010.

Also, the management team will work in conjunction with HR to develop organisational change management action plan in line with outcomes of the service review options.

The team has also formed a forum in conjunction with Lead Nurses & Doctors at the Royal Berkshire Hospital from paediatric departments and A&E given the new opening of the children's A&E department in November 2010. The forum plan to meet on a quarterly basis.

EDT are to have access to the RiO system.

#### *Drugs and Alcohol Action Team (DAAT)*

Due to the announcement of the comprehensive spending review in October and the potential budget cuts the DAAT will be meeting with service providers to discuss the implication of the cuts in terms of service provision.

The DAAT will be celebrating Dawali in November which will provide people, their family and friends and partner agencies to learn more about the significance of this ceremony.

There has currently not been any guidance with regards to the development of adult or young people's treatment plans from the National Treatment Agency. However work will be undertaken to revise both needs assessments to inform the joint commissioning of future services.

All three Berkshire East DAAT's will be involved in a General Practitioners Refresher Event in October. This event will seek to recruit new GP's to the Shared Care scheme in order to reduce the reliance on the Specialist and Community Prescribing services located at New Hope which would also reduce the cost of these services.

The Berkshire East Models of Care document contains all of the referral pathways, screening and assessment tools. This has recently been revised and service providers will attend sessions in November to ensure that they are all fully conversant on all of the documents are able to use them correctly to reduce errors.

DAAT managers will attend regional heat of the health and social care awards where they have been shortlisted for an award

## **Performance and Resources**

### *ICT*

The next phase of work to introduce Personalisation to the IAS system has started and a draft Business Case will be discussed at the next Project Board.

We are moving closer to resolving some of the issues we have experienced over the last few months in producing the management reports that are required by the business, and feel confident that we will have a working solution in the few months.

The next quarter will also see the start of two projects: E-Invoicing and Mobile Financial Assessments both will introduce good use of technology to help improve the productivity for finance staff.

### *Finance*

On-going detailed monitoring of the 2010-11 budget will be required to ensure that appropriate measures have been implemented to ensure the Council's budget does not over spend following the in-year grant reductions and also to establish that other spending plans remain on budget. Preparations for the 2011-12 budget requirement should be finalised in advance of the public consultation on proposed changes that will be undertaken at the end of the year.

Work will also be ongoing around the extension of self directed support, where in particular, work will continue of the development and testing of the Resource Allocation System required for personalised budgets. Further systems developments will also be investigated around the new Adult Social Care IT system with e-invoicing the next key application to be assessed.

### *Human Resources*

Key areas for HR during quarter 3 will be supporting the department through any potential staffing changes resulting from the budget reductions, and reviewing the CRB arrangements and await developments regarding the introduction of the Vetting and Barring Scheme.

The team will also be undertaking the Health Check as detailed under the Social Care Task force recommendations, continuing to support the council's job evaluation project and undertaking refocus work on the development of the adult workforce strategy.

### *Performance & Governance*

Performance & Governance continue to work with suppliers, testing data etc to ensure requirements for year end returns can be met, further development of systems and processes to support the need to provide ad hoc reports and performance information.

The team also continue to monitor and evaluate the national performance framework in relation to performance and improvement, and work to determine the way in which this will manifest locally and to understand the impact upon the department.

## Annex A: Staffing information

### Staffing Levels

Section	Establishment Posts	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
Management Team	7	7	0	7	0	0
Older People and Long Term Conditions	194	103	100	126.25	14	9.9
Adults and Joint Commissioning	134	102	32	94.78	1	1.04
Performance & Resources	97	57	36	78.44	3	3.68
<b>Department Totals</b>	<b>439</b>	<b>269</b>	<b>168</b>	<b>310.47</b>	<b>18</b>	<b>5.47</b>

### Staff Turnover

For the quarter ending	30 September 2010	4.11
For the year ending	31 March 2010	12.9

<i>Comparator Data</i>	
<i>Total turnover for Bracknell Forest Council 2009/10</i>	<i>13.31% (excluding schools)</i>
<i>Median turnover for all employers 1 Jan to 31 Dec 2009</i>	<i>13.5%</i>
<i>Median turnover public services 1 Jan to 31 Dec 2009</i>	<i>8.6%</i>

(Source: Chartered Institute of Personnel and Development Survey 2010)

## Sickness Absence

### Staff Sickness

Section	Total staff	Number of days sickness	Quarter 2 average per employee	2010/11 projected annual average per employee
Directorate	8	10	1.25	4.375
Older People and Long Term Conditions	203	511	2.51	8.4
Adults and Joint Commissioning	134	172	1.28	6.76
Performance & Resources	93	101	1.08	4.3
<b>Department Totals (Q2)</b>	<b>437</b>	<b>794</b>	<b>1.81</b>	
<b>Projected Totals (10/11)</b>	<b>437</b>	<b>3,047</b>		<b>5.96</b>

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



## Annex B: Financial information

### Annex B1

ADULT SOCIAL CARE AND HEALTH DEPARTMENT - AUGUST 2010									
	Original Cash Budget	Virements & Budget C/Fwds	NOTE	Current Approved Budget	Spend to Date %	Variance Over/(Under) Spend	Variance This period	NOTE	Variance reported last period
	£000	£000		£000	%	£000	£000		£000
<b>ADULT SOCIAL CARE AND HEALTH DEPARTMENT</b>									
<b>Director</b>	551	139	a, b	691	-11%	0	0		0
	<b>551</b>	<b>139</b>		<b>691</b>	<b>-11%</b>	<b>0</b>	<b>0</b>		<b>0</b>
<b>CO - Adults and Commissioning</b>									
Mental Health	1,904	-76	a	1,828	31%	-97	-97	1	0
Learning Disability	7,656	-633	a	7,023	-46%	-838	-838	2	0
Specialist Strategy	0	159		159	25%	0	0		0
Joint Commissioning	434	-67	b	367	40%	33	33	3	0
	<b>9,994</b>	<b>-617</b>		<b>9,377</b>	<b>-26%</b>	<b>-902</b>	<b>-902</b>		<b>0</b>
<b>CO - Older People and Long Term Conditions</b>									
Long Term Conditions	2,083	11	d	2,094	46%	0	0		0
Older People	6,618	-34	a, b	6,584	36%	0	0		0
Intermediate Care	2,116	-1,756	c	360	61%	90	90	4	0
Community Response and Reablement - Pooled Budget	0	1,583	c	1,583	44%	0	0		0
Community Support	745	-12		733	38%	0	0		0
Emergency Duty Team	0	35	c	35	161%	0	0		0
Drugs Action Team	94	-7	b	87	-767%	0	0		0
	<b>11,656</b>	<b>-180</b>		<b>11,476</b>	<b>34%</b>	<b>90</b>	<b>90</b>		<b>0</b>
<b>CO - Performance and Resources</b>									
Leadership Team and Support	225	0		225	0%	0	0		0
Information Technology Team	208	-1		207	28%	-55	-55	5	0
Property and Admissions	182	0		182	19%	-25	-25	5	0
Performance and Governance	192	-3		189	6%	0	0		0
Finance Team	531	4		535	39%	0	0		0
Human Resources Team	149	0		149	30%	0	0		0
	<b>1,487</b>	<b>0</b>		<b>1,487</b>	<b>24%</b>	<b>-80</b>	<b>-80</b>		<b>0</b>
<b>TOTAL ASC&amp;H DEPARTMENT CASH BUDGET</b>	<b>23,688</b>	<b>-658</b>		<b>23,031</b>	<b>7%</b>	<b>-892</b>	<b>-892</b>		<b>0</b>
<b>TOTAL RECHARGES &amp; ACCOUNTING ADJUSTMENTS</b>	<b>2,379</b>	<b>0</b>		<b>2,379</b>	<b>0%</b>	<b>0</b>	<b>0</b>		<b>0</b>
<b>GRAND TOTAL ASC&amp;H DEPARTMENT</b>	<b>26,067</b>	<b>-658</b>		<b>25,410</b>	<b>7%</b>	<b>-892</b>	<b>-892</b>		<b>0</b>
<b>Memorandum items:</b>									
Devolved Staffing Budget				10,850		-2	-2		0

## Adult Social Care and Health Virements and Budget Carry Forwards

Note	Total	Explanation
	£'000	
		<b><u>DEPARTMENTAL CASH BUDGET</u></b>
	-463	Total reported last period
		<b><u>In-year grant reductions</u></b>
		Savings agreed as a result of in-year reductions to government grant support have now been allocated against relevant budgets.
a	-107	Savings against Area Based Grants
b	-114	Savings against unringfenced specific grants
		<b><u>House keeping virements</u></b>
c	0	A small number of net nil effect virements are proposed to align budgets to new year spending plans.
		<b><u>Structural Changes Fund</u></b>
d	26	The Employment Committee has agreed that redundancies arising from the closure of Downside Resource Centre would be met from the Structural Changes Fund. These have now been confirmed at £0.026m.
	<b>-658</b>	<b>Total</b>
		<b><u>DEPARTMENTAL NON-CASH BUDGET</u></b>
	0	No changes to report
	<b>0</b>	<b>Total</b>

## Adult Social Care and Health Budget Variances

Note	Reported variance £'000	Explanation
		<b><u>DEPARTMENTAL BUDGET</u></b>
		<b><u>CO - Adults and Joint Commissioning</u></b>
1	-97	There are two variances forecast within Mental Health. A saving of £0.057m will be achieved through the termination of the Berkshire Joint Arrangement for the 'Cascade' service which supports those with drugs or alcohol addiction. This will now be provided at reduced cost through an East Berkshire Joint Commissioning arrangement for which BFC has the lead. A £0.040m saving is also anticipated on residential placements due to a mixture of changes in support packages and people moving to lower cost supported living arrangements due to changed support needs.
2	-838	<p>Current forecast spend for supporting people with Learning Disabilities is for a £0.838m under spend. The main reasons for the variance include the following: 1) Continuing Health Care funding being agreed by the PCT. This has reduced costs by a net £0.467m since the start of the financial year, with 7 new funding agreements and 2 people where funding has been withdrawn. This includes all known funding decisions at this date but the Department cannot rule out significant changes in costs from CHC funding decisions that will be made later in the year.</p> <p>2) The second significant change in costs relates to changes in the level of support to those who live in the community or in residential care. There have been complex changes for a large number of people who have been supported, including the deregistration of a number of homes and increased support within the community and current estimates are of a £0.230m reduction.</p> <p>3) There is also a variance forecast on the DSB of £0.095m which is as a result of reduced costs within in house services (providing both short term residential care and non residential support). 4) People who no longer require a service, which has reduced costs by £0.046m.</p> <p>Within the cost forecast, an allowance has been made for potential future cost increases arising for example from people where responsibility has transferred from children's social care or who are currently supported by informal carers but there is a probability that this will not be sustained. This allowance is subject to change, as the costs and the precise timing of care arrangements that are put in place become confirmed.</p>

<b>Note</b>	<b>Reported variance</b>	<b>Explanation</b>
	<b>£'000</b>	
<b>3</b>	<b>33</b>	In order to be able to develop a single data base across the Council to hold key data, Corporate Management Team has agreed that a part time Data Hub Officer post be recruited.  <b>CO - Older People and Long Term Conditions</b>
<b>4</b>	<b>90</b>	Intermediate Care budgets are forecast to over spend by £0.090m which principally relates to in house residential care. There is a forecast £0.065m over spend on the DSB that has occurred as a result of the requirement to engage additional sessional staff to cover absences arising from maternity leave, sickness or other absence. In addition contributions from residents show a reduction of £0.025m compared to the amount assumed in the budget due to a change in the financial profile of clients.  <b>CO - Performance and Resources</b>
<b>5</b>	<b>-80</b>	There are 2 anticipated variances in Performance and Resources. There will be a £0.055m saving against license and maintenance fees associated with the new Integrated Adults System as the timing of the final contract results in the 2010-11 fees being charged to the capital budget when it was originally anticipated that this would be funded from revenue. The second expenditure reduction relates to the building maintenance budget, where the closure of Downside Resource Centre and strict management of the budget is expected to reduce spend by £0.025m.
	<b>-892</b>	<b>Grand Total Departmental Budget</b>
	<b>0</b>	<b><u>DEPARTMENTAL NON-CASH BUDGET</u></b>  No variances to report
	<b>0</b>	<b>Grand Total Departmental Non-Cash Budget</b>

Annex B4

Adult Social Care and Health Capital Monitoring  
2010-11 monitoring at 31 August 2010

Cost Centre Description	Total Budget (£'000)	Cash Budget 2010/11 (£'000)	Expenditure to date (£'000)	Current Commitment (£'000)	Cash Budget 2011/12 (£'000)	(Under) / Over Spend against approved budget (£'000)	Key Target for 31 March	Current status of the project including changes to Cash Profile
<b>Schemes commenced prior to 2010/11</b>								
ASC - Care Management Replacement Programme	327.6	280.0	123.9	45.7	47.6	0.0	Fully operational	Core live system operational. Further modules to be implemented.
Adult Social Care IT Infrastructure	69.0	50.0	0.0	0.0	19.0	0.0	In progress.	N3 Connection and CAF for Adults implementation in progress
<b>ICT projects</b>	<b>396.6</b>	<b>330.0</b>	<b>123.9</b>	<b>45.7</b>	<b>66.6</b>	<b>0.0</b>		

CAPITAL PROGRAMME - DEPT CONTROLLED [schemes b/fwd from prior year(s)]	Total Budget (£'000)	Cash Budget 2010/11 (£'000)	Expenditure to date (£'000)	Current Commitment (£'000)	Cash Budget 2011/12 (£'000)	(Under) / Over Spend against approved budget (£'000)
	396.6	330.0	123.9	45.7	66.6	0.0

Percentages 31.2% 11.5% 0.0%

Schemes commenced 2010/11 and rolling programmes	Total Budget (£'000)	Cash Budget 2010/11 (£'000)	Expenditure to date (£'000)	Current Commitment (£'000)	Cash Budget 2011/12 (£'000)	(Under) / Over Spend against approved budget (£'000)	Key Target for 31 March	Current status of the project including changes to Cash Profile
Improving the Care Home Environment	6.4	6.4	0.0	0.0	0.0	0.0	In progress.	Spending plan in place.
Carers Accommodation Strategy	335.0	335.0	0.0	0.0	0.0	0.0	Underway	Under review. Linked to Council accommodation strategy
Transforming Adult Social Care Grant	44.0	44.0	0.0	0.0	0.0	0.0	Underway	Projects being evaluated
Care Housing Grant	20.0	20.0	0.0	0.0	0.0	0.0	Underway	Projects being evaluated
Mental Health Grant	189.2	110.0	3.1	0.0	79.2	0.0	In progress.	Spending plan in place.
Social Care Grant	130.1	90.0	24.2	0.5	40.1	0.0	In progress.	Spending plan in place.
Improvements and capitalised repairs	4.7	4.7	4.7	0.0	0.0	0.0	Complete.	Complete.
<b>Adult Social Services</b>	<b>729.4</b>	<b>610.1</b>	<b>32.1</b>	<b>0.5</b>	<b>119.3</b>	<b>0.0</b>		

CAPITAL PROGRAMME - DEPT CONTROLLED [current year schemes]	Total Budget (£'000)	Cash Budget 2010/11 (£'000)	Expenditure to date (£'000)	Current Commitment (£'000)	Cash Budget 2011/12 (£'000)	(Under) / Over Spend against approved budget (£'000)
	729.4	610.1	32.1	0.5	119.3	0.0

Percentages 5.3% 0.1% 0.0%

CAPITAL PROGRAMME - DEPT CONTROLLED [all schemes]	Total Budget (£'000)	Cash Budget 2010/11 (£'000)	Expenditure to date (£'000)	Current Commitment (£'000)	Cash Budget 2011/12 (£'000)	(Under) / Over Spend against approved budget (£'000)
	1,126.0	940.1	155.9	46.2	185.9	0.0

Percentages 13.8% 4.1% 0.0%

## Annex C: Progress on Service Plan Actions

MTO5 - To improve health and wellbeing within the borough				
Detailed Action	Due Date	Owner Status	Last Updated	Comments
<b>5.1 Developing and implementing a comprehensive health strategy for the Borough with partners, which identifies clear priorities and actions to address local health inequalities, and to improve health and well-being</b>				
5.1.1 Refresh the Health and Well Being Strategy	30/09/2010	ASCH	✓	Work on this is being held given the changes outlined by the new Government and the potential new role for Local Authorities in Health and Well Being. The Director is working with the Portfolio Holder, Colleagues and Health Staff to look at the implications of the Health White Paper.
5.1.2 Work to ensure that vulnerable people can use the same facilities and services in the community as everyone else can, to help them to have a good quality of life.	31/03/2011	ASCH	✓	The Development Liaison Group, Community Capacity Group and the Commissioning Workstream have action plans which detail developments for the current financial year. A meeting is planned in October to look at the workstreams and make recommendations for future developments and leads.
5.1.3 Support the work of the voluntary sector; looking at new ways for voluntary sector to improve people's lives	30/09/2010	ASCH	✓	Increased capacity has been developed within the voluntary sector and people are using personal budgets to access community facilities
5.1.4 There will be a range of leisure, educational and social opportunities accessible to all people who are supported by Adult Social Care and Health	31/03/2011	ASCH	✓	The Development Liaison Group and the Community Capacity Group have action plans which detail developments for the current financial year, which is the last year of the Social Care Reform Grant and the personalisation programme of work.
5.1.5 Work with the NHS to make psychological therapies more available	31/12/2010	ASCH	✓	The talking therapy service is now accepting self referral; they are offering a group programme on psychological wellbeing particularly relating to work related stress. 10 week Psycho education programme for carers who have a family member experiencing a first episode of psychosis. Staff currently undertaking a mindfulness training programme and will be delivering group sessions from November. World mental health day focusing on the link between physical health and mental health and encouraging regular health checks.
<b>5.2 Working with health partners to secure more outpatient, diagnostic and secondary health facilities in the borough</b>				
5.2.1 Review options with the NHS Berkshire East to	31/03/2011	ASCH	✓	Work is on going in respect of the Healthspace and further

improve access to and increase provision of health facilities in the Borough, and improved Accident and Emergency					discussions are being held with Primary Care Commissioners. More detail is expected in Quarter 3
5.2.2 Development of an End of Life Strategy with NHS Berkshire East	31/12/2010	ASCH	✓		Established multi agency working group has developed an end of life pathway and funding will be allocated to enable Intermediate Care Services to support end of life care and support.
<b>5.7 Enabling more people to remain in their own homes through the use of Telecare</b>					
5.7.1 Maximise people's independence by promoting the use of assistive technology and equipment	31/07/2010	ASCH	✓		Two flats within a local sheltered Housing Complex have been fitted with extensive Assistive Technology, this continues to be a popular resource which promotes independence. This service enables people the opportunity of experiencing sheltered housing to assist with decision making.
<b>5.8 Producing an annual Joint Strategic Needs Analysis to influence LAA and outcomes for Borough residents</b>					
5.8.1 Ensure JSNA is refreshed annually	31/12/2010	ASCH	✓		JSNA on target for refresh by Autumn. Director chairing Bracknell group with responsibility for update. testing
5.8.2 Undertake a programme of consultation with Older People which will feed into the delivery of an Older People accommodation strategy	30/09/2010	ASCH	✓		consultation complete
5.8.3 Implement the outcomes of transforming Community services with specific emphasis on Urgent Care, End of Life Care and Stroke Rehabilitation	31/03/2011	ASCH	✓		Steering group and project group meet on a monthly basis to drive forward this initiative, with an implementation date of October 2010. Enhanced Intermediate care go live date 1st October 2010.
<b>MT07 - To seek to ensure that every resident feels included and able to access the services they need</b>					
<b>Detailed Action</b>	<b>Due Date</b>	<b>Owner/Status</b>	<b>Last Updated</b>	<b>Comments</b>	
<b>7.10 Implementing the Bracknell Forest Partnership Community Engagement Strategy to engage with residents to shape service provision and develop communities</b>					
7.10.11 Implement the actions in the Bracknell Forest Partnership Community Engagement Strategy due for completion in 2010/11 and ensure actions for future years are progressed (Adult Social Care and Health)	31/03/2011	ASCH	✓		All actions being implemented.
7.10.3 Review the structure role and purpose of the main forums for older people	31/07/2010	ASCH	✓		Achieved. New OP Themed Partnership established alongside OP Forum. Additionally there is the Over 50s Forum and the work of the OP Champion.



7.10.4 To make information made available to the public including all individuals currently supported and all local stakeholders about the transformation agenda and its benefits for them	30/04/2010	ASCH	✓	An information pack has been developed and will be available to people to support the roll out of personal budgets. This will complement the DVD that is available. The Information Hub is live on BORIS for testing. People will be able to access the hub via the internet in October.
7.10.5 To ensure that local people understand the changes and about personal budgets, and that many are contributing to the development of local practice	31/10/2010	ASCH	✓	An Information and Advice Strategy has been approved and is in place. The Council has recently completed an ADASS survey on the development of the Resource Allocation System which included collecting the views of people who have been through the personalisation process and have personalised support arrangements in place.
7.10.6 Develop a User Led Organisation which is directly contributing to the transformation to personal budgets	31/12/2010	ASCH	✓	The Department of Health have set a target that a ULO must be in the process of being set up by December 2010. New Support Horizons have been chosen to support the development of a ULO in Bracknell.
7.10.7 Arrangements for access to universal information and advice services are in place	31/10/2010	ASCH	✓	An Information and advice strategy has been approved and is in place.
<b>7.5 Implementing a Disability Equality Scheme, Gender Equality Scheme and Race Equality Scheme</b>				
7.5.2 Meet the cultural needs and expectations of older people, particularly those from Black and Minority Ethnic Groups	31/03/2011	ASCH	✓	Work in progress with BFVA (Minority Alliance Group) to identify hard to reach groups. Representatives to be invited to join strategy groups. This issue will also be addressed through the Older Persons Strategy and Older Peoples Partnership Board.
7.5.7 Implement the Disability, Race and Gender Equality Schemes actions due for completion in 2010/11 and progress those actions due for completion in later years (Adult Social Care and Health)	31/03/2011	ASCH	✓	Scheme actions being implemented.
<b>7.6 Increasing access to services by electronic means</b>				
7.6.1 Enhance the Council's website to create links for vulnerable people which would also help publicise events and could facilitate research into what people want to do who are supported by Adult Social Care & Health	31/12/2010	ASCH	✓	The Council's website is currently being revised - this will include information regarding Adult Social Care and Health.
<b>7.7 Implementing the Community Cohesion Strategy to give people a sense of belonging and identity as members of their community</b>				
7.7.11 Implement actions in 'All of us' Community cohesion Strategy (Adult Social Care and Health)	31/03/2011	ASCH	✓	All actions being implemented.



<b>7.8 Working within the Bracknell Forest Partnership to show continuous improvement in equalities and diversity in the Council and its services, and work towards attaining the 'Achieving' level of the Equality Framework</b>						
<b>Detailed Action</b>	<b>Due Date</b>	<b>Owner</b>	<b>Status</b>	<b>Last Updated</b>	<b>Comments</b>	
7.8.12 Conduct Equality Impact Assessments (EIAs) for new services, strategies and policies and review existing EIAs as part of a rolling three year programme, ensuring all actions resulting from these are built into team/business workplans (Adult Social Care and Health)	31/03/2011	ASCH	✓		On target and ongoing	
7.8.16 Ensure all EIA actions for 2010/11 are implemented and actions for future years progressed (Adult Social Care and Health)	31/03/2011	ASCH	✓		All actions being implemented	
7.8.20 Improve equality monitoring to provide better information on access to and take up of services by different parts of the community (Adult Social Care and Health)	31/03/2011	ASCH	✓		Equality monitoring framework being developed	
<b>MT08 - To reduce crime and increase people's sense of safety in the borough</b>						
<b>Detailed Action</b>	<b>Due Date</b>	<b>Owner</b>	<b>Status</b>	<b>Last Updated</b>	<b>Comments</b>	
<b>8.5 Reducing the number of people, particularly young people, abusing drugs and alcohol</b>						
8.5.1 Promote smoking awareness and cessation initiatives delivered by the PCT	31/03/2011	ASCH	✓		Council staff have been working with the PCT Stop Smoking Service in running evening clinics at Bracknell Leisure Centre; a weekly drop in at Bracknell College; workshops at Sandhurst Secondary School and a drop in at Rowan's Children's Centre	
8.5.2 Work with the Berkshire East PCT to promote prevention and support initiatives including educational awareness of the harmful effects of substance and alcohol misuse.	31/03/2011	ASCH	✓		Information provided to parents in respect of substance misuse. Awareness raising sessions requested by schools will be delivered. Awareness raising session arranged at Royal Military Achedemy, Sandhurst. Increased involvement with FSA has improved awareness within schools	
8.5.3 Increase the number of drug misusing clients retained in treatment for 12 weeks or more	31/03/2011	ASCH	✓		132 people in effective treatment in quarter 1 which equates to 83%	
8.5.4 Reduce the number of clients leaving treatment in an unplanned way	31/03/2011	ASCH	✓		Quarter 1 data not yet available. Will be published by the National Treatment Agency at the beginning of August. 41% of clients left treatment in a planned way in quarter 1	
8.5.5 Ensure that local services have sufficient capacity	31/03/2011	ASCH	✓		Services have been commissioned to take into account the	

to meet local needs in terms of drug and alcohol treatment					findings of the annual needs assessment. Needs assessment to be reviewed based on data from 2009/10
8.5.6 Work with NHS Berkshire East to identify funding for inpatient detoxification services for residents who are dependent on alcohol	31/03/2011	ASCH	✓		Funding has been identified and block contract agreed with preferred supplier. Placements have been made and there have been successful completions. 26 places available for financial year with additional funding if capacity is reached.
<b>8.9 Increasing awareness of 'safeguarding adults' issues for vulnerable people and the wider public</b>					
8.9.1 Review contracting arrangements to ensure that they appropriately reflect safeguarding requirements and are in line with SU1 guidance	31/03/2011	ASCH	✓		A 'Commissioning for Adult Safeguarding Group' has been established and meets quarterly. The purpose of the group is to use contracts and commissioning processes to ensure that adults are appropriately safeguarded when using services commissioned by the PCT and Unitary Authorities. A Serious Untoward Incident (SUI) Protocol has now been developed and has been presented to Safeguarding Adults Partnership Boards this year.
8.9.2 Work with CDRP colleagues to ensure that ASBO policy reflects Safeguarding issues	30/06/2010	ASCH	✓		The ASBO Policy is currently being updated and is to include safeguarding issues> This work is still in progress.
8.9.3 Review the ToR and membership of Safeguarding Adults Partnership Board, giving consideration to the option of engaging an independent chair.	31/03/2011	ASCH	✓		The membership of the Safeguarding Adults Partnership Board has been scrutinised and is now attended by representatives of The DWP and Berkshire Care Association.
8.9.4 Review Care Governance Protocols	31/07/2010	ASCH	✓		The Care Governance Board protocols have now been reviewed and revised. care Providers within Bracknell Forest and others who we commission are now aware. of the process
8.9.5 Manage/lead "Safe Place" project	31/12/2010	ASCH	✓		The Safe Place Scheme was successfully launched late July and is now running. Well over 100 local shops and community facilities have signed up to the scheme in the town centre and outlying areas.
8.9.6 Implement the audit plan to ensure that the Deprivation of Liberty Safeguards are being fully implemented in Bracknell.	31/07/2010	ASCH	✓		The first DoLS Newsletter has now been sent to Bracknell Forest care home providers along with the Bracknell Forest Guidance for receiving DoLS applications and a DoLS poster for information.
8.9.7 Hold Managing Authority conference	31/10/2010	ASCH	✓		An DoLS workshop/event is being planned for February 2011.
8.9.8 Lead on the implementation of the Vetting and Barring Scheme	30/11/2010	ASCH	✓		The Coalition Government is currently relooking at this scheme. It is therefore not yet ready to be implemented.

## MTO9 - To promote independence and choice for vulnerable adults and older people

Detailed Action	Due Date	Owner/Status	Last Updated	Comments
<b>9.1 Modernising services for vulnerable adults and older people by reducing reliance on residential care and improving access to community based services</b>				
9.1.1 Create more activities for frail older people, with transport linked to the activities	31/05/2010	ASCH	✓	Older people have received funding to enable them to purchase subscriptions to Keep mobile enabling independent use of transport which has supported increase use of community services and activities.
9.1.2 Co-ordinate more effectively the schemes for providing assistance to older residents with daily chores, house and garden maintenance	30/06/2010	ASCH	✓	The voluntary sector with the support of grant funding from the council provide a housework, shopping and maintenance service. Future opportunities will be available through the Time Banking scheme and the roll out of personalisation.
9.1.3 Make sure suitable housing is available for older people and that a range of different accommodation and support options are available.	31/03/2011	ASCH	✓	Consultation questions are being developed and will be achieved in Q2. Questionnaires will be distributed throughout Bracknell Forest and at a multitude of venues.
9.1.4 Review the provision of day opportunities and work in partnership with other agencies in the voluntary and independent sector	31/10/2010	ASCH	✓	Partnership working and increased funding to the voluntary sector has enabled an increase in day provision, which has been received positively by people who have attended Downside in the past.
<b>9.4 Providing advice and support to vulnerable people to help maintain them in their own homes</b>				
9.4.1 Co-ordinate a full review of EDT contract with regard to safeguarding, outcomes from Baby P enquiry and recommendations following Serious Case Reviews	31/03/2011	ASCH	✓	An options paper describing 3 EDT models of delivery has been developed and the project lead is awaiting feedback from all unitaries on their preferred option which will be written into a final paper for agreement.
<b>9.5 Providing support for carers through working with statutory and voluntary partners</b>				
9.5.1 Continue to increase the rate at which carers receive assessments or reviews	31/03/2011	ASCH	✓	A selection of GP surgeries have agreed to pilot the issuing of information packs and carers self assessments to known carers and newly identified carers in their surgery. A self addressed envelope is provided directing the self assessments to Adult Social Care for action. It is anticipated this will increase the amount of carers receiving an assessment or review.
9.5.2 Implement the Dementia Care Adviser role, following DH funding	31/03/2011	ASCH	✓	The Dementia Care Adviser Role is working with our statutory and voluntary partners, families and carers. The advisor is

						delivering the service following the Department of Health guidance, ie, working with people who have been newly diagnosed with dementia, who do not yet have involvement from any other professionals in relation to this. Funding for this role ends in March 2011 and, with the 25% carryover, it is estimated that we can continue to fund the post until June 2011. Marilyn Kemp is currently in negotiations with The Alzheimer's Society, the PCT and BHFT to try to secure shared funding to enable the post to continue. This may mean that the job description will need to change slightly to ensure that it meets the requirements of all Partners involved in funding the post.
<b>9.7 Implementing the Borough-wide Strategy for Older People</b>						
9.7.1 Promote use of supported self-directed assessments	31/03/2011	ASCH	✓			Care managers have received training and roll out of personalisation planned for the 1st October will ensure that staff promote and offer supported self-directed assessments to all who access Adult Social Care and their carers.
<b>9.8 Implementing the Council's approach to personalisation by supporting all people who are eligible for support from the Council, to have and use, an individual budget, and to support from the Council, to have and use, an individual budget, and to support the development of community based opportunities</b>						
9.8.1 Evaluate the personalisation pilot and develop recommendation for the roll out of personalised support across ASC	31/05/2010	ASCH	✓			The pilot has been evaluated, and detailed action plans for addressing the recommendations developed. These will be out to the Programme Board for approval on 29th July.
9.8.2 That all new individuals and existing people supported by Adult Social Care are offered a personal budget	31/10/2010	ASCH	✓			The plans for roll out are in place and all new and existing people at review will be offered a personal budget from October 2010.
9.8.3 That processes are in place to monitor across the whole system the impact in investment towards preventative and enabling services.	31/10/2010	ASCH	✓			During roll out, people who have a period of reablement will complete a Supported Self Assessment Questionnaire before and after the period of reablement to assess the impact. This will be reviewed in November.
9.8.4 Implement a project in partnership with the Princess Royal Trust to support people to join the LETS scheme	30/04/2010	ASCH	✓			The Timebank Development Officer is in post and has begun to recruit individuals. A campaign to attract staff to the scheme will be launched on BORIS in October.
9.8.5 Host a provider workshop in partnership with BFVA to ensure that providers and third sector organisations are clear on how they can respond to the needs of people using personal budgets	31/10/2010	ASCH	✓			Completed. Workshop held in July 2010.


9.8.6 A Fairer Contributions Policy is approved by the Council's Executive which supports Personalisation	30/06/2010	ASCH	✓	Achieved.
<b>MTO10 - To be accountable and provide excellent value for money</b>				
<b>Detailed Action</b>	<b>Due Date</b>	<b>Owner</b>	<b>Status</b>	<b>Comments</b>
<b>10.4 Working effectively with partners to improve the quality of life in the Borough</b>				
10.4.8 Work with NHS Berkshire East to maximise the Council's influence in shaping services, such as the Healthspace	31/03/2011	ASCH	✓	Relevant working groups have been allocated to key managers reflecting the nature of the groups. Examples include: Transforming Community Health Services, Unscheduled Care, Intermediate Care, Delayed Discharges etc
10.4.9 Implement a joint complaints procedure with the NHS	31/07/2010	ASCH	✓	Bracknell Forest have published a new complaints procedure which responds to the national complaints arrangements valid from 2009/10. The complaints procedure outlines the integrated approach with health.
<b>10.5 Implementing the priority areas of the Service Efficiency Strategy to deliver savings and improve service operation</b>				
10.5.1 Introduce new commissioning arrangements for Domiciliary Care (older people)	31/05/2010	ASCH	✓	New commissioning arrangements are now in place
10.5.2 Conclude consultation on modernisation of day care for older people and prepare options for future	31/07/2010	ASCH	✓	Consultation concluded recommendations are in process of implementation
<b>10.7 Ensuring all council services provide value for money and make effective use of resources</b>				
10.7.11 Record evidence that the carer's grant is used to effectively ensure equity for all of Bracknell Forest's population	31/05/2010	ASCH	✓	Quarterly monitoring information received from BFVA which is scrutinised by Chief Officer identifying which care groups, community and hard to reach groups need to be targeted.
<b>10.8 Ensure staff are in place with the right skills and capacity to deliver service outcomes and maximise service efficiency</b>				
10.8.2 Review the recruitment and retention practices to ensure staff are in place with the relevant skills to deliver service outcomes	31/03/2011	ASCH	✓	Strategies have been implemented to provide support for service areas who are experiencing difficulties in recruitment and retention. Currently reviewing the recruitment incentives available for headteacher recruitment.
10.8.3 Review the workforce implications of personalisation to ensure the workforce are appropriately developed and trained to deliver services effectively	31/03/2011	ASCH	✓	The Workforce Workstream has been established to ensure employees are appropriately skilled to deliver personalised services.







10.8.4 Develop a specialist worker role for people who are deafblind in accordance with the guidance in LAC(2007)8 Social Care for Deafblind Children and Adults	31/03/2011	ASCH	✓		This action requires the co-operation of other Berkshire authorities to make it economically viable for Bracknell. The discussions with other LAs have yet to be concluded.
<b>MTO12 - To promote workforce skills</b>					
<b>Detailed Action</b>	<b>Due Date</b>	<b>Owner</b>	<b>Status</b>	<b>Last Updated</b>	<b>Comments</b>
<b>12.1 Contributing to the development of an appropriately skilled workforce through Adult and Community Learning</b>					
12.1.1 Increase the number of lowest skilled adults, non-employed and under-employed adults to access learning, training and employability skills focussing on 50+ age group, carers, long parents, adults with mental health problems, disabilities and learning difficulties	31/03/2011	ASCH	✓		We have implemented the use of the Recovery Star as a method of identifying support required to enable intervals to access education, training and employment. This is used across both statutory and voluntary services. Training is being offered to assist staff in supporting individuals in maximising benefits whilst they move into paid employment.
12.1.2 Maximise income for vulnerable people through access to employment or benefit maximisation	31/03/2011	ASCH	✓		Work is ongoing to develop and secure employment for all individuals through work preparation services, links with employment agencies, and the Jobs and Homes initiative. All people receiving services have a financial assessment which ensures they apply for all applicable benefits, including ILF.
12.1.3 Continue to help people with learning disability to secure employment	31/03/2011	ASCH	✓		Support to help people with learning disabilities to secure employment is ongoing through the jobs and homes pilot action plan. In addition an employment plan is being developed by Officers and members of the Learning Disability Partnership Board to build on the progress thus far and to also create more opportunities. The new business plan the Green Machine has developed is being implemented and should continue to maintain and create new opportunities even in a difficult economic climate.
12.1.4 Establish Steering Group for PSA16 Innovation Fund Project and implementation plan	30/04/2010	ASCH	✓		Both have been established
12.1.5 Develop Implementation Plan for IPSA16 Innovation Fund project	30/04/2010	ASCH	✓		This has been established and agreed.




## Annex C: Progress on performance indicators

Wednesday, November 10, 2010

Indicator Ref	Measure	Responsible Officer	Current Actual	Current Target	Previous Actual	Comment & Improvement Action	Data Validation Status	MTO
NI125	Achieving independence for older people through rehabilitation or intermediate care (Annually)	Sally Palmer	n/a	n/a	89.4%	n/a New guidelines issued by the government show that discharges require collation from 1 October (rather than 1 July as previously indicated) - we will therefore be monitoring status from the beginning of January.	Not required	MTO 09 - To promote independence and choice for vulnerable adults and older people
NI139	The extent to which older people receive the support they need to live independently at home (Biennially (every two years))	Mira Haynes	25	n/a	25	n/a This indicator is measured every two years.	Not required	MTO 09 - To promote independence and choice for vulnerable adults and older people
NI 131	Delayed Transfers of Care	Mira Haynes	4.32	n/a	2.39	 Performance of delays continues to be strong. There are some challenges around continued reporting of this	Signed off	

									indicator due to a removal of weekly NHS updates. We are looking into how we can resolve this.		
NI145	Adults with learning disabilities in settled accommodation (Annually)	Nick Ireland	83.3%	n/a	74.61%		Performance for this indicator is good.	Signed off	MTO 09 - To promote independence and choice for vulnerable adults and older people		
NI 132	Waiting Times for Assessments	Glyn Jones	n/a	n/a	92.2%	n/a	We are having challenges around the reporting accurate data for this indicator and anticipate reporting in next quarter.	Signed off			
NI 133	Waiting times for Services	Glyn Jones	90.2%	n/a	94.8%		Performance is on a par with last year and is strong.	Signed off			
NI 130	Self Directed Support	Zoe Johnstone	13.9%	30%	16%		Personalisation milestones have been achieved and we expect performance to improve month on month as the service is rolled out.	Signed off			
NI146	Adults with learning disabilities in employment	Nick Ireland	15.00%	14.6%	14.6%		Current performance is over targets and	Signed off	MTO 09 - To promote independence and choice for vulnerable		



	(Annually)							therefore strong.		adults and older people
NI149	Adults receiving secondary mental health services in settled accommodation (Annually)	Tony Dwyer	96%	n/a	86.2%		This represents strong performance for this indicator.	Signed off	MTO 09 - To promote independence and choice for vulnerable adults and older people	
NI150	Adults receiving secondary mental health services in employment (Annually)	Tony Dwyer	19%	n/a	15%		Current performance of this indicator is in better than last year's outturn of 15% and represents good performance.	Signed off	MTO 09 - To promote independence and choice for vulnerable adults and older people	
NI040	Number of drug users recorded as being in effective treatment (More frequently than quarterly)	Jillian Hunt	181 people	146 people	160 (July 9/10)		The latest data available (April 2010) shows 181 people being in effective treatment as a rolling 12 month figure. This exceeds the target of 146 people across 2010/11 by 35 people and represents good performance.	Signed Off	MTO 05 - To improve health and wellbeing within the borough	

## Annex D: Corporate strategic risks owned by Director of Adult Social Care & Health

RISK SHORT NAME	LINK TO MITOS	RISK SCORE	ACTION ALREADY IN PLACE	FURTHER ACTION TO ADDRESS RISK	TARGET DATE	PROGRESS ON FURTHER ACTION TO ADDRESS RISK	COMMENTARY
Demand led services	5, 6, 7 & 9	B2	<p><u>Older People</u></p> <ul style="list-style-type: none"> <li>Purchasing Plan for Older People's Health and Social Care sets out the assumptions and approach to delivery of services. This includes estimates of population ages through to 2025 based on ages of current population to determine demand for services. This includes projections of numbers of people requiring residential care places. Extra – care housing, support at home, etc.</li> </ul>	<p><u>Older People</u></p> <ul style="list-style-type: none"> <li>Projections in Purchasing Plan for Older People to be updated annually</li> </ul> <p><u>Mental Health</u></p> <p>Economic downturn could impact on numbers of residents with mental health issues and increase level of domestic abuse. Demand levels are being monitored.</p>	Ongoing	<p>✓ Monitoring demand at Performance Board and Budget Monitoring.</p>	<p>Demand levels appear to be broadly consistent with previously anticipated projections.</p> <p>Monitoring continues and no further mitigation needed.</p>

<p>Transforming Adult Social Care risks (main risks are not enough people in the community wanting to be part of the Transforming pilot, over commitment of staff resources and RAS Allocations differing from assessment of needs</p>	<p>C4</p>	<p><u>Transforming Adult Social Care</u>  Communication strategy being reviewed including development of promotional DVD and holding an event with families, recruitment to the staff champion role from existing teams. To address staff resource risk, monitoring of progress/delays and escalate difficulties to Programme Board as appropriate. To address RAS, desktop exercise followed by revisiting weightings  <u>People with Disabilities</u></p> <ul style="list-style-type: none"> <li>Transition Policy for People with Disabilities covers policy for young people with learning disabilities, disabilities or complex needs as they approach adulthood and responsibility moves from</li> </ul>	<p>Ongoing</p>	<p>Ongoing</p>	<p>✓ Department is now rolling out total programme.</p> <p>✓</p>	<p>Pilot was successful</p> <p>Monitoring ongoing.</p>
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				<p>Children's Services to Adult Community care Services.</p> <ul style="list-style-type: none"> <li>Impact of transition on budgets considered at DMT as part of budget pressures discussions.</li> </ul> <p><u>Packages of Care</u></p> <p>Continued close monitoring of the revenue budget and projected costs around costed packages of care will remain in place. Early warning in relation to changes in demand and projected spend will be highlighted as soon as they become apparent.</p>				<p>All information considered by CMT as part of departmental pressures.</p>	<p>Undertaken for 2011/12 budget build.</p> <p>This is being done and reported in budget monitoring by DMT.</p>
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## Annex E: Operational Risk Factors

The following table shows all the operational risk factors listed on the 2010/11 Service Plan for Adult Social Care & Health. Progress on mitigation of these factors has previously been reported with Service Plan actions and indicators as part of the quarterly data set which is attached to PMRs. Paris, the Council's new performance management software, PARIS, is not yet configured to work with risks, so as an interim measure operational risk factors for Quarter 2 are reported here, in a separate annex.

Ref	Risk	Mitigation	Q2 update on progress	Q3 revised risk
<b>PRIORITY THREE: PROMOTING HEALTH AND ACHIEVEMENT</b>				
<b>MTO 5: Improve health and well being within the Borough.</b>				
5.1	Unable to agree priorities with partners.	Ensure relevant council staff are represented on key groups.	Achieved	
5.2	Transforming community health services and changing provider for community health services.	Engaging with PCT process, using position and service delivery to help influence.	Part of appropriate Boards. Working Group with Berkshire Healthcare Trust as part of this.	
<b>PRIORITY THREE: PROMOTING HEALTH AND ACHIEVEMENT</b>				
<b>PRIORITY FOUR: CREATE A BOROUGH WHERE PEOPLE ARE, AND FEEL, SAFE</b>				
<b>MTO 7: Seek to ensure that every residents feels included and able to access the services they need.</b>				
7.1	Non achievement of actions in 7.5.1 will restrict access to hard to reach groups.	Process of EIA will underpin this.		
<b>MTO 8: Reduce crime and increase people's sense of safety in the Borough.</b>				
8.1	Further delay in the implementation of the Vetting and Barring Scheme.	The national timetable will dictate the introduction to the scheme.	This has been delayed by new government.	
8.2	Internal recruitment processes not sufficiently in place for the scheme to	Working group established to ensure processes are ready. Guidance to be shared across workforce partners.	Action remains the same.	

	operate. (Relates to Action 8.9.8.)			
8.3	Lack of awareness of the scheme. (Relates to Action 8.9.8.)	Communications with internal workforce managers and through Safeguarding Adults Strategy Group. Presentations to voluntary sector.		
8.4	Failure to implement safeguarding and DOLS policy could put people at risk.	Use of care governance board and Safeguarding Adults Forum to promote activities. Deliver DOLS audit.	This continues to be monitored.	
8.5	Failure of provider to deliver substance misuse services.	Regular performance and financial monitoring. Encouraging user feedback on treatment services.	Reporting shows good performance at this stage within budget.	
<b>MTO 9: Promote independence and choice for vulnerable adults and older people.</b>				
9.1	Personalisation targets not met	Regular monitoring through Project Implementation		
9.2	Staff skills to deliver changes are present	Workforce plan identifies range and type of skills needed		
9.3	Failure to engage key stakeholders	Workshop for all providers		
<b>PRIORITY FIVE: VALUE FOR MONEY</b>				
<b>MTO 10: Be accountable and provide excellent value for money.</b>				
10.1	10.8.2 Knowledge of where staff recruitment/retention will become problematic	Early identification of challenging recruitment areas. Workforce Planning to be implemented across the department. Engage colleagues with the LA/Workforce as appropriate. Presence at recruitment fairs for key work areas – e.g. teaching, social workers.		
10.2	10.8.2 Non recruitment or delays to key posts could impact on service efficiency. Could also potentially	Early identification of challenging recruitment areas. Work with managers to ensure recruitment campaigns are effective and targeted		

	increase costs where external recruitment agencies are engaged.			
10.3	10.8.3 The Personalisation pilot does not provide enough informed data to begin to shape future workforce requirements	Continuous review of how service delivery is impacted through Personalisation. Review arrangements in other Local Authorities		
<b>PRIORITY SIX: SUSTAIN ECONOMIC PROSPERITY</b>				
<b>MTO 12: Limit the impact of the recession</b>				
12.1	Economic downturn restricts employment opportunities	Continue to work with Breakthrough. Use PSA 16 work to create more opportunities		

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## ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 10 JANUARY 2011

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### CARE QUALITY COMMISSION ADULT SOCIAL CARE PERFORMANCE JUDGEMENT 2010 (Director of Adult Social Care and Health)

#### 1 INTRODUCTION

- 1.1 This report introduces the attached report to the Executive presenting the 2010 Annual Performance Judgement in respect of Adult Social Care from the Care Quality Commission (CQC) and inviting it to endorse the related Action Plan for improvement in Annexe C for forwarding to the CQC.

#### 2 SUGGESTED ACTION

- 2.1 **That the Panel notes the attached Annual Performance Judgement in respect of Adult Social Care from the Care Quality Commission and related Action Plan for improvement.**

#### Background Papers

None.

#### Contact for further information

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**TO: EXECUTIVE  
14 DECEMBER 2010**

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**CARE QUALITY COMMISSION ADULT SOCIAL CARE PERFORMANCE JUDGEMENT  
2010  
(Director of Adult Social Care and Health)**

**1. PURPOSE OF DECISION**

- 1.1 To receive Annual Performance Judgement in respect of Adult Social Care from Care Quality Commission (CQC).

**2. RECOMMENDATION(S)**

**That the Executive:**

- 2.1 **Notes the CQC judgement for Bracknell Forest of Performing Well.**  
2.2 **Endorse the Action Plan for improvement in Annexe C for forwarding to CQC.**

**3. REASONS FOR RECOMMENDATIONS**

- 3.1 All Councils with Adult Social Care responsibilities are required to report their statement of annual performance to their Executive or equivalent by 31 January 2011 and to make it available to the public.

**4. ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 None

**5. SUPPORTING INFORMATION**

- 5.1 The methodology has not changed significantly this year.
- 5.2 The overall grade for performance is combined from the grades given for the seven individual outcomes. The potential grades and a brief description are as follows:-
- Performing Poorly – A service that does not deliver minimum requirements for people, is not cost effective and makes little or no contribution to wider outcomes for the community.
  - Performing Adequately – A service that delivers only minimum requirements for people, but is not consistently cost effective nor contributes significantly to wider outcomes for the community.
  - Performing Well – A service that consistently delivers above minimum requirements for people is cost effective and makes contributions to wider outcomes for the community

- Performing Excellently – A service that overall delivers well above minimum requirements for people is highly cost effective and fully contributes to the achievement of wider outcomes for the community.

5.3 In addition to this, CQC make an assessment about Leadership and Commissioning and Use of Resources. This is not graded but is included in the Assessment of Performance Report.

5.4 The detailed judgements are:-

<b>Delivering Outcomes</b>	<b>Grade Awarded</b>
Improved health and emotional well-being	Performing Well
Improved quality of life	Performing Well
Making a positive contribution	Performing Excellently
Increased choice and control	Performing Excellently
Freedom from discrimination or harassment	Performing Well
Economic well-being	Performing Excellently
Maintaining personal dignity and respect	Performing Well
<b>Overall Grade Awarded for Delivery of Outcomes</b>	<b>Grade 3: (Performing Well)</b>

5.5 This judgement represents the best ever performance from Adult Social Care, which is reflected in the report. .

5.6 The summary report is attached as Annexe A to this report. It sets out the high level messages about areas of good performance, areas of improvement over last year, areas which are priorities for improvement.

5.7 Additionally, there is an easy read version of the summary report and this is attached at Annexe B. When this is placed on the Council's website, there will be an audio component available.

5.8 The key areas for improvement for 2010/11 are listed below. The action plan to be agreed is at Annexe C. The department is committed to ensure all actions are successfully implemented within available resources.

Key areas for development as detailed by CQC:-

**Improved health and emotional well-being**

- No key areas for improvement

**Improved quality of life**

- No key areas for improvement

**Making a positive contribution**

- The council needs to monitor and evaluate the various programmes and initiatives introduced to understand their impact and be able to demonstrate outcomes for people who use the services.

**Increased choice and control**

- No key areas for improvement

**Freedom from discrimination and harassment**

- No key areas for improvement

**Economic well-being**

- No key areas for improvement

**Maintaining personal dignity and respect**

- The council should review the relatively low numbers of safeguarding referrals from partner organisations to understand the reason for this and if further publicity is needed or other action needs to be taken.
- The council should review the use and helpfulness of the 'stay safe' scheme.

#### **Leadership**

- The council should continue to focus on the development of the preventative services available to residents within the borough. This will give residents more options and activities to assist with retaining independence, whilst also assisting the council in working towards achieving their PPF milestone target for April 2011 for 'Prevention and Cost Effective Services'.

#### **Commissioning and Use of Resources**

- Ensure ongoing monitoring of the implementation of the new domiciliary care framework in order to assess its effectiveness in facilitating a more focused and transparent approach to procurement and monitoring of services which are based on quality rather than cost.

5.9 CQC are currently consulting on the performance framework for 2010/2011 which has not yet been finalised. However, what is clear is that there will be a change in methodology and areas for assessment this year.

5.10 The indications are that the judgements next year will focus against three outcome headings:-

- Improved Health and Well Being
- Increased Choice and Control
- Maintaining Personal Dignity and Respect

Within these outcomes, CQC will assess a Council's performance on specific aspects of the following themes:-

- Value for Money
- Safeguarding
- Putting People First

5.11 As a consequence of this, the action plan has been expanded beyond the areas for development detailed by CQC to include some of the relevant actions from the current Adult Social Care and health Service Plan. These are in *italics* to provide a degree of differentiation from the CQC areas for development.

## **6. ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

6.1 The Borough Solicitor has been consulted on this report.

### Borough Treasurer

6.2 The Borough Treasurer is satisfied that no significant financial implications arise from this report.

### Impact Assessment

- 6.3 The report and judgement from CQC highlights the impact that Adult Social Care has had on the population of the Borough and improvements identify the positive impact to engage and support all people within the Borough.

### Strategic Risk Management Issues

- 6.4 Maintaining and improving performance will be key to managing risks for the Council.

## **7. CONSULTATION**

### Principal Groups Consulted

- 7.1 None consulted

### Method of Consultation

- 7.2 None consulted

### Representations Received

- 7.3 Not applicable

### Background Papers

None

### Contact for further information

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### Doc. Ref

Executive – CQC Adult Social Care Rating 141210



# Assessment of Performance Report 2009/10

## ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10: Bracknell Forest

Contact Name	Job Title
Maureen Burton Deanna Westwood Lisa Cawthorne	Compliance Manager Senior Analytical Advisor Regional Evidence and Intelligence Officer

The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.

**Performing Poorly** - not delivering the minimum requirements for people.

**Performing Adequately** - only delivering the minimum requirements for people.

**Performing Well** - consistently delivering above the minimum requirements for people.

**Performing Excellently** - overall delivering well above the minimum requirements for people.

We also make a written assessment about

**Leadership** and

**Commissioning and use of resources**

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.



## 2009/10 Council APA Performance

<p><b>Delivering outcomes assessment</b> Overall council is:</p>	<p><b>Well</b></p>
<p><b>Outcome 1:</b> Improved health and well-being</p>	<p><b>Well</b></p>
<p><b>Outcome 2:</b> Improved quality of life</p>	<p><b>Well</b></p>
<p><b>Outcome 3:</b> Making a positive contribution</p>	<p><b>Excellent</b></p>
<p><b>Outcome 4:</b> Increased choice and control</p>	<p><b>Excellent</b></p>
<p><b>Outcome 5:</b> Freedom from discrimination and harassment</p>	<p><b>Well</b></p>
<p><b>Outcome 6:</b> Economic well-being</p>	<p><b>Excellent</b></p>
<p><b>Outcome 7:</b> Maintaining personal dignity and respect</p>	<p><b>Well</b></p>

## Council overall summary of 2009/10 performance

The senior management team is aware of the needs of the local population and what services are needed to support independence, well being and improve their quality of life. The council works with local people to ensure that they are involved in the development of services. Effective partnership working has been developed with services that provide healthcare and organisations in the voluntary sector. The council has made progress in implementing the 'putting people first' programme, and has reviewed current services to identify what needs to be changed to make sure that services are more personalised.

People who use services and carers, including those from minority and hard to reach groups, are represented on boards, committees and public groups. There is a varied range of voluntary groups providing support, information and advice to service users and carers. There is also a range of volunteering activities for people who use services or their carers to become involved in.

The council is one of twenty-two national demonstrator sites for improving dementia care services. The timeliness of initial assessment of care needs and providing programmes of care was better than in similar councils. The council has a well established adults safeguarding board, which has senior managerial membership from the council and partner organisations. However, the council should review the relatively low numbers of safeguarding referrals from partner organisations to understand the reason for this and if further publicity is needed or other action needs to be taken.

## Leadership

*"People from all communities are engaged in planning with councilors and senior managers. Councilors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce".*

## Conclusion of 2009/10 performance

The senior management team is aware of the needs of the local population and what services are needed to support independence, well being and improve their quality of life. The council is performing well overall in identifying the care needs of the local population and delivering a range of services to meet those needs. These are set out in the joint strategic needs assessment and analysis of need. This analysis is a government led initiative to ensure that the health and social care needs of a local population are fully understood. This forms the basis of a 'duty to cooperate' between primary care trusts who commission healthcare and local authorities who commission social care to work together to identify the needs of the local population and deliver a range of care services to meet those needs. The council has developed effective relationships with partner organisations.

The council has made progress in implementing the 'putting people first' programme, to review current services and identify what needs to be changed to make sure that services are more personalised. Progress has been made with the personalisation agenda, which aims to ensure that people receiving services whether provided by the council or funded themselves, have choices and control over the services they receive. This includes initiatives like direct payments and individual budgets to enable people to have more flexible programmes of care. In Bracknell Forest, individual budgets are in place for people with learning disabilities and the council has run pilot programmes for other people who use services. The pilot evaluation has taken place and the council is in the process of rolling out these new programmes. Direct payments have been in place for a longer period of time indicating that the approach to assist residents to have more choice and control over their care is becoming embedded within Bracknell Forest.

The council has reviewed services, which do not meet the required standard for providing, safe and effective services and has worked with those providers who need to improve the standards of care in the services they provide.

The council has updated their 'safer recruitment policy' which is to ensure that the recruitment process for staff working in care

services ensures that the appropriate employment checks on prospective employees are made to prevent any potential risks to people who use services. The council has also improved its IT systems to record information on service users and their care plans and any safeguarding issues more accurately.

The council has implemented a number of initiatives, which are aimed at improving the lives of local people. These include the development of the 'local employment forum' where over forty local employers are assisting people with learning disabilities to find employment and increasing the number of carers who access services for themselves.

The Council has been influential in the development of the Bracknell Healthspace, which will bring a wide range of services closer to home for many people. These will include urgent care, GP services, physiotherapy, and specialist appointments with visiting hospital consultants and a whole range of scans and other diagnostic tests.

#### **Key strengths**

- The council was aware of the needs of the local population and provides a range of services to meet those needs and improve the quality of life for people living in Bracknell Forest.
- The council works with local people to ensure that they are involved in the development of services.
- The council is progressing well on the implementation of the 'putting people first' programme.

#### **Areas for improvement**

- The council should continue to focus on the development of the preventative services available to residents within the borough. This will give residents more options and activities to assist with retaining independence, whilst also assisting the council in working towards achieving their PPF milestone target for April 2011 for 'Prevention and Cost Effective Services'.

## Commissioning and use of resources

*"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".*

## Conclusion of 2009/10 performance

The council clearly involves local people about what services it should be buying and how these support independent living and improved quality of life. The council has a number of services jointly funded with organisations providing healthcare and with voluntary organisations. Examples include services for people with substance misuse problems and a falls prevention programme, jointly funded with the local primary care trust and providing services for people who have had a stroke jointly funded with the stroke association. The council has also worked closely with local general practitioners to ensure that people over the age of 75 have timely access to both a health and a social care assessment of their needs. The council is aware of the need and to work in partnership with other organisations to provide a more beneficial and efficient range of services for local people.

The council has been working on developing services for young people and those with complex needs and has been using the 'Just Advocacy' service to support this. Just Advocacy is a charitable organisation which provides support to people with learning disabilities to make sure their wishes and views are known and that their best interests are met in Bracknell Forest, North East Hampshire and West Surrey.

The council has evaluated their current procedures relating to costs and value for money and has, as a result of this introduced a new domiciliary care framework. The framework standardises the hourly rate paid to providers allowing the council and users of personal budgets to make a choice based on quality rather than cost. Arrangements for purchasing services which can offer more personalised care for older people and those with long term conditions has meant moving away from the previous 'block contract' services, which offered less flexibility and responsiveness. However in 09/10 the evidence of the changes made was not yet apparent and the council remained higher than average for their use of block contracts for domiciliary care when compared to their IPF comparators. There has been a reduced spend on residential care services and the council plans to take this further in 2010/11 with a significant programme of work around the decommissioning of residential care services for people with learning disabilities. The council achieved its targets for efficiency savings in 2009/10 through modernising its home care services and

reducing reliance on residential provision both for older people and people with learning disabilities. This work will be continued over the next year, together with embedding more effective procurement services, to achieve further efficiency savings.

### **Key strengths**

- People who use services are encouraged and supported to contribute to how local services are planned and delivered.
- The council has developed effective relationships with a number of other care providers and there are several examples of jointly commissioning services for the benefit of local people.
- Services commissioned by the council have been evaluated and changes made where services have not met the required standard of care delivery.

### **Areas for improvement**

- Ensure ongoing monitoring of the implementation of the new domiciliary care framework in order to assess its effectiveness in facilitating a more focused and transparent approach to procurement and monitoring of services which are based on quality rather than cost.

**Outcome 1: Improving health and emotional well-being**

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

**Conclusion of 2009/10 performance**

The Care Quality Commission has agreed to accept the judgement awarded for outcome 1 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self-declaration that it is continuing to perform “Well” in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.

**Key strengths**

**Areas for improvement**

**Outcome 2: Improved quality of life**

*“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”*

**Conclusion of 2009/10 performance**

The Care Quality Commission has agreed to accept the judgement awarded for outcome 2 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self-declaration that it is continuing to perform “Well” in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.

**Key strengths**

**Areas for improvement**



### Outcome 3: Making a positive contribution

*“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.*

#### Conclusion of 2009/10 performance

The council has developed a range of ways to support people who use services and carers to be part of local community life. People are widely consulted on what services could or should be provided to help to maintain independence and well being and improve the quality of life for local people. This has assisted the council in identifying gaps in current provision. The council understands the importance of analysing and assessing the needs of the population in order to provide a range of responsive and appropriate services. A coordinator has been appointed to improve employment opportunities, apprenticeships and voluntary work for people who use services and their carers.

The council has been working with Rethink, a national charity, which supports people with mental health problems. The Rethink member’s campaign committee is helping to promote mental health locally and supporting people with mental health problems be more involved in the local community

People who use services and carers, including those from minority and hard to reach groups, are represented on boards, committees and public groups. The learning disability partnership board has reviewed the services provided for people with a learning disability and for people with autism. Council has a strong focus on assisting vulnerable adults into training or employment and there are many examples of service users taking up training opportunities and finding permanent employment. There are a number of support groups led or facilitated by people who use services. Examples include the bi-polar support group, which provides support for people with this psychiatric illness.

The council has employed a family and carer support worker to provide support and help to people who use services and their carers. A number of local people have been helped through this service. Work is underway to develop services for people who have had strokes to regain or retain independence. In partnership with Princess Royal Trust, an organisation that provides support, advice and information for carers, the council has provided carers with an emergency respite service. The scheme has

proved successful with 125 carers over the year receiving support. Other initiatives that have been developed include the 'headspace community arts project', which is a facility for community activities such as arts and craft sessions for people of all ages and abilities.

There is a varied range of voluntary groups providing support, information and advice to service users and carers. There is also a range of volunteering activities for people who use services or their carers to become involved in. These provide opportunities for learning new skills as well as helping people to be involved in local community activities. The council has consulted with services users, carers voluntary organisations to develop a 'local care economy' that will be established to support the implementation of personal budgets. Personal budgets are personal finance plans to fund the care services needed by individuals

The council is working with 'Be Heard', which is an advocacy group for adults with learning disabilities in Bracknell. Advocacy is where a person is speaking up for, or acting on behalf of another person to make sure their wishes and views are known and acting in the best interests of that person. The group plans to become a training resource for organisations and agencies to help promote anti-bullying and disability awareness.

### **Key strengths**

- People are widely consulted on what services could or should be provided to help to maintain independence and well being and improve the quality of life for local people
- People who use services and carers, including those from minority and hard to reach groups, are represented on boards, committees and public groups.
- There is a varied range of voluntary groups providing support, information and advice to service users and carers.
- There is also a range of volunteering activities for people who use services or their carers to become involved in.

### **Areas for improvement**

- The council needs to monitor and evaluate the various programmes and initiatives introduced to understand their impact and be able to demonstrate outcomes for people who use the services.

**Outcome 4: Increased choice and control**

*“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.*

**Conclusion of 2009/10 performance**

The Care Quality Commission has agreed to accept the judgement awarded for *outcome 4* from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform “Excellentlly” in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.

**Key strengths**

**Areas for improvement**

**Outcome 5: Freedom from discrimination and harassment**

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

**Conclusion of 2009/10 performance**

The Care Quality Commission has agreed to accept the judgement awarded for *outcome 5* from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform “Well” in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.

**Key strengths**

**Areas for improvement**

**Outcome 6: Economic well-being**

*“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.*

**Conclusion of 2009/10 performance**

The Care Quality Commission has agreed to accept the judgement awarded for *outcome 6* from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform “Excellentlly” in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.

**Key strengths**

**Areas for improvement**

## Outcome 7: Maintaining personal dignity and respect

*“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.*

### Conclusion of 2009/10 performance

The council has a well established adults safeguarding board, which has senior managerial membership from the council and partner organisations. Attendance at board meetings is high. The council regularly monitors safeguarding case files to ensure that the correct processes and procedures are followed in the management of safeguarding referrals.

Referral rates have reduced and were low when compared to similar councils nationally. The council has attributed this in part, to improvements in local residential care homes. Recent assessment of the low rates of referrals has found that referral rates from NHS services were particularly low. A number of initiatives have taken place to raise awareness amongst the local population about adult safeguarding issues.

Training for staff in ensuring that adults are protected from actual or potential abuse has increased. This has been a priority for the council and the number of staff trained is higher than for similar councils. There has been an increase in safeguarding training for staff employed in organisations that provide social care.

The council is committed to providing a range of services that support people to live independently. In Bracknell Forest, initial assessments and subsequent care programmes are carried out quickly and the council is better than similar councils in organising timely assessments and care packages. There has been a slight increase in the number of people who were receiving residential care. The council does not place people in care home, which have been rated as poor by the CQC. The council has systems in place to ensure that people who are in vulnerable circumstances are carefully tracked so that no one at risk is left without support. The council has an emergency respite services in partnership with the Princess Royal Trust, an organisation that provides support, advice and information to carers. The council has put in place a number of systems to get feedback from people who use services, which include questionnaires and consultation with individuals and groups of service users or carers.

The council has developed a number of preventative services with partner organisations and is a national demonstrator site for a

dementia advisor. The key objective of the demonstrator site programme is to test out two service models. Firstly the dementia adviser service where a named person provides information and support to people with dementia and their carers. Secondly, the peer support network, a range of networks, often provided by the voluntary sector such as dementia cafes or carer support groups. The council has introduced a 'stay safe' scheme where local people who feel threatened in any way can get immediate help and support by going into local shops or businesses.

The council has worked to raise the awareness of the deprivation of liberty safeguards. These safeguards are designed to protect people in hospital or in residential care. Applications need to be made to local councils if a vulnerable person is to be deprived of their liberty for treatment or care in their best interests or to protect them from harm. Referrals have been lower than expected, as is the case nationally. Following a review of referrals, the council increased training and information provided about the safeguards and has seen a rise in referrals.

### **Key strengths**

- The council has a well established adults safeguarding board, which has senior managerial membership from the council and partner organisations.
- The council is one of twenty-two national demonstrator sites for improving dementia care services.
- Timeliness of initial assessment of care needs and providing programmes of care being provided was better than in similar councils.
- The number of council staff who have received training in safeguarding vulnerable adults was high and was better than in similar councils.

### **Areas for improvement**

- The council should review the relatively low numbers of safeguarding referrals from partner organisations to understand the reason for this and if further publicity is needed or other action needs to be taken.
- The council should review the use and helpfulness of the 'stay safe' scheme.

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## Action Plan for Excellence 2010/11

KEY AREAS FOR IMPROVEMENT IN DELIVERY OUTCOMES	LEAD	ACTIONS	DATE
<b>1. Improving health and emotional wellbeing</b>			
<b>Performing Well – no recommendations</b>			
<ul style="list-style-type: none"> <li>Service Plan Actions</li> </ul>	Personalisation Programme Manager  Locality Manager - Mental Health  DAAT Manager	<ul style="list-style-type: none"> <li>There will be a range of leisure, educational and social opportunities accessible to all people who are supported by Adult Social Care and Health</li> <li>Work with the NHS to make psychological therapies more available</li> <li>Work with the Berkshire East PCT to promote prevention and support initiatives including educational awareness of the harmful effects of substance and alcohol misuse</li> <li>Increase the number of drug misusing clients retained in treatment for 12 weeks or more</li> </ul>	March 2011  December 2010  March 2011  March 2011
<b>2. Improved Quality of Life</b>			
<b>Performing Well - no recommendations</b>			

KEY AREAS FOR IMPROVEMENT IN DELIVERY OUTCOMES	LEAD	ACTIONS	DATE
<b>3. Making a positive contribution</b>			
<p><b>Performing Excellently</b> – recommendations:</p> <ul style="list-style-type: none"> <li>Monitoring and evaluation of the programmes and initiatives introduced in 2009/10</li> </ul>	<p>Locality Manager Mental Health</p> <p>Service Manager – Community Support and Development</p> <p>Head of Joint Commissioning and Head of Learning Disabilities</p> <p>Service Manager - Community Support &amp; Development</p> <p>Head of Learning Disabilities</p>	<ul style="list-style-type: none"> <li>Rethink members committee promotional campaign for Mental Health awareness</li> <li>Emergency Respite Service</li> <li>Initiatives to support people into employment</li> <li>Stroke Support Worker</li> <li>Headspace</li> </ul>	<p>March 2011</p> <p>March 2011</p> <p>March 2011</p> <p>March 2011</p> <p>February 2011</p>

KEY AREAS FOR IMPROVEMENT IN DELIVERY OUTCOMES	LEAD	ACTIONS	DATE
<b>4. Increased Choice and Control</b>			
<b>Performing Excellently – no recommendations</b> <ul style="list-style-type: none"> <li>Service Plan Actions</li> </ul>	Locality Manager - Mental Health  Head of Learning Disabilities	<ul style="list-style-type: none"> <li>Implement the Dementia Care Adviser role, following DH funding</li> <li>Continue to help people with learning disability to secure employment</li> </ul>	March 2011  Ongoing – LAA indicator and targets continue to be met.
<b>5. Freedom from discrimination and harassment</b>			
<b>Performing Well – no recommendations</b>			
<b>6. Economic Wellbeing</b>			
<b>Performing Excellently – no recommendations</b>			
<b>7. Maintaining personal dignity and respect</b>			
<b>Performing Well – recommendations:-</b> <ul style="list-style-type: none"> <li>Review and evaluate reasons for low referral rates from some partner organisations to inform strategy</li> <li>Review “Stay Safe” scheme</li> <li>Service Plan Actions</li> </ul>	Head of Adult Safeguarding  Head of Learning Disabilities  Head of Adult Safeguarding	<ul style="list-style-type: none"> <li>Implement the departmental audit plan to ensure that the Deprivation of Liberty Safeguards are being fully implemented in Bracknell</li> </ul>	January 2011  February 2011  July 2010

KEY AREAS FOR IMPROVEMENT IN DELIVERY OUTCOMES	LEAD	ACTIONS	DATE
<b>8. Leadership</b> <ul style="list-style-type: none"> <li>• Continued focus on development of preventative services: <ul style="list-style-type: none"> <li>○ Implementation of Enhanced Intermediate Care</li> <li>○ Timebanking</li> <li>○ Development and Implementation of Prevention Strategy</li> <li>○ Home First Initiative</li> </ul> </li> </ul>	<p>Chief Officer: Older People &amp; Long Term Conditions</p> <p>Chief Officer: Adults and Joint Commissioning</p> <p>Head of Joint Commissioning</p> <p>Service Manager - Community Support &amp; Development</p>	<ul style="list-style-type: none"> <li>• Implementation plan in place</li> <li>• Continued implementation in partnership with Princess Royal Trust. To be reviewed in 2011/12</li> <li>• Draft Strategy to DMT November 2010</li> <li>• Leaflet complete, implementation plan in place</li> </ul>	<p>October 2010</p> <p>February 2011</p> <p>December 2010, then ongoing</p> <p>November 2010</p>
<b>9. Commissioning and Use of Resources</b> <ul style="list-style-type: none"> <li>• Monitor Effectiveness of Dom Care Framework contracts</li> <li>• Service Plan Actions</li> </ul>	<p>Head of Joint Commissioning</p> <p>Chief Officer: Adults and Joint Commissioning</p>	<ul style="list-style-type: none"> <li>• Application of Quality Assurance Framework</li> <li>• Establish Steering Group for PSA16 Innovation Fund Project and implementation plan</li> </ul>	<p>March 2011</p> <p>April 2010</p>

## ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL 10 JANUARY 2011

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### THE VISION FOR ADULT SOCIAL CARE: CAPABLE COMMUNITIES AND ACTIVE CITIZENS AND THINK LOCAL, ACT PERSONAL - NEXT STEPS FOR TRANSFORMING ADULT SOCIAL CARE

(Director of Adult Social Care and Health)

#### 1 INTRODUCTION

- 1.1 The purpose of this report is to brief members of the Panel on two major publications launched by the Department of Health. Both papers set out the Government priorities for Adult Social Care.

#### 2 SUGGESTED ACTION

- 2.1 **Adult Social Care and Health will be working to ensure local strategies and plans are aligned to the new agenda. The Panel are asked to consider how they would want to contribute to this work.**

#### 3 SUPPORTING INFORMATION

##### 3.1 The Vision for Social Care - Capable Communities and Active Citizens

- 3.1.1 The government has published the vision paper as the first step towards a White paper on the reform of the system of adult social care to be published next year. This can be found at:-  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_121971.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121971.pdf)
- 3.1.2 The vision focuses on three main themes from the Coalition programme: integration of health and social care funding to deliver preventative action; extending the roll out of personal budgets to give people more control and the use of direct payments to carers, and better community based provision to improve access to respite care.
- 3.1.3 The vision is underpinned by seven principles: prevention, personalisation, partnership, plurality, protection, productivity and people.
- 3.1.4 **Prevention:** the paper states that care can be transformed, not by looking upwards to the state, but outwards to open communities. Empowered people and strong communities can work together to maintain independence. Where the state is needed it should support communities and help people retain and regain independence. Councils are asked to lead change and stimulate action within their communities. Councils should improve preventative services by developing community capacity and promoting active citizenship. Councils should commission a full range of preventative and early intervention services working in partnership with the NHS, housing authorities and others.
- 3.1.5 **Personalisation:** People should get personal choice and control over their services – from supported housing through to residential care. This means a wholesale change in the way social care is managed from financial management systems to

block contracts. Personal budgets, preferably in the form of direct payments should be available to all, including those with the most complex needs and those in residential care.

- 3.1.6 The vision states that councils should provide personal budgets for everyone eligible for ongoing care by April 2013.
- 3.1.7 Councils should ensure that everyone, whether using a personal budget or funding their own care, can get the information and advice they need. To have real autonomy and choice the paper stresses, people need good accessible information.
- 3.1.8 **Plurality and Partnership:** The vision put forward is that the variety of peoples needs is matched by diverse service provision with a broad market of high quality service providers. The government is particularly keen to encourage micro and small enterprises, user led organisations and voluntary organisations to compete to deliver personalised services.
- 3.1.9 The benefit of partnership working are emphasised, providing better outcomes for people as well as efficiencies and encourages the use of pooled funding at a local level.
- 3.1.10 **Protection:** Although there should be sensitive safeguards against risk of abuse or neglect the vision paper stresses that risk should not be an excuse to limit people's freedom. Councils are urged to champion safeguarding within local communities. Citizens and communities should have a part to play in preventing, detecting and reporting abuse and neglect.
- 3.1.11 **Productivity:** Councils are urged to develop a local plan for reform to make the best use of resources. Spend on the frontline services should be maximised and while the paper concedes there may be circumstances for a council to retain services it is expected that separating responsibility for commissioning and providing services should become the norm. The government is expecting that greater local accountability will drive improvements and deliver higher productivity.
- 3.1.12 **People:** The principles of partnership and plurality will mean a workforce being employed in different types of organisations, some of which will work across traditional health and social care boundaries to deliver more integrated services. In 2011 councils will be invited to consider the formation of social work practices, an example of the different types of organisations to be encouraged.

### 3.2 **The Partnership Agreement: Think Local, Act Personal**

- 3.2.1 The Vision for Social Care forms part of the agenda for the future of adult social care. The Partnership agreement: Think Local, Act Personal ([http://www.puttingpeoplefirst.org.uk/library/PPF/NCAS/Partnership\\_Agreement\\_final\\_29\\_October\\_2010.pdf](http://www.puttingpeoplefirst.org.uk/library/PPF/NCAS/Partnership_Agreement_final_29_October_2010.pdf)) sets out immediate actions for councils, focusing on personalisation, a community based approach to developing services with local communities and other providers and an emphasis on productivity.
- 3.2.2 This paper follows on from the Putting People First concordat and it has been signed up to by organisations across the adult social care, local government, health, private and independent, and community sectors.
- 3.2.3 Think Local, Act Personal reinforces personalisation as the core direction of travel for social care development. It does put more stress on more efficient, effective and

integrated service delivery across health and social care, a greater role for service providers and the importance of community.

- 3.2.4 The partnership agreement sets out specific actions councils need to take with their partners to deliver a community based approach. A number of tools and materials are published alongside this paper to support best practice. All these supplementary papers plus the full partnership agreement can be found at [www.puttingpeoplefirst.org.uk](http://www.puttingpeoplefirst.org.uk)

### Background Papers

A Vision for Social Care: Capable Communities and Active Citizens Department of Health  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_121971.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121971.pdf)

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# **A Vision for Adult Social Care:**

*Capable Communities and Active Citizens*

DH INFORMATION READER BOX	
Policy	Estates
HR / Workforce Management	Commissioning
Planning / Clinical	IM & T
	Finance
	<b>Social Care / Partnership Working</b>
<b>Document Purpose</b>	Policy
<b>Gateway Reference</b>	14847
<b>Title</b>	A Vision for Adult Social Care: Capable Communities and Active Citizens
<b>Author</b>	Social Care Policy, DH
<b>Publication Date</b>	16 Nov 2010
<b>Target Audience</b>	PCT CEs, Care Trust CEs, Directors of PH, Local Authority CEs, Directors of Adult Ss
<b>Circulation List</b>	NHS Trust CEs, SHA CEs, Foundation Trust CEs
<b>Description</b>	A document which sets out overarching principles for adult social care and gives context for future reform.
<b>Cross Ref</b>	Outcomes consultation
<b>Superseded Docs</b>	N/A
<b>Action Required</b>	N/A
<b>Timing</b>	<b>N/A</b>
<b>Contact Details</b>	Abigail Merrett Social Care Policy Division Room 116, 133-155 Waterloo Road London SE1 8UG 2079724111
<b>For Recipient's Use</b>	

# Contents

Foreword .....	4
1. Introduction .....	6
2. The principles .....	8
3. Our vision for prevention .....	9
4. Our vision for personalisation .....	9
5. Our vision for plurality and partnership .....	21
6. Our vision for providing protection .....	25
7. Our vision for productivity, quality and innovation .....	28
8. Our vision for people .....	35
9. Conclusion .....	39
Annex A .....	40

We will engage widely as we develop plans for achieving our vision. If you have any views about the vision, please e-mail [socialcarevision@dh.gsi.gov.uk](mailto:socialcarevision@dh.gsi.gov.uk) or write to: Social Care Vision, Department of Health, Room 116, Wellington House, 133–155 Waterloo Road, London SE1 8UG. We are fully committed to developing and publishing an impact assessment and an equalities impact assessment to accompany the White Paper on the future system of social care, which this vision will inform.

## Foreword

Social Care is an essential human need, something most of us will need at some point in our lives, whether for ourselves or those close to us. How well we look after each other says a great deal about the strength and character of our society.

The Coalition Government recognises this and the Spending Review settlement gives local authorities the resources they need to maintain vital services and meet growing demands. Funding is, however, only one part of the answer. People's expectations are changing, and neither those who provide the services nor those who receive them expect to trade autonomy for dependency.

This challenge is reflected across the policy spectrum. The answer is to strengthen communities, while changing the role and our relationship with the state. It is a new vision for government which does not simply look to the state for answers to the issues we face, but outwards to communities. This is why we talk about building the 'Big Society'. This approach underpins our vision for social care – a vision grounded in the Coalition Government's values.

The first value is Freedom. We want to see a real shift of power from the state to people and communities. We want people to have the freedom to choose the services that are right for them from a vibrant plural market. That is why this vision challenges councils to provide personal budgets, preferably as direct payments, to everyone eligible within the next two years.<sup>1</sup> We also want professionals to have freedom from local authority procedures and be able to work more closely with people who use services.

The second is Fairness, through a lasting settlement to the question "how do we pay for care?" and a clear, comprehensive and modern legal framework for social care. The recommendations of both the Law and Funding Commissions will be brought together with this vision in a White Paper next year, with legislation to follow. We also want to see those who are already carers provided with the support they need. That is why we want to see more carers receiving direct payments for breaks from care over the next few years.

The third is Responsibility. Social care is not solely the responsibility of the state. Communities and wider civil society must be set free to run innovative local schemes and build local networks of support. There are already some hugely successful examples of how this approach can help reduce people's dependency on care services, such as the Southwark Circle initiative in London, Timebank schemes and complementary currency schemes that


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<sup>1</sup> See Spending Review 2010, including the commitment to Personal Budgets, (HM Treasury) Para 1.84, page 33

allow people living far from their relatives to partner with local people in the same position to provide reciprocal care.

Frederick Seebohm, in his landmark 1968 report, said that social care should enable ‘the greatest possible number of individuals to act reciprocally, giving and receiving service for the well-being of the whole community’.<sup>2</sup> We need a return to these foundations. Care must again be about reinforcing personal and community resilience, reciprocity and responsibility, to prevent and postpone dependency and promote greater independence and choice.

This vision cannot be achieved by Government alone. We need a social movement to form around these values, with different organisations and communities coming together to develop new ways of caring for people. All of us want a culture of dignity, respect and compassion deeply rooted in our communities. By working together towards this vision, we can make it happen.



**Rt Hon Andrew Lansley CBE MP**

Secretary of State for Health



**Paul Burstow MP**

Minister of State for Care Services

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<sup>2</sup> Report of the Committee on Local Authority and Allied Personal Social Services The Seebohm Report HMSO(1968)

# 1. Introduction

**The Coalition Programme<sup>3</sup> committed the Government to reforming the system of social care in England to provide much more control to individuals and their carers. This vision focuses on the Government commitments to:**

- **break down barriers between health and social care funding to incentivise preventative action;**
- **extend the greater rollout of personal budgets to give people and their carers more control and purchasing power; and**
- **use direct payments to carers and better community-based provision to improve access to respite care.**

1.1 This vision sets a new agenda for adult social care in England. We want to make services more personalised, more preventative and more focused on delivering the best outcomes for those who use them.

1.2 The Government is committed to devolving power from central government to communities and individuals, and social care is no exception. Front-line workers and carers are fundamental to the delivery of personalisation – we want to give them the freedom and responsibility to improve care services and support people in new ways.

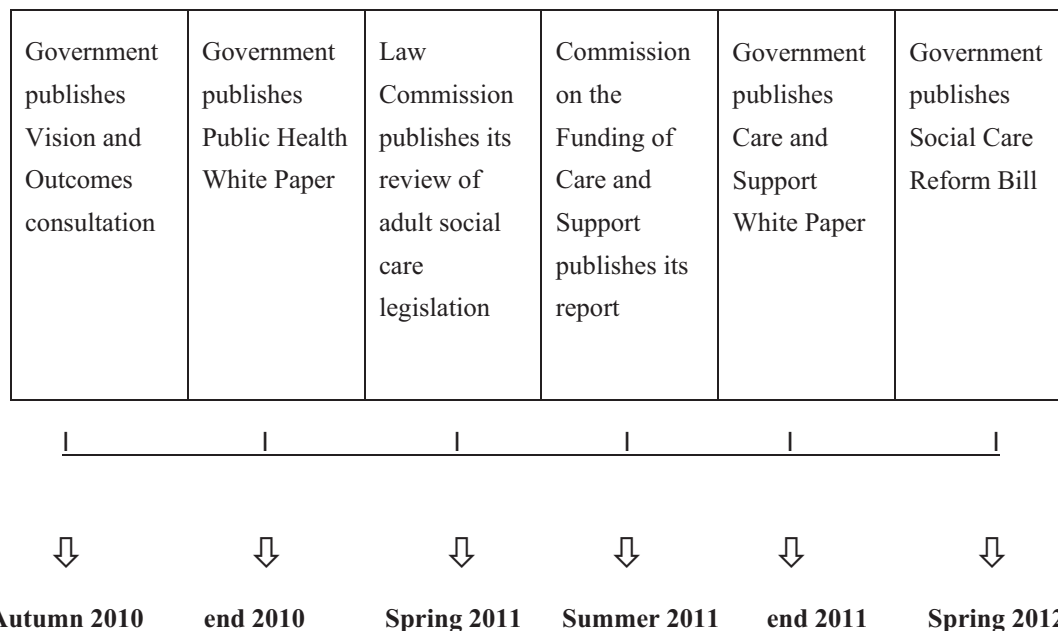
1.3 The Spending Review provided social care with a stable financial base over the next four years. It provides additional funding of £2bn by 2014/15: £1 billion through the NHS and £1 billion in grant funding to local government.

1.4 This settlement gives councils a platform for reform and improvement – including redesign of services and significant gains in productivity. The vision is the first step towards the White Paper that we intend to publish next year, setting out a long-term solution to the funding and delivery of care and support.

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<sup>3</sup> The public's comments on *The Coalition: Our Programme for Government* are at: <http://programmeforgovernment.hmg.gov.uk/social-care-and-disability/index.html>. The Government's response is at: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_118129](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118129)

## Timeline<sup>4</sup>



1.5 Reform cannot and will not be top-down. We want decision-making devolved as closely to the individual as possible, and we need the care services sector, working with partners, to take a lead role in promoting and delivering transformation. The Partnership Agreement *Think Local, Act Personal*<sup>5</sup>, developed together with partners in the adult social care sector, set out concrete steps to transform social care. Best practice documents describe how we can make care more personalised for service users and carers.<sup>6</sup> If power and control is devolved to communities, then people – including the most vulnerable – can lead more independent and fulfilled lives. This is the challenge at the heart of the vision.

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<sup>4</sup> The Department of Health Business Plan 2010-15 and Transparency Plan can be found at: <http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/index.html>

<sup>5</sup> <http://www.puttingpeoplefirst.org.uk/ThinkLocalActPersonal/>

<sup>6</sup> You can find the best practice papers at: [www.dh.gov.uk/socialcare](http://www.dh.gov.uk/socialcare). The documents are: Practical approaches to improving the lives of disabled and older people by building stronger communities; Practical approaches to market and provider development; Practical approaches to co-production; Practical approaches to safeguarding and personalisation and; Personal Budgets – Checking the Results

## 2. The principles

Our vision for a modern system of social care is built on seven principles:

**Prevention:** empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.

**Personalisation:** individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.

**Partnership:** care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils - including wider support services, such as housing.

**Plurality:** the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers.

**Protection:** there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.

**Productivity:** greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.

**People:** we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.



## 3. Our vision for prevention

**Empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.**

- 3.1 Our vision is based on the principle that those actively involved in care are the best people to decide how these services should change. We want people who receive care and those who provide it to work with councils, user-led organisations and voluntary bodies to deliver outcomes that are right for them. We can transform care, not by looking upwards to the state, but outwards to open communities – by empowering individuals and unlocking the power and creativity of neighbourhoods to deliver the Big Society.
- 3.2 Prevention is the first step. All of us want to maintain independence and good health throughout our lives. We also know that a considerable proportion of care needs can be avoided or significantly reduced if we intervene earlier. It is always far better to prevent or postpone dependency than deal with the consequences.
- 3.3 We also know that prevention is best achieved through community action, working alongside statutory services. We need to inspire neighbourhoods to come together to look out for those who need support. In other words, we need a Big Society approach to social care – one that gives people the power to support each other and meet the challenges they face. This not only leads to better and more creative solutions, it also makes our communities stronger and people less isolated and vulnerable.
- 3.4 Councils can play a vital role in leading change and stimulating action within their communities. Their broader role in promoting health and well-being will be enhanced by the new public health functions outlined in the White Paper *Liberating the NHS*,<sup>7</sup> and by joint working with GP consortia on planning and commissioning services.

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<sup>7</sup> Responses to the views raised in the White Paper and the associated papers will be published prior to the introduction of the Bill and its Parliamentary passage.

## Active citizens and strong communities – the Big Society

- 3.3 A Big Society approach to social care means unleashing the creativity and enthusiasm of local communities to maintain independence and prevent dependency.<sup>8</sup> Local councils should work to enable people, their carers, families and communities to support and maintain full and independent lives, This means unlocking the potential of local support networks to reduce isolation and vulnerability.<sup>9</sup> Social care has a long history of building community capacity. A renewed emphasis on this goes well beyond the social care sector and must focus on what people can do for each other.
- 3.4 Examples from all over the world show the value of reciprocity. A scheme in Japan, for example, allows people who live too far from their elderly relatives to care for them to partner with other families in the same situation and 'adopt' each other's responsibilities, meaning less need for so much state intervention. There are good examples closer to home too. Innovations such as Timebanking schemes and 'complementary currency' systems, outlined below, allow people to exchange different kinds of support.

### **Building community capacity**

Over 250 time banks have been set up locally in the UK. People from all backgrounds and abilities come together to help others and help themselves at the same time. To quote a time bank member, “you give what you want and get back whatever you need”. Local people 'deposit' their time by sharing their skills, one hour of giving earns them one time credit. They can then spend their time credits on any of the skills and support on offer from other local people. Resilient social networks are formed that people can rely on and trust.<sup>10</sup>

The Royal Borough of Windsor and Maidenhead, one of the four 'Vanguard Communities' for Big Society, will test a web-based complementary currency approach for care and support, to assess the potential benefits both in reduced demand for formal care and in people's quality of life.<sup>11</sup>

Connected Care is Turning Point's model of community-led commissioning, one that integrates health, housing and social care. Through a rigorous process of community

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<sup>8</sup> *Shared Support at Home and in the Community* (Elders Voice, 2010) shows how targeted social support for an individual can lead to community support for a larger group of people.

<sup>9</sup> *Village Agents: An Evaluation* (University of Birmingham, 2008). Village Agents, a Department for Work and Pensions scheme in Gloucestershire, combats social isolation among people over 50 by providing information about services.

<sup>10</sup> To learn more, visit [www.timebanking.org](http://www.timebanking.org)

<sup>11</sup> See: [www.rbwm.gov.uk/web/consultation\\_big\\_society\\_white\\_paper.htm](http://www.rbwm.gov.uk/web/consultation_big_society_white_paper.htm)

engagement and co-production they narrow the gap between commissioners priorities and the needs of the community. It is a model of commissioning that puts the voice and needs of the community to the fore when designing and delivering services enabling them to build vital social capital and community resilience to ensure better results for whole communities. In Hartlepool the Connected Care initiative has addressed barriers facing local residents. A team of local 'navigators' work with local people to support them to achieve their quality of life outcomes and a community interest company (CIC) commissions a range of support services in the local community. The navigators are a low cost model and evaluations of the service have demonstrated the cost benefits of the service and the positive impact in reducing demand on existing statutory services.<sup>12</sup>

Southwark Circle is the flagship in a network of 'Circles' that extends to Hammersmith & Fulham in West London and to Suffolk County (as of November 2010). The concept and business model has been co-designed and developed over three years with over 1,000 older people and their families, in conjunction with Participle. At the individual level, a Circle delivers flexible support with life's practical tasks (from DIY to gardening to technology), an opportunity to learn, build social networks, and maintain relationships around shared interests and hobbies. Crucially, it does this by allowing those that seek support in some areas of life to provide help to other members in other areas of life. The outcome is a more connected, supported person, who is part of a service that evolves with them as they age. The social impact is an improved sense of well being and new relationships and acquaintances that lead to improved quality of life. The service is delivered by a distributed network of people called Neighbourhood Helpers. These are people of all ages who share their talents and skills; many are also members and some are paid the London Living wage for their time. Each Circle is designed to be self-sustaining within a three-year launch period, and is supported by the Local Authority as it grows towards this milestone.<sup>13</sup>

The Asian Welfare and Cultural Association (AWCA), is a community-led organisation working to improve the quality of life for older Asian men and women in the Eastleigh area of Hampshire. They approached the Council to ask about the local support available. From this, Asian elders established a meeting space to socialise and take part in activities. Local community members had the will to form a community group, and the council helped the AWCA to get started.

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<sup>12</sup> [www.puttingpeoplefirst.org.uk/BCC/topics/Latest/resourceOverview/?cid=6775](http://www.puttingpeoplefirst.org.uk/BCC/topics/Latest/resourceOverview/?cid=6775)

<sup>13</sup> For more information visit: [www.southwarkcircle.org.uk](http://www.southwarkcircle.org.uk)

- 3.5 Local government can be a catalyst for social action. In some areas, people will need the support of councils to stimulate a community response. This may mean encouraging and supporting employment, local mentoring and volunteering activity at an individual level. As part of the Government's Big Society programme, 5,000 new community organisers are being trained across the country, and a new Community First Grant programme will help build local community capacity, particularly in areas with less social capital. A range of learning and development opportunities funded through Informal Adult and Community Learning are helping to train volunteer Community Learning Champions to engage local people in learning for personal, family and community development.<sup>14</sup>
- 3.6 User-led organisations, supported by local councils, can help people come together to reduce social isolation, particularly in rural areas.<sup>15</sup> Happier, more socially connected individuals have more pride in their neighbourhoods, which can enhance quality of life, health and well-being.<sup>16</sup>

### Preventative services to maintain and restore independence

- 3.7 When people develop care and support needs, our first priority should be to restore an individual's independence and autonomy. With the solid basis provided in the Spending Review for social care, there is no reason for councils to restrict support to those with the most intensive needs. This not only serves local people poorly, it is a false economy.
- 3.8 Carers are the first line of prevention. Their support often stops problems from escalating to the point where more intensive packages of support become necessary. But carers need to be properly identified and supported. Councils should recognise the value of offering a range of personalised support for carers to help prevent the escalation of needs that fall on statutory services. They should also be mindful, when assessing adults, of young carers to make sure they are not being asked to provide inappropriate levels of care.<sup>17</sup> The forthcoming carers' strategy will set out how we can support carers in their vital role, and ensure they have a life of their own.

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<sup>14</sup> Research shows the importance of mental, physical and social activity in delivering mental and physical health benefits for older people (Mental Capital and Wellbeing, Government Office for Science, 2008). Informal Adult and Community Learning offers a wide menu of activities that help meet needs and benefit people in residential home and home care.

<sup>15</sup> *Village Agents: An Evaluation* (University of Birmingham, 2008). Village Agents, a Department for Work and Pensions scheme in Gloucestershire, combats social isolation among people over 50 by providing information about services.

<sup>16</sup> Martin Knapp's study on making an economic case for community development looks at models of interventions, with calculations of the costs and returns of a community initiative. Knapp, M et al. *Social capital economics*. Full study to be published shortly at [www.puttingpeoplefirst.org.uk/BCC](http://www.puttingpeoplefirst.org.uk/BCC)

<sup>17</sup> To learn more see: *Working Together to Support Young Carers - A Model Local Memorandum of Understanding between Statutory Directors for Children's Services and Adult Services* ADASS and ADCS, 2009

- 3.9 New technology opens up new horizons for care. From community alarms to sophisticated communication systems, telecare can help people stay in their own homes and live independently for longer. Chapter 7 discusses its potential to save resources as well as promote independence.
- 3.10 Re-ablement covers a range of short-term interventions which help people recover their skills and confidence after an episode of poor health, admission to hospital, or bereavement. We know that re-ablement can help people to continue to live independently in their own homes without the need for an ongoing social care package. The Government is supporting an expansion of re-ablement across the NHS and social care, with £70m in new resources in 2010/11 and up to £300m a year earmarked for re-ablement in the next Spending Review period. The cost-effectiveness of re-ablement schemes is explored further in Chapter 7.
- 3.11 Many people need social care because of the effects of long-term conditions. Good partnership working between health and social care is vital for helping them to manage their condition and live independently. The long-term conditions chronic care model within the Department of Health's Quality, Innovation, Productivity and Prevention (QIPP) programme is exploring how different services can work together to promote self-care, preventative care and early intervention, minimising the need for hospital and residential care.<sup>18, 19</sup>
- 3.12 Securing good outcomes for disabled people may also mean bringing employment and housing services together to improve their well-being and meet emerging needs. 'Supporting People' provides housing related support to help individuals to live independently in their own home and avoid more costly interventions. These preventative services improve outcomes for individuals and return savings to other areas, such as housing, health, social care and the criminal justice system.<sup>20</sup>

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<sup>18</sup> The long-term conditions QIPP workstream aims to support local health economies to learn the large-scale change techniques needed to accelerate the delivery of this evidenced-based model of long-term conditions care management.

<sup>19</sup> Quality, Innovation, Productivity and Prevention (QIPP) works at a national, regional and local level to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings to reinvest in services to deliver quality improvements.

<sup>20</sup> A toolkit that helps local authorities model the local financial benefits of supporting people services can be found here: [www.communities.gov.uk/publications/housing/financialbenefitsguide](http://www.communities.gov.uk/publications/housing/financialbenefitsguide)

## Council leadership for health and well-being

- 3.13 At its broadest level, prevention depends on promoting health and well-being at a grassroots level. The Coalition is committed to giving local authorities the power and influence they need to lead change within their communities. Following the NHS White Paper *Liberating the NHS*, local government will take on new health improvement responsibilities. Councils will also take the lead role in drawing up joint strategic needs assessments (JSNAs), which will shape the commissioning of health, social care and health improvement services. These developments offer councils a huge opportunity to shape local services to promote health and well-being and prevent dependency. Further details will be set out shortly in a White Paper on public health.

### **Nothing about me, without me**

Bristol Older People’s Partnership Board involves older people in equal measure at the highest levels of service planning and decision making. The Board is made up of heads of service drawn from departments across the whole local authority as well as senior decision makers in health, community safety, pensions service, voluntary sector etc. More importantly 50% of the places on the Board are reserved for older people and carers, drawn from representative bodies in the area, who have an equal say in all discussions and have co-authored an “Improving the Quality of Life Strategy for Older People”.<sup>21</sup>

## Making it happen

- 3.14 Councils should exploit the many opportunities to improve preventative services by:
- developing community capacity and promoting active citizenship, working with community organisations and others across all council services, establishing the conditions in which the Big Society can flourish; and
  - commissioning a full range of appropriate preventative and early intervention services such as re-ablement and telecare, working in partnership with the NHS, housing authorities and others.
- 3.15 The Government will:
- publish a White Paper on public health, outlining councils’ enhanced leadership role in health improvement and the opportunities this offers.

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<sup>21</sup> More information about how older people are involved in developing services in Bristol is available at: [www.bristol.gov.uk/ccm/content/Health-Social-Care/ppfb/quality-of-life-for-older-people-strategy.en](http://www.bristol.gov.uk/ccm/content/Health-Social-Care/ppfb/quality-of-life-for-older-people-strategy.en)



## 4. Our vision for personalisation

**Individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.**

- 4.1 Our vision starts with securing the best outcomes for people. People, not service providers or systems, should hold the choice and control about their care. Personal budgets and direct payments<sup>22</sup> are a powerful way to give people control. Care is a uniquely personal service. It supports people at their most vulnerable, and often covers the most intimate and private aspects of their lives. With choice and control, people's dignity and freedom is protected and their quality of life is enhanced. Our vision is to make sure everyone can get the personalised support they deserve.
- 4.2 While social care is more advanced than any other public service in making direct payments, we need faster progress to bring the benefits to all.<sup>23</sup> A personal budget alone does not in itself mean that services are automatically personalised. This requires a wholesale change - a change of attitude by councils and staff, reform of financial<sup>24</sup> and management and information systems, and reduction of inflexible block contracts. People should get personal choice and control over their services - from supported housing through to personal care.<sup>25</sup> Even those with the most complex needs can benefit from personalised services.<sup>26</sup>

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<sup>22</sup> A personal budget can be taken by an individual as a direct (cash) payment; as an account held and managed by the council in line with the individual's wishes; or as an account placed with a third party (provider) and called off by the individual; or as a mixture of these approaches.

<sup>23</sup> The scope and legislation governing personal budgets varies across Europe, but many countries have more extensively personalised their social care system. For example, cash allowances for people over 65 have 100 per cent coverage in Austria (*Direct Payments and Older People* (The King's Fund, 2006), pp. 6–8).

<sup>24</sup> *Financial management of personal budgets* (Audit Commission, 2010) See: [www.audit-commission.gov.uk/nationalstudies/localgov/personalbudgets/Pages/default.aspx](http://www.audit-commission.gov.uk/nationalstudies/localgov/personalbudgets/Pages/default.aspx)

<sup>25</sup> *Delivering Personalisation in Housing Support* (Department for Communities and Local Government, forthcoming).

<sup>26</sup> *Raising our Sights: Services for Adults with Profound Intellectual and Multiple Disabilities – A Report by Professor Jim Mansell* (Mansell J, 2010).

## Bringing the benefits of personalisation to all

4.3 Where personalisation has taken root, it works and is popular with users and carers. A report from the Office of Fair Trading showed that direct payments made people happier with the service they receive.<sup>27</sup> Two reports on individual budgets said people, including carers, enjoyed the enhanced control over their care.<sup>28, 29</sup> The time is now right to make personal budgets the norm for everyone who receives ongoing care and support – ideally as a direct cash payment, to give maximum flexibility and choice.

4.4 In order to bring the benefits of personalisation to all there are five groups of people who may need more support or appropriate help to manage a direct payment:

- older people should be supported with information on quality of providers readily available and the ‘hassle costs’ of choice reduced as far as possible.<sup>30, 31</sup> For example, by ensuring they receive appropriate support and assurance through the process. Strengthening the voice, choice and control of older people with high support needs takes time and effort to achieve. A range of person-centred approaches exists to help plan and deliver better outcomes for people who need support, which can have benefits for older people, staff and families, and also contribute to ending age discrimination as outlined in the Equality Act 2010;<sup>32</sup>
- people with learning disabilities, autism, disabled people and those with complex needs require person-centred planning to maximise choice and control, and appropriate help in cases where a direct payment is not chosen;
- despite evidence that use of personal budgets resulted in a significantly higher quality of life for people with mental health conditions,<sup>33</sup> take-up has so far been low;
- people in residential care should have the same entitlement as anyone else to exercise choice and control over their care and how they live; and

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<sup>27</sup> *Choice and Competition in Public Services: A Guide for Policy Makers* (Office of Fair Trading/Frontier Economics, 2010).

<sup>28</sup> *The National Evaluation of the Individual Budgets Pilot Programme* (Social Policy Research Unit, University of York, 2008).

<sup>29</sup> *Individual Budgets: Impacts and Outcomes for Carers* (Social Policy Research Unit, University of York, 2009).

<sup>30</sup> See ref. 27

<sup>31</sup> See *Delivering Personal Budgets for Adult Social Care: Reflections from Essex* (Office for Public Management, 2010); see also ref. 14 above

<sup>32</sup> NDTi (National Development Team for Inclusion) Insights 3 Examples can be found at: [www.independentlivingresource.org.uk](http://www.independentlivingresource.org.uk)

<sup>33</sup> See ref. 14



- people who lack the mental capacity to make some decisions should also be offered the same opportunities for choice and control as anyone else. The core principle of the Mental Capacity Act – that best interests and participation in decisions should be enabled wherever possible – must guide the approach. Councils should work with the person and those close to them to find out their preferences and manage risk sensibly. This may involve placing control of a personal budget in the hands of another suitable person.<sup>34</sup>

### **The power of personal budgets**

**Charlie** is a young man living in the countryside with a diagnosis of Paranoid Schizophrenia. After treatment for his mental health needs in hospital he returned to stay with his family but spent most of his time indoors. He felt unable to live in his own house, and had regular contact with mental health services. A Personal Budget enabled him to live at home with the support of personal assistants he and his family employed. Now he helps out on a local farm, his mental health has improved and he is living more independently.<sup>35</sup>

**Lynne** was diagnosed with epilepsy after receiving a head injury and the impact of seizures on her everyday life was huge. Everyday tasks suddenly became hazardous to her. At her local Epilepsy Action branch she learned how Seizure Alert Dogs can warn epilepsy sufferers of imminent seizures. Lynne now uses her direct payment to fund the upkeep of her dog, Dougal.<sup>36</sup>

**David** started his own business selling local produce at a market. His personal budget buys him support from a social enterprise that helps people with learning disabilities to establish their own micro-enterprises or small businesses.

- 4.5 Pooling budgets is one way of maximising outcomes, using direct payments to employ an organiser to help a group of people to arrange leisure activities together.<sup>37</sup> Personalisation can also be achieved by harnessing the untapped potential of communities. For example, volunteer visiting schemes can reduce the social isolation of older people, who are disproportionately represented in the rural population. Whether they receive a direct payment or fund their own care and support, people should have access to a service that meets their needs.

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<sup>34</sup> See: [www.publicguardian.gov.uk/mca/code-of-practice.htm](http://www.publicguardian.gov.uk/mca/code-of-practice.htm) for more information.

<sup>35</sup> Lincolnshire Partnership NHS FT

<sup>36</sup> See the case study at: [www.support-dogs.org.uk/lynn%20ratcliffe.htm](http://www.support-dogs.org.uk/lynn%20ratcliffe.htm)

<sup>37</sup> See, for example: [www.ruils.co.uk/Options/1/8](http://www.ruils.co.uk/Options/1/8)

- 4.6 Rolling out personal budgets is not, however, an end in itself – our focus is not on the process but on the outcomes of greater choice, control and independence, and ultimately better quality of life. Outcome-based tools, including the ASCOT toolkit<sup>38</sup> and POET,<sup>39</sup> alongside the development of outcome-based assessment and review processes,<sup>40</sup> support a better understanding of whether people’s expected outcomes are being met and the information used to commission differently. Chapter 7 sets out our broader proposals to put outcomes at the heart of social care.
- 4.7 The system should support rather than hinder people’s goals. People who want to pursue educational or employment opportunities, for example, should be able to move from one part of the country to another without having to go through unnecessary multiple assessments and uncertainty. We want to see greater portability of assessments, and will consider how to pursue this in the light of the work of the Law Commission and the Commission on the Funding of Care and Support.

### Information, advice, advocacy and support

- 4.8 To have real autonomy and choice people need information and advice. Lack of good, accessible information to help support their choices is a real concern for people. Councils’ role here is to ensure that everyone – whether using a personal budget or their own funds – can get the information and advice they need. This could include:
- good quality, up-to-date and accessible information direct from the council, especially on websites;
  - working with local voluntary and/or community organisations and experts in user-led organisations, including carer-led organisations, to provide support, advocacy and brokerage services;
  - advocacy, which helps people express views and receive the services they want as a result. This can range from a person helping a disabled person speak up for themselves to a paid advocate employed by the Independent Mental Capacity Advocacy Service; and
  - recognising that provision of information and advice is a universal service, and that people funding their own care have a particular need for information and guidance to help plan how their care needs are met.

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<sup>38</sup> The Adult Social Care Outcomes Toolkit (ASCOT) is available at: [www.pssru.ac.uk/ascot](http://www.pssru.ac.uk/ascot). ASCOT and the outcomes data it generates can be used to inform cost-effectiveness, examine the relative costs of outcome improvements across service types and aid outcomes-based commissioning.

<sup>39</sup> The Personal Budget Outcomes Evaluation Tool (POET) is in use at a number of councils, with support from In Control and Lancaster University.

<sup>40</sup> *Outcome-focused Reviews: A Practical Guide* (Department of Health, 2009), a practical tool that discusses the use of outcome-focused reviews, is available at: [www.puttingpeoplefirst.org.uk/Topics/Browse/Measuringresults/Review/?parent=3249&child=5625](http://www.puttingpeoplefirst.org.uk/Topics/Browse/Measuringresults/Review/?parent=3249&child=5625)

### **Information for choice**

Harrow Council and shop4support have entered into a partnership to create an online marketplace, [shop4support.com](http://shop4support.com), that brings together the services and support available in the local area. People can shop around, choose the services that suit them best and decide how to make the best use of their personal budget. People can also suggest new types of services they would like, helping the council to stimulate new provision to meet people's needs.<sup>41</sup>

## **Making it happen**

4.9 Personalisation in social care is under way, but there is plenty of scope for progress. An Association of Directors of Adult Social Services (ADASS) survey in April 2010 said that 42 out of 152 councils (30 per cent) had made good progress towards personalisation.<sup>42</sup> Councils should:

- provide personal budgets for everyone eligible for ongoing social care, preferably as a direct payment, by April 2013;
- accelerate reforms to their assessment, care management, financial and information systems to support a personalised system that places a stronger emphasis on outcomes and gives all users choice over their services, whatever the setting;<sup>43, 44</sup> and
- focus on improving the range, quality and accessibility of information, advice and advocacy available for all in their communities – regardless of how their care is paid for – to support their social care choices.

4.10 The Government will:

- put personalisation at the heart of the framework for quality and outcomes being developed and examine the outcomes and benefits for people;
- consider how to embed personalisation in the new legal framework following the Law Commission's report – for instance, in strengthened guidance, new statutory principles to underpin the law, and through an entitlement, or right, for support to be offered as a personal budget or direct payment;
- develop proposals, subject to the Law Commission and Funding Commission reports, to ensure portability of assessments; and

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<sup>41</sup> See: [www.shop4support.com/s4s/ui/content/](http://www.shop4support.com/s4s/ui/content/)

<sup>42</sup> *Putting People First: 2nd year progress* (ADASS, 2010); available from [www.puttingpeoplefirst.org.uk/Topics/Browse/General/?parent=2734&child=7671](http://www.puttingpeoplefirst.org.uk/Topics/Browse/General/?parent=2734&child=7671)

<sup>43</sup> Right to Control Trailblazers, which build on the principles of personal budgets and personalisation and will give disabled people more choice and control over the services they use (personal budget pilots for disabled people in 7 areas) will be able to delegate their non-complex assessment reviews from social workers to user-led organisations (ULOs) and third parties via a Deregulation and Contracting Out (DACO) Order.

<sup>44</sup> A total of 12 councils are currently leading local partnerships in the development and evaluation of information sharing across organisational boundaries. More information is available at: [www.dhcarenetworks.org.uk/CAF](http://www.dhcarenetworks.org.uk/CAF)

- use the pilots currently under way to inform the rollout of personal health budgets and make it possible to combine personal health budgets with personal budgets in social care in the future.<sup>45</sup>

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<sup>45</sup> A personal health budget pilot programme is currently underway involving half the PCTs in the country and around 3000 people. The independent evaluation, to be published in 2012 will inform the wider rollout of personal health budgets.

## 5. Our vision for plurality and partnership

**The variety of people’s needs is matched by diverse service provision, with a broad market of high quality service providers.**

**Care and support is delivered in partnership between individuals, communities, the voluntary and private sectors, the NHS and councils - including wider support services, such as housing.**

### A plural market

- 5.1 Our vision looks out to strong communities, not up to the state – to a big and open society. It shifts the power from the state to the citizen, from Whitehall to the town hall and from provider to citizen. This vision can be realised if people and providers work together for the benefit of people who need care. The increased use of personal budgets preferably as a direct payment, alongside people funding their own care, will be a catalyst for change. People will demand the services they want to meet their needs, creating truly person-centred services. These will be delivered by organisations, including social enterprises and mutuals, that can respond to the demands of their communities. This can include niche and specialist providers. It can also include more mainstream and universal service providers – for instance, those offering transport or leisure options, or employment and education support – which are able to cater for people’s needs without operating exclusively in the social care sector.
- 5.2 Social care already involves a diverse range of providers, including the voluntary and private sectors. But more can be done to make a reality of our vision of a thriving social market in which innovation flourishes. Councils have a role in stimulating, managing and shaping this market, supporting communities, voluntary organisations, social enterprises and mutuals to flourish and develop innovative and creative ways of addressing care needs. Local government has already made great strides towards developing local services with their local communities and voluntary organisations.<sup>46</sup> To build on this they will need robust evidence about what local markets offer and how they operate.
- 5.3 A first step in market shaping is for councils, with their NHS partners, to move away from traditional block contracts; increase personal budgets, including direct payments; and support the growth of a market in services that people want. The starting point should be a shared view of the outcomes to be achieved.

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<sup>46</sup> See: [www.scie.org.uk/publications/ataglance/ataglance15.asp](http://www.scie.org.uk/publications/ataglance/ataglance15.asp)

## Addressing barriers

- 5.4 There should be a fair playing field for providers, particularly for small providers who often struggle to engage with formal tendering processes but can offer very individualised solutions. Commissioners of services should work with suppliers in the independent and voluntary sectors to better understand market capacity and capability, and decide how innovation and best value can be incentivised effectively.

### **Working together**

Lancashire County Council (LCC) were an early adopter of the *Working together for change* approach to engaging people in commissioning and service development. LCC has used the approach in a variety of ways, including for specific client groups and across pathways such as stroke services, older people's day services and dementia services in the county. The approach has been used with providers to support them to improve the quality and responsiveness of their services and the degree of choice and control people experience. So far this has included extra care housing, domiciliary care and community support.<sup>47</sup>

- 5.5 The Government will consider whether there are barriers, in particular to social enterprises, that prevent a dynamic and varied market. The Department of Health will work with the Department for Business, Innovation and Skills (BIS) to look both at barriers that may exist, and at initiatives that could support new approaches. One example is social impact bonds, where philanthropic and private investment can support voluntary sector activity and successful outcomes are rewarded on a payment by results basis.<sup>48, 49, 50</sup> The Department of Health, working with the Department for Communities and Local Government, will also consider the proposed role for Monitor in overseeing the market in social care, and ensure that such a role does not duplicate existing functions.

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<sup>47</sup> Guidance for Working Together for Change is available at:

[www.puttingpeoplefirst.org.uk/Topics/Browse/General/?parent=2734&child=5802](http://www.puttingpeoplefirst.org.uk/Topics/Browse/General/?parent=2734&child=5802)

<sup>48</sup> 'Will social impact bonds solve society's most intractable problems?' (*The Guardian*, 6 October 2010),

[www.guardian.co.uk/society/2010/oct/06/social-impact-bonds-intractable-societal-problems](http://www.guardian.co.uk/society/2010/oct/06/social-impact-bonds-intractable-societal-problems)

<sup>49</sup> See also: *From Social Security to Social Productivity: A Vision for 2020 Public Services* (2020 Public Services Trust at the RSA, 2010), p. 45

<sup>50</sup> The Department of Health has been working in partnership with the Department for Business, Innovation and Skills (BIS). BIS market analysis for the Department of Health, 2010.

## Partnership working

- 5.6 Partnership working means individuals, communities, statutory organisations, the voluntary, private and community sectors, all working together. It must also mean ensuring that a joined up approach is taken within councils, including for young disabled people, making the transition from children's to adults services, and identifying wider individual and family needs, in particular safeguarding children. The greatest benefit of partnership working is better outcomes for people. Alongside this, however, efficiencies can be achieved through a joined-up approach between social care, housing, employment and other sectors.<sup>51</sup>
- 5.7 Evidence suggests that joint strategies, including a focus on reducing hospital admissions, save resources in the NHS.<sup>52</sup> Specifically, getting more people into employment has well-documented benefits including generating savings for the taxpayer.<sup>53</sup> The local government 'Getting A Life' and 'Jobs First' websites are already showing how people with learning disabilities can use their personal budgets, drawn together with other appropriate funding, to buy the support they need to get and keep a job or self-employment.<sup>54</sup> Similarly, it is likely that expenditure on adults with significant disabilities could be reduced if funding were used for supported employment rather than leisure-focused day services.
- 5.8 The flexible use of resources should be encouraged if it improves outcomes. Coherent and integrated services are essential, not optional. Indeed, the *Six Lives*<sup>55</sup> progress report is a reminder of how poorly co-ordinated services for people with learning disabilities can contribute to harm and unacceptable failings in quality.

## The opportunity

- 5.9 The plans set out in the NHS White Paper, *Liberating the NHS*, provides the opportunity for a much greater degree of local co-ordination and integrated working to shift the balance of power towards local communities and individuals:
- JSNAs will form the foundation of priority setting, encouraging greater involvement of local voluntary and community organisations. JSNAs will help local people to hold providers and commissioners to account, agree local priorities and inform a range of commissioning strategies and plans. This will be underpinned through new statutory duties for local councils and GP consortia to work together to promote the health and well-being of their local population.

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<sup>51</sup> Right to control is working across six funding streams to deliver more choice and control for disabled people.

<sup>52</sup> See: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_111240](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111240)

<sup>53</sup> *A Financial Cost: Benefit Analysis of Kent Supported Employment* (Kilsby M, Beyer S, Kent County Council, 2010).

<sup>54</sup> See: [www.valuingpeoplenow.dh.gov.uk/content/demonstration-sites](http://www.valuingpeoplenow.dh.gov.uk/content/demonstration-sites)

<sup>55</sup> *Six Lives: Progress Report* (Department of Health, 2010),

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_120251](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_120251)



- joint commissioning, pooled budgets and place-based budgets allow the focus to shift away from funding streams and onto people's needs.
- simplifying the commissioning and contracting landscape by merging or sharing back office functions across councils and NHS commissioners can develop a more accessible, less costly process for suppliers.
- learning from the Trailblazer local councils developing Health and Wellbeing Boards.

## Making it happen

### 5.10 Local councils should:

- exploit the opportunities of the NHS White Paper to play a lead role in their communities, ensuring local services are more coherent, responsive and integrated. Together with the NHS and other partners, councils should agree a shared view of local priorities and the outcomes to be achieved, and deliver commissioning strategies to meet the needs of their local populations – including the most vulnerable;
- work with the NHS and other partners to pool and align funding streams at the local level and alert the government if there are any barriers to this local flexibility
- work with private providers, charities, voluntary organisations, mutuals, social enterprises and user-led organisations, and move away from traditional block contracts; and
- critically examine their arrangements for contracting service providers to ensure that the rules are fair, proportionate and enable micro and small social enterprises, user-led organisations and voluntary organisations to compete to deliver personalised services.

### 5.11 The Government will:

- identify and remove barriers to collaboration and to pooling or alignment of budgets across health and social care and bring together funding streams for employment support;<sup>56</sup> and
- consider the barriers to market entry for micro and small social enterprises, user led organisations and charities, and the proposed role for Monitor to play in market shaping.

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<sup>56</sup> Partnership arrangements for lead commissioning, joint management of provision for services and pooling of funds between NHS bodies and local government to support improvements in outcomes for local populations via section 75 of the NHS Act 2006



## 6. Our vision for providing protection

**There are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.**

6.1 Abuse is a hidden and often ignored problem. It is fundamental in any civilised society that the most vulnerable people are protected from abuse and neglect. People should be protected when they are unable to protect themselves. This should not be at the cost of people's right to make decisions about how they live their lives.

### Safeguarding is everybody's business

6.2 Providers and commissioners of services are responsible for their quality and safety. They should ensure their staff provide safe, high quality care. This includes rigorous pre-employment checks and monitoring of their work. Equally, all staff need to see safeguarding and providing a high quality service as central to their role.

6.3 The Care Quality Commission (CQC) sets the essential level of quality and safety that all organisations must follow. By focusing on core duties for safety and quality, CQC can identify where standards are at risk of failing and will retain the ability to inspect services where safeguarding concerns have been raised. Professional regulation of the social care sector, including regulation of social workers, is another important aspect of delivering quality services.

6.4 Government should provide direction and leadership, ensuring that the law is clear, proportionate and effective. There is a particular responsibility for national government in relation to those who lack mental capacity, and their welfare and safety must be a priority. However, the state's role is to strike a balance – allowing people to make decisions about risk without becoming intrusive or overbearing. People tell us they wish to be safe, but equally they do not want to be over-protected and denied their independence. People also tell us that they want more choice and control. A modern social care system needs to balance freedom and choice with risk and protection.

6.5 The risk of abuse can come from people close to the individual concerned, not just from paid staff or volunteers. We want to support and encourage local communities to be the eyes and ears of safeguarding, speaking up for people who may not be able to protect themselves. This could build on existing Neighbourhood Watch schemes or involve initiatives by local HealthWatch. People and communities have a part to play in preventing, recognising and reporting neglect and abuse. It is everyone's responsibility to be vigilant.

- 6.6 An effective safeguarding system requires everyone to be clear about their roles and responsibilities. It is essential that there is coherent local leadership, vision and strategic direction. Safeguarding Adults Boards exist in all parts of the country and some currently take on this function. Local government should act as the champion of safeguarding within communities. In developing our plans for legislation we will consider whether this function should be placed on a statutory basis.
- 6.7 The Law Commission has recently consulted on a number of proposals on safeguarding as part of a proposed new adult care statute<sup>57</sup>. We will work with the Law Commission in preparation for strengthening the law in respect of safeguarding. Our aim is to have a system that is proportionate and gives people local flexibility, without leaving gaps in the legislative framework.

### Safeguarding is central to personalisation.

- 6.8 Choice and control can only be meaningful if people can make informed choices, in an environment where they can make decisions freely and safely. Giving people control over their care and support does not mean they are abandoned. Safeguards against poor practice, harm and abuse need to be an integral part of managing care and support.
- 6.9 Personalised care is for everyone, but some people will need more support than others to make choices about how they live their lives. Everyone has the right to personalised care and as much choice and control as possible. As we pick up the pace on personalisation, we need to ensure that this includes the most vulnerable members of our society, including those who may lack capacity. With effective personalisation comes the need to manage risk for people to make decisions as safely as possible. Making risks clear and understood is crucial to empowering service users and carers, recognising people as ‘experts in their own lives’.
- 6.10 Risk management does not mean trying to eliminate risk. It means managing risks to maximise people’s choice and control over their services. True empowerment means that people might make decisions service providers disagree with. But as long as the outcomes are part of the care plan and all risks have been fully discussed and understood, this can lead to real choice and control and a better quality of life for the individual.

### Making it happen

- 6.11 Local councils should:
- ensure that everyone involved in local safeguarding is clear about their roles and responsibilities;

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<sup>57</sup> Consultation can be found at: [www.lawcom.gov.uk/current\\_consultations.htm](http://www.lawcom.gov.uk/current_consultations.htm)

- ensure that people who need care and support to maintain their independence have their right to personal autonomy respected, underpinned by a proportionate approach to the management of risk; and
- champion and support safeguarding within communities. Citizens and communities have a part to play in preventing, detecting and reporting abuse and neglect.

6.12 The Government will:

- work with the Law Commission in preparation for strengthening the law on safeguarding to ensure the right powers, duties and safeguards are in place.

## 7. Our vision for productivity, quality and innovation

**Greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.**

- 7.1 The Coalition Programme for Government made clear the over-riding importance of deficit reduction. The Spending Review recognised the pressures on the social care system in a challenging fiscal climate and allocated an additional £2bn by 2014/15 to support the delivery of social care. This includes £1bn through the NHS to be spent on measures that support social care but also benefit health. Of this £1bn, up to £300m a year is for re-ablement spending in the NHS, while the remainder will support other social care services. The other half of the £2bn is from additional local government grant funding, rising to £1bn by 2014/15. This funding will be allocated in addition to the Department's existing social care grants, which will rise in line with inflation. Grant funding for social care will therefore reach £2.4bn by 2014/15. In order to support local flexibility and to reduce administrative burdens, this funding will go to authorities through the local government formula grant.
- 7.2 This additional funding of £2bn comes in the context of a reduction to overall local government funding. It is vital that councils deliver lasting reforms and redesign their services to deliver efficiencies and transform how social care is delivered. Finding new and innovative ways to deliver social care, maintain quality and work in a more integrated way with the NHS is essential. We know that councils have an excellent track record in delivering efficiencies, and that the social care sector is on course to deliver 3% savings this year.
- 7.3 Councils must now redouble their efforts. Over the next four years, demographic changes will continue to put pressure on social care. Councils must examine how they use their resources and reform their services to ensure the very best quality outcomes for those who need social care. We have set out below a framework that councils should use when looking at delivering efficiencies and getting value for money from social care without reducing services.

### Helping people to stay independent for as long as possible

- 7.4 Preventing people's needs from escalating will help to reduce the costs of intensive care packages. Employment is also an important part of helping people to stay independent for as long as possible. Effective rehabilitation and the management of long-term conditions are both central elements of the NHS's QIPP programme. Health and social care professionals should take a joint, evidence-based approach to identifying the needs of local populations and agreeing shared solutions.

- 7.5 Re-ablement services help people to regain their independence after a crisis, and can have a significant positive impact on people's quality of life. The recent study on the impacts of re-ablement, from the Personal Social Services Research Unit and the University of York, showed that those going through a re-ablement programme experienced a significant improvement in health-related quality of life compared to a comparison group<sup>58</sup>. In addition, the report suggests that re-ablement is cost-effective for local authorities. For the 10 months after a re-ablement programme, people's care costs were around 60% lower than those who had not gone through a re-ablement programme - which significantly outweighed the initial costs of providing the re-ablement service to people.
- 7.6 To strengthen and mainstream re-ablement services, the Department of Health will amend the 'Payment by Results' tariff from April 2012 so that the NHS pays for re-ablement and other post-discharge services for 30 days after a patient leaves hospital. From next April, Trusts will not be reimbursed for unnecessary readmissions to hospital.
- 7.7 To prepare for these changes, we have allocated £70m for PCTs to spend on re-ablement in 2010/11. This is a chance for the NHS, including the emerging GP consortia, and councils to agree the re-ablement services they will need to fulfil the new 30-day post discharge responsibility. The Spending Review also allocated up to £300m a year for further re-ablement services. Investing in re-ablement should improve people's outcomes - supporting their independence, reducing unnecessary hospital admissions and easing discharges - which will also benefit the NHS.

### **Crisis or rapid response services**

- 7.8 Case studies suggest that an integrated crisis response service that responds within a four-hour period could save an average of £2m per PCT, and £0.5m per council, by reducing ambulance callouts, unnecessary admission to hospital and unplanned entry to long term nursing or residential care.<sup>59</sup> Bristol PCT and Bristol City Council's service is an example of a highly regarded crisis response service. It is part of a comprehensive range of intermediate care services, which has saved around £4.3m across health and social care.<sup>60</sup>

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<sup>58</sup> <http://www.csed.dh.gov.uk/homeCareReablement/prospectiveLongitudinalStudy/?parent=5172&child=6450>

<sup>59</sup> See Care Services Efficiency Delivery research at: [www.csed.dh.gov.uk/CrisisResponse/](http://www.csed.dh.gov.uk/CrisisResponse/)

<sup>60</sup> The case study is available at:

[www.csed.dh.gov.uk/\\_library/Resources/CSED/CSEDProduct/Bristol\\_Crisis\\_Response\\_Case\\_Study.pdf](http://www.csed.dh.gov.uk/_library/Resources/CSED/CSEDProduct/Bristol_Crisis_Response_Case_Study.pdf)

## Providing care and support to meet people's goals

- 7.9 Providing people's care and support in the most appropriate and cost-effective way is vital. Self-evaluations from three councils indicate that adult social care departments could save at least 1.5 per cent per annum of their home and residential care spend by introducing integrated telecare support to people. North Yorkshire Council has led the way in embedding telecare services into its social care provision, saving around £1m per annum as a result.<sup>61</sup>
- 7.10 Assisted living is one of the most promising developments for ensuring the ageing population continues to be well served with high quality and affordable health and care services. Technologies such as telehealth help people with long-term conditions to better manage and understand their condition. They also provide daily information on health status to support more effective and timely clinical decisions. Telecare enables people to live at home independently for longer by providing technologies that make their homes more safe and secure.
- 7.11 Robust evidence on how to target telecare and telehealth to ensure both cost-effectiveness and successful outcomes is lacking. The £31m whole system demonstrator programme will start to address this problem. It is the largest ever randomised control trial of these technologies. Over 6,000 people across Kent, Cornwall and Newham are involved in testing assisted living services, and the evaluation by six of the UK's leading academic bodies will report in spring 2011. The results will inform the Department of Health's work with BIS on market shaping and the barriers to new technology entering the market, including assisted living.

## Reducing spending on long term residential care for reinvestment in other services

- 7.12 *Use of Resources in Adult Social Care*<sup>62</sup> highlighted how the proportion of social care budgets spent on long term nursing and residential care varies dramatically across the country – from 12 per cent to 80 per cent of spend on services for people with learning disabilities, for example. Some of this variation may reflect local preferences. However, some people are placed in residential care because there are few alternatives to meet their needs in the community, or because people are discharged from hospital without a suitable care plan.

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<sup>61</sup> See: [www.csed.dh.gov.uk/AT/](http://www.csed.dh.gov.uk/AT/)

<sup>62</sup> *Use of Resources in Adult Social Care: A Guide for Local Authorities* (Department of Health, 2009).

- 7.13 Supported housing and extra care housing offer flexible levels of support in a community setting, and can provide better outcomes at lower costs for people and their carers than traditional high cost nursing and residential care. The Care Services Efficiency Delivery Programme’s evaluation of a supported housing scheme for people with learning disabilities in Redcar with Cleveland suggested that a saving of £12,000 per person per annum could be achieved.<sup>63</sup> Better use of existing community-based services, for example step-down re-ablement or home improvement and adaptations, can also reduce demand for nursing and residential care. We expect councils to look closely at how they can reduce the proportion of spending on residential care through such improvements to their community-based provision.

### **Support to stay at home**

In Nottingham, the Support Management and Response Team (SMaRT) covers over 1,000 people living in supported accommodation and in their own homes. This includes people with learning disabilities and mental health needs, homeless people, female victims of violence, ex-offenders and people with drug and alcohol issues. People can press the SMaRT button in their home to speak with an experienced support worker. If necessary, a mobile response team can swiftly attend. The service has directly saved over £0.5 million per year by replacing night staff and making sure that access to floating support is better linked to need. The service enables people who would otherwise be in high-cost residential care or hospitals to live in their own homes.<sup>64</sup>

Homeshare is a model which allows people to stay in their own homes for longer. It is a simple way of helping people to help each other. A Homeshare involves two people with different sets of needs, both of whom also have something to offer. Firstly, people who have a home that they are willing to share but are at a stage in their life where they need some help and support. Secondly, people who need accommodation and who are willing to give some help in exchange for somewhere to stay.<sup>65</sup>

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<sup>63</sup> See: [www.csed.dh.gov.uk/supportRelatedHousing/](http://www.csed.dh.gov.uk/supportRelatedHousing/)

<sup>64</sup> *Use of Resources in Adult Social Care: A Guide for Local Authorities* (Department of Health, 2009). Also see: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_107596](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107596)

<sup>65</sup> See: <http://naaps.org.uk/en/homeshare/?PHPSESSID=6b19ddd1de455d2f07dde3bafb009819>



## Maximising spend on front-line services

- 7.14 The solid Spending Review settlement for social care requires the rigorous prioritising of expenditure to ensure that as much money as possible goes to those most in need. Tough choices will be required of councils to transform services and meet efficiencies. Councils must therefore ensure they minimise spend on back office administration and replace poor value services. Herefordshire Hospital Trust, PCT and Council have agreed to establish a public sector joint venture to carry out shared back office services across local government and health. They expect that this approach will lead to significant savings, and free up resources for front-line care.
- 7.15 Despite growth in the private and voluntary sectors, some councils retain a large proportion of in-house services. In 2008/09, around half of councils spent over a fifth of their residential care budgets on in-house provision, rising to over 60 per cent of residential care budgets in some areas. For day care, the situation was even more stark, with the majority of councils spending over half their budgets on in-house services.<sup>66</sup>
- 7.16 There may be exceptional reasons for the council to retain services, but separating responsibility for commissioning and providing services should become the norm. It is crucial for providing choice for service users and carers, and increasing competition amongst providers. Evidence from a wide range of public services shows that choice and competition can be a powerful tool to drive up quality and reduce and control costs.<sup>67</sup> Local councils with substantial in-house provision should look to the market, including social enterprises, mutual and voluntary organisations, to replace them as a local service provider. Benchmarking both quality and unit costs provides a useful reference point for councils as they grow a broader market of local care providers.

## High quality assessment and care management services

- 7.17 High quality assessment and care management services are central to providing a person-centred social care service. But inefficient, unnecessary processes remain. We expect councils to show that they have reduced unnecessary management costs in their assessment and care management processes and redirected it to funding more care and support. We will also look carefully at whether the law could allow some assessments to be undertaken by people themselves, including user led and community organisations, rather than councils. This could be better for the individual, make better use of council resources, address people's frustration at being asked the same questions on each contact, and reduce inconsistency in record keeping.

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<sup>66</sup> PSS Ex1 data. Further information at: [www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/personal-social-services-expenditure-and-unit-costs-england-final-2008-09](http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/personal-social-services-expenditure-and-unit-costs-england-final-2008-09)

<sup>67</sup> *Assessing the Impact of Public Sector Procurement on Competition* (Office of Fair Trading, 2004).



## Putting quality at the heart of social care: a strategic approach to quality and outcomes

- 7.18 The balance of power is shifting dramatically – away from the centre and towards empowered local communities holding organisations to account for the services they provide based on the experience of service users and carers. The Government does not believe in top-down programmes or performance management. Instead we need to combine sector-led improvement with a stronger local voice and accountability. The national role in this approach should be to facilitate, assure and support, not to dictate.
- 7.19 The approach aims to free the frontline from bureaucratic constraints, and support local organisations to focus on the quality of care and the outcomes achieved. Local government will be responsible for delivering improved outcomes for people using services and their carers, without the focus on targets and service activity. By embedding outcomes throughout the social care system, we can help organisations at all levels to think about what individuals need, and design services to meet those needs.
- 7.20 The consultation document *Transparency in Outcomes: a framework for Adult Social Care*, published alongside this vision, proposes a new agenda for adult social care. It will be co-produced with the social care sector, voluntary and community organisations and people who use services over the coming months and years. It will have five core elements:
- **building the evidence base** – being clear about what quality means for social care and the relationship between quality and outcomes. Expanding the remit of NICE to cover adult social care, to produce quality standards that bring together best practice on service quality and achieving outcomes;
  - **demonstrating progress** – developing fair, consistent data on quality and outcomes which helps local government and communities to see progress and hold organisations to account;
  - **supporting transparency** – focusing on the core issues of transparency and local public accountability by making information on quality and outcomes available to local people, carers, commissioners and managers;
  - **rewarding and incentivising** – promoting quality improvement through stronger incentives for providers and commissioners and closer integrated working with the NHS; and
  - **securing the foundations** – ensuring essential standards of quality underpin all services to secure safety for the most vulnerable and support public confidence. This includes the role of regulation in controlling market entry, and the extent of inspection powers to check compliance and highlight risk.

- 7.21 The new approach signalled in the consultation will emphasise information generated by people who use services. The Government's plans for information services, *An Information Revolution: a Consultation on Proposals*, sets this trend in the context of broader plans to make information in health and social care much more responsive to people's needs.<sup>68</sup>
- 7.22 Similarly, the performance assessment system will be changed to support the enhanced role of the sector and local communities in shaping local services and holding councils to account. The current annual assessment of councils as commissioners of adult social care will be ended and replaced by a new sector led-approach. Where concerns are raised about services, CQC will continue to be able to inspect councils. We envisage a robust system of triggers that can lead to inspection. For example, local HealthWatch organisations will be able to report concerns to HealthWatch England. It could request CQC to undertake inspections where it has grounds for concern about the quality or safety of social care or health services.
- 7.23 Adult social care has shown that, over the last two decades since the community care reforms, it has an excellent track record in delivering efficiencies. Now, quality and efficiency can no longer be seen as two separate objectives – we must deliver both.

## Making it happen

7.24 Local councils should:

- develop a local plan for reform, to ensure that they are making the best use of available resources. This should draw upon work also being undertaken by ADASS, and by the Local Government Association led Place Based Productivity Programme.

7.25 The Government will:

- support the work of councils to deliver efficiency savings by co-ordinating and disseminating support tools and best practice; and
- publish and consult publicly on our proposals for a new strategic approach to quality and outcomes in adult social care.

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<sup>68</sup> *Liberating the NHS: An Information Revolution: A Consultation on Proposals* (HM Government, 2010), [www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_120080](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_120080)

## 8. Our vision for people

**We can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.**

### A diverse workforce

- 8.1 The contribution of all those who make up the workforce in adult social care should be celebrated. Over 1.6 million people provide vital services day in day out, working alongside carers to help people live more independently and play a fuller role in our communities. Often working closely with people from other agencies, including the NHS, they have a huge variety of jobs and careers – from senior managers and professionals in social work, nursing and occupational therapy to people of all ages with practical skills in care, catering and other essential support roles. It is challenging but rewarding work.
- 8.2 To deliver the vision the workforce will need to respond to the challenges of the principles at its core when delivering care. They will be crucial to delivering personalisation. People with more choice and control over their care and support will need more information and advice, and want to know how to access and fund services, including from new brokerage and advocacy roles. The provision of personal budgets for all eligible people will mean personal assistants (PAs), directly employed by people who use care and support services, working in new, creative and person-centred ways to play an increasingly important role in providing tailored support to meet individual needs.
- 8.3 The principle of partnership and plurality will result in the workforce being employed in different types of organisations, some of which will work across traditional health and social care boundaries to deliver more integrated services. They will work for a variety of employers including mutuals, employee-owned co-operatives, user-led organisations, existing independent sector employers and individual people who use care and support services.

### A skilled and responsive workforce

- 8.4 Delivering the vision demands a capable and well-trained workforce. This will be led by those working in the sector, their employers and employer-led organisations, including Skills for Care (the part of the Sector Skills Council that represents the sector) and the National Skills Academy for Social Care. Skills for Care will publish a workforce development strategy later this year to help employers design their workforces to support the greater personalisation and other changes to services set out in this vision. The Skills Academy will publish a leadership strategy to address the need to increase leadership capacity in the sector, in order to deliver on those changes.

- 8.5 Local councils will play an important role, working with local employers in the independent sector and other partners, including healthcare workforce planners, to commission the workforce of the future and lead local changes for existing staff. Continuing training and skills development is a vital investment in the future. The Department will work with BIS and others to increase uptake of professional standards.
- 8.6 The Department of Health will also work with BIS and others to ensure there is a secure and simplified framework for training and skills development within the sector to meet future needs. The particular needs of personal assistants and their employers will be addressed in a forthcoming PA strategy, to be published next year. The PA strategy will highlight the need to give people who use services choice and control over their care needs. It will also emphasise that with this freedom comes responsibility to be a good employer and to train, recruit and retain staff.
- 8.7 New and continuing professional roles will be developed for front-line social workers, occupational therapists, nurses and others. New career pathways will be developed, including more apprenticeships and a new care worker role in home and residential care, as well as more PAs. There will be renewed work with employers to maximise recruitment and, especially, retention within the sector. Employment opportunities in the sector are expected to grow over the medium term.
- 8.8 Sickness absence in the social care sector must be tackled. In adult social care rates of sickness absence range from 6.8 days per employee in council adult social services (incorporating social work staff) to 4.9 days per employee in the independent sector (which incorporates care staff).<sup>69</sup> Good staff health and well-being is important to quality and productivity in social care. Work in the NHS shows that the development of effective occupational health strategies can make a significant difference.<sup>70</sup> In the light of this and the challenges in social care, the Government will work with the social care sector to co-produce an occupational health strategy.

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<sup>69</sup> *State of the Adult Social Care Workforce in England 2010*, Skills for Care

<sup>70</sup> *NHS Health and Well-being: Final Report* (Boorman S, 2009),

[www.dh.gov.uk/en/publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_108799](http://www.dh.gov.uk/en/publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108799)

## New freedoms

- 8.9 Giving decision making to front-line professionals is important in building localised and flexible services. The workforce will be empowered to work more in partnership with carers and volunteers locally, helping to develop community skills. The initial findings of the Munro Review of children's services make clear that burdensome procedures and over-regulation reduce social workers' discretion to exercise professional judgement.<sup>71</sup> The Government will carefully consider Professor Munro's work as we give more decision making authority back to social workers and allow staff to exercise judgement with skill and imagination.
- 8.10 To develop the confidence and competence of the profession across both children's and adults' services, we will implement the recommendations of the Social Work Taskforce, including the creation of a new College of Social Work. Social workers and others will play a key role in community development, supporting individuals and community groups to provide more care and support locally.
- 8.11 The Localism Bill will give organisations the ability to challenge local authorities where they believe they could provide services differently or better. Social Work Practices (SWP) are one example of running mainstream social care functions differently. They are professional partnerships of social workers, voluntary sector organisations and private sector organisations independent of the council that operate as social enterprises. Existing pilots currently focus on looked-after children.<sup>72</sup> We will invite councils and their social workers to extend this opportunity to adult services during 2011. We want to see a much more locally specialised service, with social workers combining their skills with the knowledge that local people and carers have about their own needs. This should result in greater choice and control over the services that local people purchase.<sup>73</sup>

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<sup>71</sup> *The Munro Review of Child Protection* (Munro E, 2010), [www.education.gov.uk/munroreview/](http://www.education.gov.uk/munroreview/)

<sup>72</sup> The Department for Education social work practice pilots are explained in more detail at: [www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/childrenincare/socialworkpracticepilots/swppilots/](http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/childrenincare/socialworkpracticepilots/swppilots/)

<sup>73</sup> For more information about Social Work Practices you can e-mail [swpenquiries@dh.gsi.gov.uk](mailto:swpenquiries@dh.gsi.gov.uk) or write to: Social Care Vision, Department of Health, Room 116, Wellington House, 133–155 Waterloo Road, London SE1 8UG.

## Regulation of the social care workforce

8.12 The primary objective of workforce regulation should be to secure the safety of service users and assure public confidence in the workforce in a way that is both proportionate and targeted. The General Social Care Council has proved to be an expensive model and due to past management failures has not been able to take on the regulation of other care workers. The Government has announced the transfer of the General Social Care Council's regulatory functions to the renamed Health Professions Council, reflecting its new broader remit. We are currently reviewing the overall approach to professional regulation in health and social care and will be making proposals later in the year.

## Making it happen

8.13 Local councils should:

- take a leadership role in workforce commissioning in their area, including integrated local area workforce strategies linked to JSNAs. Central government will support and co-ordinate developments only where and when the sector demands this, with a particular focus on the smaller employers who predominate in this sector.

8.14 The Government will:

- support the publication of a workforce development strategy by Skills for Care and a leadership strategy by the Skills Academy
- publish a personal assistants' strategy in 2011; and
- working with councils, extend the piloting of social work practices to adult social care during 2011.

## 9. Conclusion

- 9.1 This vision for social care is part of the Government's ambition to reform health and social care, alongside an integrated public health service focused on prevention, and an NHS with patients in the driving seat and professionals with discretion to make the decisions that matter to people and service users. Local government and adult social care in particular have a key role to play, working in partnership to determine local public health needs and to integrate the commissioning and delivery of services wherever this makes sense locally.
- 9.2 The Spending Review settlement gives local councils a solid basis to reform social care services, rise to the new opportunities and accelerate the pace of change in their existing responsibilities. It also assumes councils will show the leadership needed to make tough choices to deliver efficiency and transform services. The partnership agreement, *Think Local, Act Personal* published in November 2010 set out the immediate actions for councils, focusing on personalisation, a community-based approach to developing services with local communities and other service providers, and a sustained drive on productivity. The Government welcomes the partnership agreement. As we establish the new structures in the NHS and public health, we will work closely with local government and voluntary and community sector leaders to ensure that service development continues apace.
- 9.3 This vision for social care demonstrates the Government's values of freedom, fairness and responsibility, shifting power from central to local, from state to citizen, from provider to people who use services. Our ambition is to foster the conditions in which communities, social enterprises and others can develop a diverse range of preventative and other support that will help to reduce isolation, improve health and well-being and, by doing so, better manage the demand for formal health and care. The Spending Review prioritised resources for social care and partnership working with the NHS, including a transfer from the NHS rising to £1bn by 2014/15. This demonstrates the importance that the Government attaches to social care services. It is now up to councils, working with their local communities and those who already provide care as a carer, family member or neighbour, to make a reality of this vision.



## Annex A

<b>The Vision for quality in social care – a summary of proposals</b>	
<b>Prevention</b>	<p>The Government will:</p> <p>publish a White Paper on public health, outlining councils’ enhanced leadership role in health improvement and the opportunities this offers.</p>
<b>Personalisation</b>	<p>The Government will:</p> <ul style="list-style-type: none"> <li>• put personalisation at the heart of the framework for quality and outcomes being developed and examine the outcomes and benefits for people;</li> <li>• consider how to embed personalisation in the new legal framework following the Law Commission’s report – for instance, in strengthened guidance new statutory principles to underpin the law, and through an entitlement, or right, for support to be offered as a personal budget or direct payment;</li> <li>• consider how to pursue greater portability of assessment, subject to the Law Commission and Funding Commission reports; and</li> <li>• use the pilots currently under way to inform the rollout of personal health budgets and make it possible to combine personal health budgets with personal budgets in social care in the future.</li> </ul>
<b>Plurality and partnership</b>	<p>The Government will:</p> <ul style="list-style-type: none"> <li>• identify and remove barriers to collaboration, pooling or alignment of budgets across health and social care and bring together funding streams for employment support; and</li> <li>• consider the barriers to market entry for micro and small social enterprises, user-led organisations and charities, and the proposed role for Monitor to play in market shaping.</li> </ul>
<b>Providing protection</b>	<p>The Government will:</p> <ul style="list-style-type: none"> <li>• work with the Law Commission in preparation for strengthening the law on safeguarding to ensure the right powers, duties and safeguards are in place.</li> </ul>
<b>Productivity, quality and innovation</b>	<p>The Government will:</p> <ul style="list-style-type: none"> <li>• support the work of councils to deliver efficiency savings by co-ordinating and disseminating support tools and best</li> </ul>



	<p>practice; and</p> <ul style="list-style-type: none"> <li>• publish and consult publicly on our proposals for a new strategic approach to quality and outcomes in adult social care.</li> </ul>
<p><b>People</b></p>	<p>The Government will:</p> <ul style="list-style-type: none"> <li>• support the publication of a workforce development strategy by Skills for Care and a leadership strategy by the Skills Academy;</li> <li>• publish a personal assistants’ strategy in 2011; and</li> <li>• working with councils, extend the piloting of social work practices to adult social care during 2011.</li> </ul>



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## **The Vision for Social Care- Capable Communities and Active Citizens**

**The Partnership Agreement:  
Think Local, Act Personal**

### **Three main themes from the Coalition programme:**

- integration of health and social care funding to deliver preventative action;
- extending the roll out of personal budgets to give people more control and the use of direct payments to carers,
- better community based provision to improve access to respite care.

## 7 principles:

- prevention,
- personalisation,
- partnership,
- plurality,
- protection,
- productivity
- people

## Prevention

- Empowered people and strong communities can work together to maintain independence.
- Where the state is needed it should support communities and help people retain and regain independence.
- Councils are asked to lead change and stimulate action within their communities.
- Councils should improve preventative services by developing community capacity and promoting active citizenship.
- Councils should commission a full range of preventative and early intervention services working in partnership with the NHS, housing authorities and others.

## Personalisation

- People should get personal choice and control over their services – from supported housing through to residential care.
- change in the way social care is managed from financial management systems to block contracts.
- Personal budgets, preferably in the form of direct payments should be available to all, including those with the most complex needs and those in residential care.
- Councils should provide personal budgets for everyone eligible for ongoing care by April 2013.

## Plurality

- variety of peoples needs is matched by diverse service provision
- a broad market of high quality service providers.
- encourage micro and small enterprises, user led organisations and voluntary organisations to compete to deliver personalised services.

## Partnership

- Emphasises benefit of partnership working,
- providing better outcomes for people as well as efficiencies
- encourages the use of pooled funding at a local level.

## Protection

- Although there should be sensitive safeguards against risk of abuse or neglect, risk should not be an excuse to limit peoples freedom.

## **Productivity**

- Councils to develop a local plan for reform to make the best use of resources.
- Spend on the frontline services should be maximised
- Separating responsibility for commissioning and providing services should become the norm.
- greater local accountability will drive improvements and deliver higher productivity.

## **People**

- The principles of partnership and plurality will mean a workforce being employed in different types of organisations
- Some will work across traditional health and social care boundaries to deliver more integrated services.
- In 2011 councils will be invited to consider the formation of social work practices.

## **The Partnership Agreement: Think Local, Act Personal**

- reinforces personalisation as the core direction of travel for social care development.
- puts more stress on more efficient, effective and integrated service delivery
- a greater role for service providers and the importance of community.



## ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 10 JANUARY 2011

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### TRANSPARENCY IN OUTCOMES: A FRAMEWORK FOR ADULT SOCIAL CARE (Director of Adult Social Care and Health)

#### 1 INTRODUCTION

- 1.1 The purpose of this document is to brief members of the Panel on a major publication launched by the Department of Health called *Transparency in Outcomes: A Framework for Adult Social Care*. The publication sets out a consultation on proposals for a new outcome framework to begin implementation next year 2011/12. These proposals will replace the current performance framework in which CQC delivers an annual judgement.

#### 2 SUGGESTED ACTION

- 2.1 **The Department will be preparing a response to the consultation and will be working to ensure local strategies and plans are aligned to the new proposals. The Panel are asked to note this and to contribute any comments to assist this work.**

#### 3 SUPPORTING INFORMATION

##### 3.1 Transparency in Outcomes: A Framework for Adult Social Care

- 3.1.1 The government published the above consultation paper on November 16<sup>th</sup> and they are requesting that councils respond to the document no later than February 9<sup>th</sup>, and more specifically to the consultation questions in the document. These are set out in Annexe A to this report. What is being proposed is an enabling framework, not a directive one. The document can be found at:-  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_122037.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_122037.pdf)
- 3.1.2 Changes which have been announced by government so far include an end to top down performance targets, a focus on local accountability to citizens and a new responsibility for the social care sector to lead its own improvement.
- 3.1.3 There are three key themes underpinning the consultation; these are **Outcomes** (putting what matters to people at the heart of social care), **Quality** (meaning the effectiveness, safety and efficiency of services and the experience of people who use them), and **Transparency** (defined as empowering local citizens to hold services to account through sharing of information, publication of reports and a greater voice for users and carers).
- 3.1.4 The document states that this is a very broad agenda, covering elements of performance, regulation, information and improvement. The consultation proposals cover five areas; building the evidence base, demonstrating progress, support transparency, reward and incentivise, and secure the foundations.

- 3.1.5 **Build the Evidence Base:** In order to build a transparent framework around quality and outcomes, the government have said that we need to be clear about what the evidence tells them 'high quality' looks like in Adult Social Care, and the type of outcomes that people may be able to achieve. Therefore, an evidence-based picture of what high quality looks like is necessary to improve service provision, inform commissioning and promote choice. The role of the National Institute for Health and Clinical Excellence (NICE) will be expanded to cover adult social care from 2012/13. NICE will develop and publish 'Quality Standards' on best practice in social care. Quality Standards are guidance documents which describe high quality, cost-effective care for particular circumstances, conditions or pathways. They use accredited evidence and are developed collaboratively with care professionals.
- 3.1.6 **Demonstrate Progress:** there should be clear, consistent and comparable information which is the bedrock for both public accountability and sector-led benchmarking. This is not about performance management or central direction – there are no targets or priorities. There are two key areas of proposal here the first of which is a single data set which captures all council information on social care, shared routinely between areas in one place, informed by a "zero-based review" of data collection that will reduce burdens. The second is a set of outcome measures, derived from these data, which help councils and people judge outcomes and compare progress fairly.
- 3.1.7 The single data set will bring all routine social care collections into one place, making data freely accessible and cutting out duplication between organisations. It will also significantly reduce reporting burdens on councils, through a fundamental 'zero-based' review of social care data being led by ADASS and the Information Centre.
- 3.1.8 The outcome measures are for consistent interpretation of the best available data, and helping people understand the results for those using services. They are published with the data because the social care sector and service users agree they are useful and are not a management tool – no targets; no annual performance assessment.
- 3.1.9 **Support Transparency:** Public accountability is the key to Adult Social Care and councils should be reporting to local people on their priorities and the outcomes they have achieved. Citizens should be able to exercise their role in accountability effectively. The key proposals include councils publishing 'local accounts' on quality and outcomes in adult social care, as a means of reporting locally. This replaces the annual performance assessment of councils by CQC. Also, a new role exists for sector-led peer review and the challenge is to lead on quality improvement in social care. There is a potential challenge role for HealthWatch, and whether user and carer-led assessments of councils could encourage a stronger local voice.
- 3.1.10 **Reward and Incentivise:** Success in embedding and improving quality and outcomes will be contingent upon the right support. This part of the consultation asks what role there could be in the future for additional systems of incentives which promote quality improvement for service providers and commissioners. There are already different incentives built into the strategy through transparent publication and reporting proposals. Some further proposals in this area are quality ratings for providers where work is underway to develop a new measure of 'excellence' in service provision to incentivise providers and inform individual choice. The question of whether payment-by-results or other national schemes for local financial incentives could have a role to play.

- 3.1.11 **Secure the Foundations:** The government states that a focus on high quality, best practice and best outcomes should never detract from commitment to the basics. The role of the Quality Care Commission will be strengthened with the aim that all needing care and support may have full confidence in the support they receive, and be empowered and supported to challenge services when the quality falls short of what should be expected. Although annual assessments of councils will end with immediate effect, there will be a re-focused role on registration of social care providers, a more proportionate triggered inspection system and a new sector-led approach to improvement in which local government itself takes on peer review, challenge and assurance.
- 3.1.12 **Next Steps:** The consultation on this agenda closes on 9 February 2011. During that time, the government have said they want to work with the local government and social care sectors to co-produce a joint response, which sets out the next steps, roles and responsibilities of partners – including agreed outcome measures for local use in 2011/12. The formal consultation response will be published in March 2011. Some elements would come into effect from April 2011 (as set out in the consultation response). Further proposals for the approach will be included in the planned Social Care White Paper in late 2011.
- 3.1.13 **Work Stream at Bracknell Forest:** The work stream to respond to the consultation at Bracknell Forest is already underway. The consultation proposal document has been summarised and key members of Adult Social Care have engaged with the national events programme by attending government events on 19th November and 1st December. The Director chairs the Association of Directors of Adults Social Services (ADASS) South East Regional Performance Network and key staff have exchanged information and views. There will be a regional response from this group.

#### Background Papers

Transparency in Outcomes: A Framework for Adult Social Care

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_122037.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_122037.pdf)

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## Annexe A: Consultation questions

The consultation questions are as follows and are grouped by each of the 5 elements of the consultation proposals:

### **Build the evidence base**

1. How should Quality Standards in social care balance guidance on service practice, cost-effectiveness, what matters to people and outcome expectations?
2. How can we categorise Quality Standards in adult social care, and what should be the topics for the first Quality Standards?
3. How can Quality Standards be developed to support service users as commissioners, and local people in their role to hold councils to account?

### **Demonstrate progress**

4. Do you agree with proposals for a single data set for adult social care, supported by a single collection and publication portal?
5. Do you support the case for a set of consistent outcome-focused measures, which combine the best available data on social care outcomes?
6. Do the four domains and outcome statements proposed adequately capture the breadth of outcomes which are relevant at the highest level to adult social care?
7. Do you have any further views on how adult social care should align with other sectors to support integrated working? How might this be put into practice?

### **Support transparency**

8. Do you support the proposal to replace annual assessments of councils conducted by the regulator with public-facing local accounts on quality and outcomes in adult social care?
9. Do you have any local examples and evidence of the benefits of a local account-type approach?
10. What is your view on the balance between requiring standard elements in reports, and allowing freedom to fit to local circumstances?
11. The proposed accounts would only apply to council commissioners. What further actions, if any, might be considered to promote transparency amongst service providers?
12. Would you support an assurance role for the local HealthWatch in the production of accounts?
13. We would also be keen to receive views on whether user and carer-led assessments could support transparency and empower local people?

### **Reward and incentivise**

14. What role is there for financial incentives on providers or commissioners at a national level to support the focus on quality and outcomes?

### **Secure the foundations**

15. How should the Care Quality Commission ensure that future service inspections are risk-based and proportionate?
16. Does the regulatory model of registration, compliance and inspection provide sufficient safeguards for ensuring minimum quality standards across adult social care?
17. How best might independent monitoring of local council arrangements for managing services be secured?

**Available outcome-focused measures from 2011/12**

18. Are these the most appropriate criteria for assessing measures? Should other areas be considered?

19. Throughout the outcome domains, we would be grateful for your views on the particular measures proposed, in particular: Their fit within the relevant domain and how they effect the balance of the set of measures as a whole; How they support joint working with the NHS and other partners; What interventions you think contribute towards the improvement in outcomes in this domain, and what evidence there may be locally on their cost-effectiveness; and, What further proposals which may be available from 2011/12.

20. What are your views on the proposal to repeat the Carers' Survey every two years to provide a more regular comparable source of data on outcomes for this group?

21. What are your views on designing common models for capturing outcome information at the local level, which would be adopted on a standard basis?

## ENVIRONMENT CULTURE AND COMMUNITIES OVERVIEW AND SCRUTINY PANEL ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

11 JANUARY 2011

10 JANUARY 2011

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### **SUPPORTING PEOPLE SERVICE** **Director of Environment, Culture and Communities**

#### **1 INTRODUCTION**

- 1.1. The Environment, Culture and Communities Overview and Scrutiny Panel received a report from its Supporting People Working Group at its June 2010 meeting. This report updates the Overview and Scrutiny Panel on progress since that meeting. The Working Group expressed a wish that this update be shared with the Adult Social Care Overview and Scrutiny Panel in the interests of joined up working.

#### **2 SUGGESTED ACTION**

- 2.1 **The panel is asked to note the content of the report**

#### **3 SUPPORTING INFORMATION**

- 3.1. The report to the Overview and Scrutiny Committee by the Working Group in June 2010 supported the work of the Supporting People team. The Working Group made two recommendations:-
  - a. that a small working group continues to monitor the service and report its findings back to the Environment, Culture and Communities Overview and Scrutiny Panel on an annual basis.
  - b, member induction and briefings include information relating to the Supporting People programme to enhance Member's knowledge and involvement.
- 3.2. Members were provided with a briefing session on Supporting People on the 26<sup>th</sup> July 2010.
- 3.3. Since reporting to Overview and Scrutiny Panel there have been two significant issues confronted by the Supporting people programme. Firstly, the administration grant for the Supporting People programme was withdrawn mid year. Secondly, the tender and negotiation process for Supporting People services was concluded.
- 3.4. The withdrawal of the administration grant led to a restructuring of the Supporting People administration service. The service was reduced from two posts to one. The administration of the programme is now restricted to a service review of providers only taking place once in the two year period. In addition the new Supporting People IT system has generated efficiency as Supporting People providers now input performance information direct to the system. An area which will suffer in the future is service user engagement as that was always time intensive. Generally more work has been placed onto service providers.

- 3.5. The costs of the administration in 2010/11 was met by deleting an existing vacant post and in the next financial year the cost of the remaining post has been funded from within the Supporting People programme.
- 3.6. The negotiations and retendering of Supporting People services has been completed. Due to the uncertainty of future funding contracts have been let on a one year basis with an option to extend for a further year. In addition, two month break clauses have been included so that services can be terminated if funding is withdrawn. The contracts are now fixed price.
- 3.7. The contracts running up until 2010 were three years contracts with 2.5% annual inflation built in. By working closely with providers the Council has been able to secure all the Supporting People services provided previously by generating efficiencies. It has not been necessary to decommission any services. Carry forwards from previous years plus funding from partner organisations has secured the programme. However, the programme post 2012/13 is vulnerable due to the carry forwards ceasing to exist and no guarantee of funding levels.
- 3.8. The working party report to Overview and Scrutiny Panel in June 2010 noted the value of the Supporting People programme to be £1.799 million in 2010/11. However, the cost of Supporting People services in 2010/11 is predicted to be £2.027million. The cost of Supporting People services in 2011/12 is predicted to be £1.739 million a 14% reduction in cost of service but not a 14% reduction in service. The following table sets out the cost of services as it is now proposed in 2011/12 in terms of percentage cost of each service area compared to 2010/11.

<b>Cost of Programme element</b>	<b>2010/11 apportionment as %</b>	<b>2011/12 apportionment as %</b>	<b>Difference</b>
Learning disability	13	12.5	-0.5
Domestic violence	7	7	0
Physical disabilities	3	3	0
Mental health	9	9	0
Homelessness	46	45	-1
Older people	19	19	0
Home improvement agency	3	4	1
Total in value in £'000's	2027	1739	288

At the time of writing the homelessness floating support service tender was being evaluated and this may offer more efficiency.

- 3.9. The Supporting People Strategy is still to be considered. Although the last meeting of the Supporting People Commissioning Body considered a draft of the strategy it has decided not to progress the strategy until there is clarity over funding for Supporting People. The Local Government settlement will include an indicative element for Supporting People but as the grant is no longer ring fenced funding will need to be considered in the light of the Councils other funding requirements.



Background Papers

Report of the Supporting People Working Group dated May 2010.

Contact for further information

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## ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 10 JANUARY 2011

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### EXECUTIVE FORWARD PLAN ITEMS RELATING TO ADULT SOCIAL CARE Assistant Chief Executive

#### 1 INTRODUCTION

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

#### 2 SUGGESTED ACTION

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

#### 3 SUPPORTING INFORMATION

- 3.1 Consideration of items on the Executive Forward Plan alerts the Panel to forthcoming Executive decisions and facilitates pre-decision scrutiny.
- 3.2 To achieve accountability and transparency of the decision making process, effective Overview and Scrutiny is essential. Overview and Scrutiny bodies are a key element of Executive arrangements and their roles include both developing and reviewing policy; and holding the Executive to account.
- 3.3 The power to hold the Executive to account is granted under Section 21 of the Local Government Act 2000 which states that Executive arrangements of a local authority must ensure that its Overview and Scrutiny bodies have power to review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the Executive. This includes the 'call in' power to review or scrutinise a decision made but not implemented and to recommend that the decision be reconsidered by the body / person that made it. This power does not relate solely to scrutiny of decisions and should therefore also be utilised to undertake pre-decision scrutiny.

#### Background Papers

Local Government Act 2000

#### Contact for further information

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**ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL**

**EXECUTIVE WORK PROGRAMME**

<b>REFERENCE</b>	1025328
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**TITLE:** Autism Joint Commissioning Strategy

**PURPOSE OF DECISION:** In response to the National Autism Strategy, it is a duty for local areas to develop a Joint Autism Commissioning Strategy for adults with autism.

The decision is for the Executive to agree the proposed drafted Commissioning Strategy.

**FINANCIAL IMPACT:** Potential Financial Implications which will be outlined in the report.

**WHO WILL TAKE DECISION:** Executive

**PRINCIPAL GROUPS TO BE CONSULTED:** Providers, Carers, Mencap, Berkshire Autistic Society, individuals that use the service

**METHOD OF CONSULTATION:** Letter  
Meeting(s) with interested parties  
Presentation  
Public Meeting

**DATE OF DECISION:** 29 Mar 2011

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