

A G E N D A

Adult Social Care and Strategic Housing Scrutiny Committee

Date: **Wednesday 25 March 2009**

Time: **10.00 am**

Place: **The Council Chamber, Brockington, 35
Hafod Road, Hereford**

Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

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Herefordshire Council

AGENDA

for the Meeting of the Adult Social Care and Strategic Housing Scrutiny Committee

To: Councillor PA Andrews (Chairman)
Councillor WLS Bowen (Vice-Chairman)

Councillors ME Cooper, H Davies, BA Durkin, MJ Fishley, AE Gray,
KG Grumbley, MD Lloyd-Hayes, JE Pemberton and RV Stockton

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1. APOLOGIES FOR ABSENCE	
To receive apologies for absence.	
2. NAMED SUBSTITUTES	
To receive details of any Member nominated to attend the meeting in place of a Member of the Committee	
3. DECLARATIONS OF INTEREST	
To receive any declarations of interest by Members in respect of items on the Agenda.	
GUIDANCE ON DECLARING PERSONAL AND PREJUDICIAL INTERESTS AT MEETINGS	
The Council's Members' Code of Conduct requires Councillors to declare against an Agenda item(s) the nature of an interest and whether the interest is personal or prejudicial. Councillors have to decide first whether or not they have a personal interest in the matter under discussion. They will then have to decide whether that personal interest is also prejudicial.	
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PUBLIC INFORMATION

HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES

The Council has established Scrutiny Committees for Adult Social Care and Strategic Housing, Childrens' Services, Community Services, Environment, and Health. A Strategic Monitoring Committee scrutinises corporate matters and co-ordinates the work of these Committees.

The purpose of the Committees is to ensure the accountability and transparency of the Council's decision making process.

The principal roles of Scrutiny Committees are to

- Help in developing Council policy
- Probe, investigate, test the options and ask the difficult questions before and after decisions are taken
- Look in more detail at areas of concern which may have been raised by the Cabinet itself, by other Councillors or by members of the public
- "call in" decisions - this is a statutory power which gives Scrutiny Committees the right to place a decision on hold pending further scrutiny.
- Review performance of the Council
- Conduct Best Value reviews
- Undertake external scrutiny work engaging partners and the public

Formal meetings of the Committees are held in public and information on your rights to attend meetings and access to information are set out overleaf

PUBLIC INFORMATION

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1. Identifying Areas for Scrutiny

At the meeting the Chairman will ask the members of the public present if they have any issues which they would like the Scrutiny Committee to investigate, however, there will be no discussion of the issue at the time when the matter is raised. Councillors will research the issue and consider whether it should form part of the Committee's work programme when compared with other competing priorities.

Please note that the Committees can only scrutinise items which fall within their specific remit (see below). If a matter is raised which falls within the remit of another Scrutiny Committee then it will be noted and passed on to the relevant Chairman for their consideration.

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(Please note that the Scrutiny Committees are not able to discuss questions relating to personal or confidential issues.)

Remits of Herefordshire Council's Scrutiny Committees

Adult Social Care and Strategic Housing

*Statutory functions for adult social services including:
Learning Disabilities
Strategic Housing
Supporting People
Public Health*

Children's Services

Provision of services relating to the well-being of children including education, health and social care.

Community Services Scrutiny Committee

*Libraries
Cultural Services including heritage and tourism
Leisure Services
Parks and Countryside
Community Safety
Economic Development
Youth Services*

Health

*Planning, provision and operation of health services affecting the area
Health Improvement
Services provided by the NHS*

Environment

*Environmental Issues
Highways and Transportation*

Strategic Monitoring Committee

*Corporate Strategy and Finance
Resources
Corporate and Customer Services
Human Resources*

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- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
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HEREFORDSHIRE COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Adult Social Care and Strategic Housing Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday 19 December 2008 at 9.30 am

Present: Councillor PA Andrews (Chairman)
Councillor WLS Bowen (Vice Chairman)

Councillors: ME Cooper, H Davies, BA Durkin, MJ Fishley, AE Gray,
KG Grumbley, MD Lloyd-Hayes, JE Pemberton and RV Stockton

In attendance: Councillor PJ Edwards

81. APOLOGIES FOR ABSENCE

Apologies were received from Councillors LO Barnett and JG Jarvis.

82. NAMED SUBSTITUTES

There were no named substitutes.

83. DECLARATIONS OF INTEREST

Councillor A E Gray declared a personal interest in items 6, 7, 14 and 16, as a provider of care for people with learning disabilities,

84. MINUTES

RESOLVED: That the minutes of the meeting held on 3 October 2008 be confirmed as a correct record and signed by the Chairman.

85. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY

There were no suggestions from the public for future topics for scrutiny.

Mrs Grisman, a member of the public, raised an issue with the Committee. She said that Kemble care had withdrawn two hours of weekly care from residents of the Rose Garden, Ledbury Road, Hereford. She was concerned by this reduction in service provision, and asked whether the Supporting People Programme would be charging users in the future.

The Interim Director, Adult Social Care, said that she was aware of the issue surrounding the continuity of service from Kemble Care, and that she would respond take these concerns away and respond as quickly as possible. She believed that The Rose Garden had otherwise proved to be an excellent facility.

Councillor WLS Bowen added that he had been in discussions with the Chief Executive of Hereford Hospitals NHS Trust concerning the possibility of undertaking a Review on the processes involved in leaving hospital and returning to home. The Chief Executive felt that there was a lack of co-ordination between the agencies involved. This subject would be looked at by the ongoing Scrutiny Review into

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Support for Carers' in Herefordshire.

The Interim Director, Adult Social Care said that additional care was needed whilst patients changed between services, and this had impacted on the Service in ways that had not been anticipated. The Director of Integrated Commissioning added that there was pressure on the present system, and that it had been agreed with the Chief Executive of Hereford Hospitals NHS Trust to undertake a review of the system. The care aspects of this review would involve this Committee. The Head of Integrated Commissioning pointed out that NI's 20-21 were much broader than currently recorded, and that they would be easier to understand once there was an evidence base from which to work.

86. ADULT SOCIAL SERVICES ANNUAL ASSESSMENT AND PERFORMANCE RATING 2007/2008

The Committee received a report from the Business Relationship Manager on the Commission for Social Care Improvement (CSCI) Annual Assessment and Performance Rating for 2007/08.

She reported that overall there had been a steady improvement in Adult Social Care over the year. A baseline to modernise services for Herefordshire had been created and the Directorate had been prioritised by the Council in order to improve the rating of 'adequate' from the previous year.

Areas for improvement that had been outlined were the intermediate care provision, where support needed to be more robust, and more needed to be done in order to bring this area within the joint commissioning framework. There were opportunities to build on what had already been achieved, and improvements in data collection for intermediate care would allow the Service to understand what was happening in the field, and how well the Service was working.

She went on to say that improvements in the area of Learning Disabilities had taken place, and the culture of adoption agendas had changed: residential care was not offered as the first and only option and telecare options were regularly and usefully being used.

Work had been started with carers, but this was coming from a very low base and was an area that did need improvement. As a result it had been prioritised, and as more Carers' were engaged with the Council's agenda, then outcomes would improve. Whilst there was no obvious plan to improve areas such as the implementation of major and minor adaptations to homes, the Centre for Independent Living had been offering to provide training for Council staff to enable a greater understanding as to the problems of living with a disability.

The Business Relationship Manager went on to say that the reduction in waiting time for assessments was an important step forward, but that improvements should continue to be made. The Council was pioneering in its use of individualised budgets, and the momentum for the use of these should be kept up. The Service was a local one for local people, and the commissioning structure would need to ensure that the broadest range of services possible were in place. She remarked that the spend on advocacy had failed to reach target for the year, but CSCI had been reassured that people could access advocacy. This was an area that needed to be addressed.

Strong leadership of the Service was vital, and it was important that sufficient people were in place to ensure that the change agenda could be delivered. It did appear

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that the appropriate arrangements were in place at the moment, and staff had been re-energised over the last few months. The change of culture that had been seen had meant that the visibility of Officers had improved and the role of elected Members had become more important. Improvement had been seen in both the business planning and performance management processes.

The overall impact of the changes made by the Directorate in the implementation of new structures has provided an improvement of service across all user groups. The commissioning and use of resources had improved. The commissioning issue was a major part of ensuring that the Service improved performance, and a clear baseline had been laid out by the joint commissioning plan.

The Interim Director of Adult Social Care said that it was helpful to have feedback from the Business Relationship Manager. She pointed out that the assessment was up to April 2008, and was therefore two thirds of the way through the year that the Directorate was assessed on. There were anomalies, in the way the assessment was reported. Personalisation of budgets had been at a very low base during most of the assessment period, but had been addressed in a very positive way during the year, and would be taken on by Wendy Fabbro in her role as Head of Integrated Commissioning.

In reply to a question from a Member, she went on to say that the domiciliary care was in the process of being re-commissioned, and one of the issues that was being considered was that of the right options that would be available for staff in order to prevent the sort of disillusionment of seconded staff to which the Member referred.

She went on to say that the care assessments were outdated, and these had been re-examined with the view to replacing them with another means of assessment. In answer to a further question, she said that there was currently a transition period that affected individualised budgets in that the Council was moving away from block contracts. The bureaucracy associated with direct payments would be reduced with the new system.

In reply to a question about migrant workers, the Interim Director went on to say that currently this group did not seek help at an early stage of mental illness, and ways would have to be found to offer help at the appropriate juncture.

RESOLVED: That the report be noted.

87. UPDATE FROM THE CHIEF EXECUTIVE OF HEREFORDSHIRE HOUSING LTD

The Committee received a report from the Chief Executive, Herefordshire Housing Ltd, on the activities of the organisation over the last year.

In his presentation, the Chief Executive raised the following issues:

- That the activities of the organisation were based on the property assets that had been transferred to it by the Council, and that planning for the future of had been strengthened. The intention was to build a vision of an organisation that offered a wide range of services; not just a housing provider, but as a provider for the needs of the vulnerable.
- It was important that the stock should be managed well into the future, and to that end £24m had been found from budgets to be used in maintenance over the next 5 years.

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- That additional funds had been put into maintenance of trees, the cleaning of communal areas and tackling anti social behaviour.
- Although the Warden Service had been withdrawn, improved targets had been set for support services that would be targeted on vulnerable people.
- Careline was a service that Herefordshire should be proud of, and it had dealt with calls from 24,000 people in the current year at a low cost. Additional telecare services would be offered on a round the clock basis.
- The effects of the recession could well last up to five years and it was likely that both homelessness and poverty would be on the increase.
- Prevention of homelessness should be a priority, and Herefordshire Housing contributed £82k a year to the Home Point Partnership's total budget of £274k. A review had been undertaken into the charity's activities to enable better and more targeted delivery of affordable housing.
- Care should be taken not to concentrate solely on development of new stock, but also on support services for residents, and a number of ways of doing this were being pursued. There was a policy of supporting people to remain in their homes during the recession in order to tackle the issue of homelessness, and more properties would be let in order to provide additional housing stock.
- Sixteen thousand repairs were undertaken each year to improve and maintain existing stock, and orders were enforced in order to help people feel more secure in their environment.

In the discussion following the presentation, the following points were raised;

- That the Warden Scheme did not provide the care that was required as the Warden only worked until 3.30pm, and was unavailable at weekends. Better targeted and trained support was now available through Careline.
- In reply to a concern from a Member that there should be a frontline desk to allow people to register as homeless, or to bring debt problems, the Head of Strategic Housing said that early advice could be provided. The Services was working with Registered Social Landlords to ensure that their staff notified the Council as soon as possible.
- In response to a further query concerning the installation of adaptations in homes, the Head of Strategic Housing said that there had been a budget of £525k for the last two years for the installation of adaptations, but that there had been a huge increase in demand partly because occupation therapy referrals were now taking place much faster. Whilst these installations were funded from the Disabled Facilities Budget, there was now a shortfall of available funds to meet the needs of the users, and a paper outlining possible options would be presented to Cabinet.

RESOLVED: That the presentation be noted.

88. ADULT SERVICES AND STRATEGIC HOUSING PERFORMANCE MONITORING

The Committee received a report on the performance of the Adult Social Services and Strategic Housing Performance Monitoring to 31 October 2008. The Performance Manager drew the Committee's attention to a number of performance indicators (PIs) that had the prospect of exceeding their targets in the Adult Social

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Care Directorate. These were C31, (People with MH helped to live at home), C62 (Carers), C72 (Older People admitted to permanent residential care), C73 (Younger adults admitted to permanent residential care), D40 (reviews). In the future, reports would be available from the Frameworki system, which had been launched in November, and would allow for comprehensive reporting of all relevant PIs and would provide a new corporate performance management system called PerformancePlus, which will go live in the first half of 2009. Appendix 3 of the document outlined the National Indicator sets.

He went on to say that following the user consultation events that had been held in August, a feedback brief had been produced which set out the views and suggestions from those involved. These findings were now being used to inform the development of an Involvement Strategy across Health and Social Care.

In response to a comment from a Member, the Director of Joint Commissioning said that work would be undertaken to review how performance was identified. At present, the Council assessed areas through the Comprehensive Performance Report, which were not necessarily assessed by the Commission for Social Care Inspection (CSCI), which considered wider issues than the Council's Performance Indicator set.

The Performance Manager said that the performance of the Strategic Housing Service was monitored against the new National Indicators (NI's) and current Best Value Performance Indicators (BVPI's). NI 155, the target to deliver 200 units by end of year was currently on track, although the likelihood of achieving the target remained challenging. The current financial market was likely to severely hit targets for future years as a result of the downturn in house building.

A Member remarked that there was an opportunity for the Council to increase its social housing stock in this period of decline in house prices. The Head of Strategic Housing replied that the Council was trying to encourage developers into lease agreements in order to bring properties that had been left empty back onto the market. The Council would ensure that a proportion of these would be let at housing benefit rates. He added that where there was a risk of individuals losing their houses, the Council provided access to a Court desk worker to enable the Citizen's Advice Bureau to provide support.

The Performance Manager went on to say that early indications were that the target for Indicator BV64 (delays in receiving information of properties that have been brought back into use using the Rent Deposit scheme) would be achieved by year end. A Member suggested that it could be beneficial to undertake a discussion with letting agents across the County in order to find short term compromises for rented accommodation. The Head of Strategic Housing concurred, and added that the rents charged by landlords would be affected by market forces, and were currently being reduced across the County.

RESOLVED:

That; (a) The report be noted;

and;

(b) Areas of concern should continue to be monitored.

89. REVENUE BUDGET MONITORING 2008/09

The Committee considered the projected outturn as of the end of October 2008-09 for Adult Social Care and Strategic Housing.

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In response to a question from the Chairman, the Director of Integrated Commissioning reported that there would be a meeting the following week which would identify the key variables in the Learning Disabilities budget and address the issue of the cost of individuals meetings the Continuing Health Care criteria, which amounted to £942k. The required funds should be forthcoming thereafter.

He went on to say that there were a number of potential risks that could impact on the position of the forecast out turn. These included outstanding invoices that had been raised against the PCT from previous years for the Community Health Council (CHC) and the Shires Nursing Home, Hereford, contracts. Both of these were the subject of ongoing negotiations, as was the issue raised by Shaw Healthcare concerning the ongoing costs of vacant units at Leadon Bank Nursing Home, Ledbury.

The Management Accounts Manager reported that that whilst there had been a reduction in bed and breakfast costs to the Strategic Housing Service, there had been a significant increase in expenditure in the homelessness prevention fund, which included the payment of rental deposits. This was a volatile area of the budget, which made forecasting complex.

The Head of Strategic Housing reported that the Service was undertaking important work with the Citizen's Advice Bureau on debt advice. He added that the position regarding the numbers in bed & breakfast accommodation had not worsened, and it was likely that there would be no families in bed and breakfasts over the Christmas period. He pointed out that the Service was trying to achieve a reduction in homelessness numbers in the middle of the economic downturn, but that they were on target at this point. Private sector lease options were being considered to help manage the position.

It was noted that the issue of housing ex-military personnel, some of whom suffered from mental health problems and physical injuries was being addressed.

The Interim Director of Adult Social Care added that the pressures that faced the Service were the same throughout the year; that of increasing demand. The information available to the Service was better than that which had been available year ago, and work was in hand to ensure that the most up to date information was available for all areas of uncertainty. It was expected that the budgets would be balanced by Year End.

In reply to a query, the Interim Director of Adult Social Care said that there was an underspend on the Supporting People programme. This was a substantial sum of money, a proportion of which could be used to meet the needs of vulnerable people. A plan had been approved to ensure that it was utilised for those who required it.

RESOLVED:

That;

- a) **The forecast outturn for 2008/09 agreed with the Directors based on service and financial performance outlined in this report is noted,**
- b) **The continuing efforts of the Directors to ensure service targets are met within the approved budget are endorsed,**
and;
- c) **An improved forecast of outturn for the 2008/09 financial year be reflected in the next financial monitoring report.**

90. REVIEW OF HOUSING ALLOCATION

The Committee noted the Review of Housing Allocation.

The Head of Strategic Housing reported that there were in the region of 13,000 Registered Social Landlords in the County. There were up to fourteen properties falling vacant in a given week of which a third were sheltered housing.

He went on to lay out the areas that had been covered by the review, which included the legislative framework surrounding Housing Allocation Policies which included recent consultation for the 'Allocation of Accommodation, Choice-Based Lettings, Code of Guidance for Local Housing Authorities'.

The Review had identified a number of areas that the Group had wanted to highlight, and these included:

- the high level of overcrowding in the County;
- the success of the Home Point 'Talking Brochures' concept, the use of which should be encouraged;
- ways of maximising the delivery of affordable housing;
- their support for the concept of a Housing Contact Centre / One Stop Shop approach to meet the wide ranging housing needs in the County.

The Head of Strategic Housing went on to say that it had been agreed that it was appropriate for the Home Point Partnership to produce a draft policy to deal with the issues that had been identified in the paper.

In reply to a query from a Member, he went on so say that there was an issue around families that wanted to foster children within a family environment, and ways of releasing larger housing stock to address this need would be considered.

RESOLVED:

That;

- (a) The Cabinet Member be requested to invite the Home Point Partnership to undertake a review of the Allocations Policy with particular attention to the recommendations identified by the Review Group;**
- (b) That the Home Point Partnership review the operation of Home Point with a view to maximising the cost and operational efficiency of services with particular attention to the outcomes of the Review;**
- (c) That the outcomes and recommendations from the Home Point Partnership Review should be reported back to the Committee:**

and;
- (d) That the final recommendations should be submitted to the Home Point Partnership Board and Cabinet for approval.**

**91. REVIEW OF THE CABINET'S RESPONSE TO THE JOINT SCRUTINY REVIEW
OF THE TRANSITION FROM LEAVING CARE TO ADULT LIFE**

The Committee received a report on Cabinet's response to the joint Scrutiny Review of the Transition from Leaving Care to Adult Life. The Head of Safeguarding and Assessment reported that there was an Action Plan attached to the paper, which would be altered following the Committee's deliberation.

A Member supported the comments outlined in paragraph four of the report. She said that the Review Group had been impressed with the Pathway Plans, but it did seem that fewer people than might be expected were using them. It was a very valuable process, and she would be concerned were it to fall into disuse. She went on to say that the Personal Education Plans outlined in point seven of the Action Plan seemed to be very effective, but she was concerned that there did not seem to be very good take up of the initiative by those it was aimed at. She was also concerned over the apparent recalcitrance of OFSTED to release information that had been requested by the Council.

The Cabinet Member thanked her for her comments, and said that there had been a letter forthcoming from OFSTED, so that the Council did have more information than it was previously privy to. It was not a full a reply as had been desired. In reply to the Vice Chairman's suggestion that pressure should continue to be put on OFSTED for a fuller disclosure, she replied that it was felt that the Council had received as much information as it was likely to at the moment.

RESOLVED:

- That; (a) Cabinet's response to the Joint Scrutiny Review of the Transition from Leaving Care to Adult Life be noted, subject to any comments which the Committee wishes to make;**
- (b) Scrutiny Committee endorses the proposed strengthening of the Action Plan as outlined above;**
- and;**
- (c) A further report on progress with respect to the Action Plan be made after six months with consideration then being given to the need for any further reports.**

92. SAFEGUARDING ADULTS

The Committee noted a paper on safeguarding vulnerable adults in Herefordshire.

The Safeguarding Adults Manager reported that the responsibility to ensure that vulnerable adults were safeguarded from harm rested with Adult Social Services. However, unlike safeguarding children, the responsibilities around Adult Safeguarding were not covered by legislation but by good practice policy and guidance. However, as part of the statutory role of Director of Adult Social Services, the Director was expected to ensure that there were effective multi-agency arrangements in place. There were clear responsibilities for other statutory agencies such as Police, Probation and the NHS and independent providers of care services to work with Social Services in order to ensure that adults were protected and a proactive approach was taken to safeguarding.

She went on to draw the Committee's attention to Appendix 1 of the report, which outlined cases that had been dealt with by the Service.

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In reply to a question from a Member regarding the risk that some agency staff members were placed under, the Interim Director of Adult Social Care said that as a result of the legislative position, it was difficult to ensure that agencies took as much responsibility for their staff as they should. In reply to a further question, the Safeguarding Adults Manager added that there were reports of incidents in Care Homes.

In reply to a question from a Member, the Safeguarding Adults Manager said that there was a whistle blowing process in place as part of the contract with the domiciliary care providers.

RESOLVED: That the report be noted and a progress report should be brought back to the Committee in six months time.

93. UPDATE REPORT ON THE IMPLEMENTATION OF FRAMEWORKI

The Committee received an updated report on the implementation of the Frameworki project.

The Head of Transformation reported that the system was well managed and supported, and that the staff had received excellent training.

RESOLVED: That the report be noted and a progress report should be brought back to the Committee in six months time.

**94. PARTNERSHIP AGREEMENT WITH MIDLAND HEART FOR THE PROVISION OF
LEARNING DISABILITY SERVICES**

The Committee noted a paper on the partnership agreement with Midland Heart to provide accommodation and support for adults with a learning disability in Herefordshire.

The Safeguarding Adults Manager reported that, as the final stage in a long and complex tender process, Cabinet had approved a contract with Midland Heart in May 2008. Services had been transferred to Midland Heart during July and August 2008.

The contract had an annual value for £3.3m (2008/9) and included residential care, short break and supported living services, which currently supported 80 individuals. The contract was for five years during which time Midland Heart will support an increased number of individuals for the same annual value. There were a number of planned developments within the first year of the contract, and these included the development of a Housing Facilitation Team to work with younger disabled people and a £120k refurbishment plan for Ivy Close, funded by Midland Heart.

RESOLVED:

That (a) The report be noted and a progress report should be brought back to the Committee in six months time;

and;

(b) The Committee should visit the facilities at Ivy Close, Ledbury Road, Hereford and Southbank Close, Southbank Road, Hereford once the programmed capital works had been undertaken.

**95. UPDATE REPORT ON PROGRESS OF PERSONALISATION OF CARE IN
HEREFORDSHIRE**

The Committee considered a paper which outlined the progress of the introduction of personalised budgets in Herefordshire.

The Head of Transformation reported that the numbers of people receiving individual budgets was increasing monthly, and the Council was on target to achieve 250 service users receiving individual budgets by March 2009. She added that the Directorate had joined a national pilot being run by FACE (The Functional Analysis of Care Environments), with Department of Health backing, to develop a single Resource Allocation System (RAS) across all service user groups that is compatible with systems of assessment and review including the Single Assessment Framework and development of a Common Assessment Framework. The FACE approach to Individual Budgets has also been designed to support personal healthcare budgets which would enable this support to be extended to Primary Care Trusts.

She went on to say that Herefordshire Adult Social Care, together with the Primary Care Trust, Deloitte and Corelogic (suppliers of Frameworki) had led on the submission of a bid to the Department of Health for £2.5m to become part of a national pilot for 'Early Adopter' sites to implement a Common Assessment Framework across health, social care and voluntary and independent sector provider organisations. From forty nine applications submitted, Herefordshire were one of seventeen short-listed local authorities and were now in the process of putting in a second stage bid to become one of the final twelve sites to be selected. Ministers would notify successful sites by the end of January 2009.

RESOLVED: That the report be noted.

**96. PROPOSED RESTRUCTURING OF HEREFORDSHIRE COUNCIL ADULT
SOCIAL CARE AND PRIMARY CARE TRUST COMMISSIONING FUNCTIONS**

The Committee noted a report on the proposed restructuring of Herefordshire Council Adult Social Care and Primary Care Trust Commissioning Functions.

RESOLVED: That the report be noted and a progress report should be brought back to the Committee in six months.

97. WORK PROGRAMME

The Committee noted the Work Programme.

It was agreed that the Supporting People Programme should be added to the Work Programme.

RESOLVED: That the work programme as amended be approved and recommended to the Strategic Monitoring Committee.

The meeting ended at 13.05

CHAIRMAN

**Adult Services and Strategic Housing Performance
Monitoring****Report By: Associate Director Integrated Commissioning****Wards Affected**

Countywide

Purpose

1. To report on the national performance indicators position and other performance management information for the Adult Social Care Directorate and Strategic Housing Divisions within the Regeneration Directorate.

Financial Implications

2. No direct implications.

Background

3. The Performance Improvement Framework of the Council requires reporting to Scrutiny Committee at 4, 6, 8, 10 and 12 months. This report covers the Performance Indicator out-turns as at 31st October 2008, target figures for 2008-09, along with information about Forecast, Direction of Travel and Status, which are defined as:

- Forecast – the anticipated out-turn at year end based on current information and intelligence,
- Direction of Travel – indicates whether the current position demonstrates improvement against the previous year's out-turn,

Status – indicates (using traffic lighting) whether the current position demonstrates progress in line with the agreed target – G = Green, A = Amber, R= Red

4. In this report the presentation of data has been improved in order to offer a clear, 'easy to read' picture of performance. The priority indicators that describe the core business of the department are each presented as a 'report card', telling the story of the trend in performance over the year and how we compare to other local authorities so that a better evaluation can be made by scrutiny members. Other required performance indicators are presented as usual.
5. The Department of Health (DH) publishes statistical information on the performance of all Adult Social Care Departments. There is a national set of indicators covering Adult Social Care Services. The DH ranks performance in five bands ranging from Band 1 – "investigate urgently" to Band 5 – "very good" – the bands are known as 'blobs' and are highlighted in the out-turn information.

6. As Scrutiny members will know, the current system of performance indicators has been replaced in 2008/09 by the National Indicator set, of which around 30 relate to the health and social care services. Where there is a close correlation between the old 'PAF' indicators and the new National Indicators, these have been signposted on the report card so that a trend can be maintained through into next financial year
7. Strategic Housing performance is monitored by Best Value indicators and regularly reports to the Government Office of the West Midlands and the Department for Local Government and Communities.

ADULT SOCIAL CARE- ANALYSIS

Overall, the performance position as at the end of February 2009 for Adult Social Care is balanced. Where there are difficulties, short term task and finish projects are being set up to tackle the issues. The following notes identify key areas for action

B17 cost of home care, B12 cost of intensive social care,

Although these indicators are showing red against the target, it is useful to check against the 'family' of comparator authorities. This gives a better indication of the cost of providing in a rural area and shows Herefordshire close to the average

C28, Intensive home care,

This indicator is seen by CSCI as a priority because it is used to track the change to enabling people to live independently rather than in residential care. Performance in Herefordshire needs improvement so the newly launched home care improvement project and the 'mini project' on performance will drive improvement over the next 6-12 months

C32 / NI 136 Older People helped to live at home

This indicator is seen by CSCI as a priority because it is used to track the change to enabling people to live independently rather than in residential care. Performance against this indicator is not recording all data at this time, and is anticipated to show real improvement by the end of the year. This is because data from the voluntary sector, and in respect of those using community alarms is added at the end of the year. This will change next year.

However, performance is not strong in this area and will be the focus of improvement

C51/ NI 130 (Local Area Agreement stretch target)

The change from direct payments to Individual budgets is more advanced in Herefordshire, so although C%! is below target, NI 130 shows excellent performance

C62/ NI 135 services for carers

The apparent decline in performance is believed to be due to the transfer of data from Clix to Frameworki, and it is believed that this will improve at the end of the year Appendix three includes the definitions for the relevant health and social care National Indicator set (NIS) indicators. Routine performance information about the NIS will be made available from January 2009.

C72 Admissions to residential care

Performance in this area appears to be successful, partly due to alternatives to residential care coming on stream this year at Leadon Bank, Rose Gardens.

Care management indicators- D39 people receiving a statement of their need, and D40 service users receiving a review

CSCI are very interested in this indicator as it shows how well care management is performing. Performance in this area is currently not good, but additional resources are being applied and this will improve by the end of the year

D55 acceptable waiting times for assessments/ D56 acceptable waiting times for care packages/ NI 132 timeliness of assessments/ NI 133 timeliness of care packages

CSCI are very interested in this indicator as it shows how well care management is performing. Performance in this area is currently not good, but has been impacted by staffing issues and is expected to improve

Annual Judgement

The annual judgements of all Councils with Adult Social Services responsibilities (CASSRs) were announced on 27th November. Herefordshire retained an overall one star position, although has made good progress on three of the outcomes areas and has shifted the future prospects' judgement from 'uncertain' to 'promising'.

As part of evaluation, the Commission for Social Care Inspection (CSCI) (soon to become the Care Quality Commission-CQC) set out key areas for improvement. Progress against these areas for improvement has been reported back to CSCI in the Performance Assessment Notebook (PAN) and is attached as an appendix to this report.

Frameworkki

The new integrated electronic social care solution, Frameworkki, was successfully launched in November. The new system replaced the outdated CLIX system and will ensure greater effectiveness and efficiency for front line staff. The new system will allow for comprehensive reporting of all relevant PIs and will also be integrated into a new corporate performance management system called PerformancePlus, which will go live in the first half of 2009. However, not all data has been transferred and a recent initiative has focused on ensuring safeguarding data is recorded on Frameworkki.

Strategic Housing

10. The detail of the housing indicators is shown in Appendix Three.
The details of the Strategic Housing Indicators is shown in Appendix

Strategic Housing performance is monitored against the new National Indicators (NI's) that were introduced from April 2008 and current Best Value Performance Indicators (BVPI's), and regular reports to the Government of the West Midlands and the Department for Communities and Local Government.

The new National Indicators are being monitored alongside some existing Best Value Performance Indicators (BVPI's) for benchmarking purposes and to establish an appropriate baseline from which to compare performance.
The details of the Strategic Housing Indicators is shown in Appendix two

Comprehensive Performance Assessment

The Audit Commission have published the Comprehensive Performance Assessment for 2008. Strategic Housing Services for Herefordshire is one of nine local authorities who have improved their housing service score by two categories. Strategic Housing has gone from a 1 star service to a 3 star service. This is due to the continued hard work of Strategic Housing Services; in particular the Homelessness & Housing Advice Team has reduced the use of temporary accommodation including the use of bed &

breakfast, and has continued to provide housing advice to people within Herefordshire. In addition the Housing Needs and Development Team have continued to develop the supply of affordable housing and exceeded their target for 2007/2008.

Local Area Agreement

The Local Area Agreement is currently being refreshed; this process is due to be completed by the end of March. Strategic Housing have negotiated a reduction in NI155 due to the current downturn; the targets that have agreed for the number of affordable homes to be delivered in 2009/10 and 2010/11 are 220 and 275 respectively

Strategic Housing Update

NI 155 – Target is still expected to be met by end of the financial year and continues to be monitored closely due to current financial market with Registered Social Landlords and Developers reluctant to commit to schemes which has resulted in some schemes being delayed to future years. The target to deliver 200 units by end of year is currently on track, although the target remains a challenge. It should be noted that the current financial market is likely to severely hit targets for future years due to the current downturn in house building; as described above the target has been re-negotiated as part of the Local Area Agreement refresh process.

NI 156 - The Council has been swift to respond to the changes in the market, and is remodelling supply to meet demand. At the end of this quarter the target has been reached for this year to reduce the numbers of households in temporary accommodation - this will continue to be a challenge to ensure that this target is maintained, in the current economic climate. The challenge of decreasing temporary accommodation by 50% by 2010 continues to be a hurdle for us and other local authorities. Work is continuing to increase temporary self-contained accommodation via the private sector to minimise the use of bed & breakfast.

BV64 - Delays in receiving information of potential properties that have been brought back into use delayed the reporting on this target. Data in respect of the Rent Deposit scheme has been received and validated, and the target should be met by the end of the financial year.

BVPI 202 – A Rough Sleepers Count was undertaken in September 2008, 7 individuals were found on this night sleeping rough in Herefordshire. 5 of the 7 were foreign nationals. A report is to be produced to discuss any further action to be taken.

BVPI 213 - Case closure has been increased following a review of individual officers' case loads and the way cases are allocated. Despite an improvement between quarters, outturn is still behind target and last year, although it should be noted that the target will be reached for the year as the number of current cases has seen an increase. Proactive work continues to be carried out by the Homelessness & Housing Advice Team to prevent households from becoming homeless.

HCS 14 – The number of homelessness applications is up, due to the current economic climate, there continues to be an increased demand for services from the homelessness and housing advice team.

DCLG 2010 - To reduce the use of Temporary Accommodation by 2010 – Currently on target, this means that the use of temporary accommodation is falling which means that the direction of travel is currently rated as green as the direction of

travel is down. However, the challenge of decreasing temporary accommodation by 50% by 2010 continues to be a hurdle for us and other local authorities. Work is continuing to increase temporary self-contained accommodation via the private sector to minimise the use of bed & breakfast.

RECOMMENDATION

THAT:

(a) the report on Adult Social Care and Strategic Housing performance be noted;

and;

(b) areas of concern continue to be monitored.

BACKGROUND PAPERS

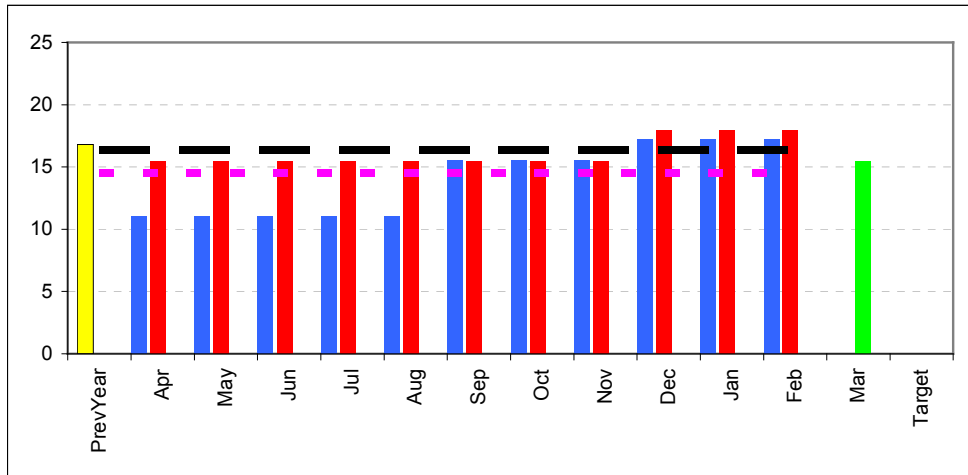
- None Identified

B17

Title:- Unit cost of home care for adults and older people.

Definition:- Average gross hourly cost for home help/care.

Manager:-



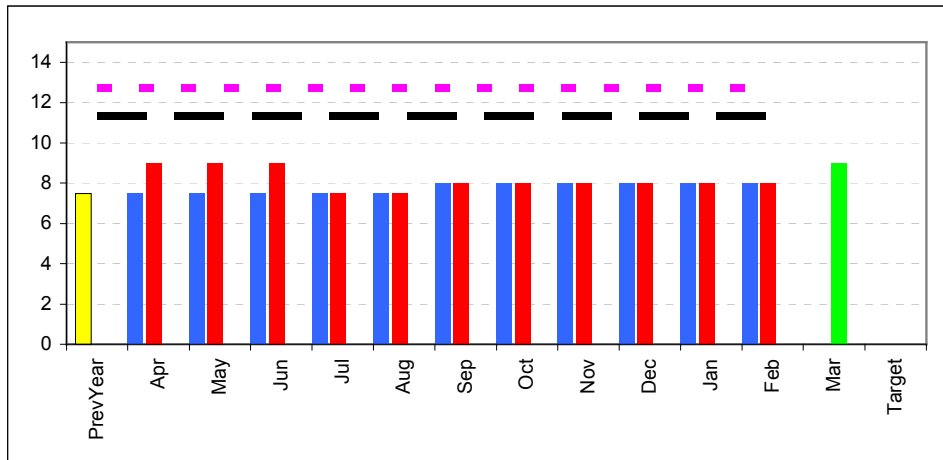
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	11.1	11.1	11.1	11.1	11.1	15.5	15.5	15.5	17.2	17.2	17.2		15.5
Last year performance:-	14.8	14.8	14.8	14.8	14.8	16.84	16.84	16.84	15.31	15.31	15.31	16.84	
Forecast performance:-	15.5	15.5	15.5	15.5	15.5	15.5	15.5	15.5	18	18	18		
Comparator Family:-	16.4												
England:-	14.5												
Money:-	1710	1710	1710	1710	1710	3659	3659	3659	6098	6098	6098		£ 1,000
Last year:-	1699	1699	1699	1699	1699	3866	3866	3866	5416	5416	5416	7939	£ 1,000
Direction:-	↑	↑	↑	↑	↑	↓	↓		↓	↓	↓		
Outturn 07/08:-	16.8												
Target 08/09:-	15.5												

C28

Title:- Intensive home care

Definition:- Households receiving intensive home care per 1,000 population aged 65 or over.

Manager:-



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	7.5	7.5	7.5	7.5	7.5	8.02	8.02	8.02	8.02	8.02	8.02		9
Last year performance:-	6.7	6.7	6.7	6.7	6.7	6.7	7.5	7.5	7.5	7.5	7.5	7.5	
Forecast performance:-	9	9	9	7.5	7.5	8.02	8.02	8.02	8.02	8.02	8.02		
Comparator Family:-	11.3												
England:-	12.8												
Households:-	271	271	271	271	271	291	291	291	291	291	291		
Last year:-	241	241	241	241	241	241	271	271	271	271	271	271	
Direction:-	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑		
Outturn 07/08:-	7.5												
Target 08/09:-	9												

For 2008-2009 there were 291 households measured as having intensive home care during the survey week.

This represents an increase of 21% over the past two years.

At the same time the uptake of Direct Payments (C51) has lead to a potential loss of some 123 clients who are estimated as having the equivalent payments to that of intensive home care provision.

During the same two year period Telecare Service has gone from zero clients to 550.

It is estimated 25 of the Telecare Service clients would have had intensive home care packages because the number of client contact hours and visits has fallen below the required trigger level of 5 or more visits and more that 10 hours of contact.

Taking both these factors into account the total number of households likely to be included as receiving intensive home care is 439 moving performance from the reported 8.02 to 12.09.

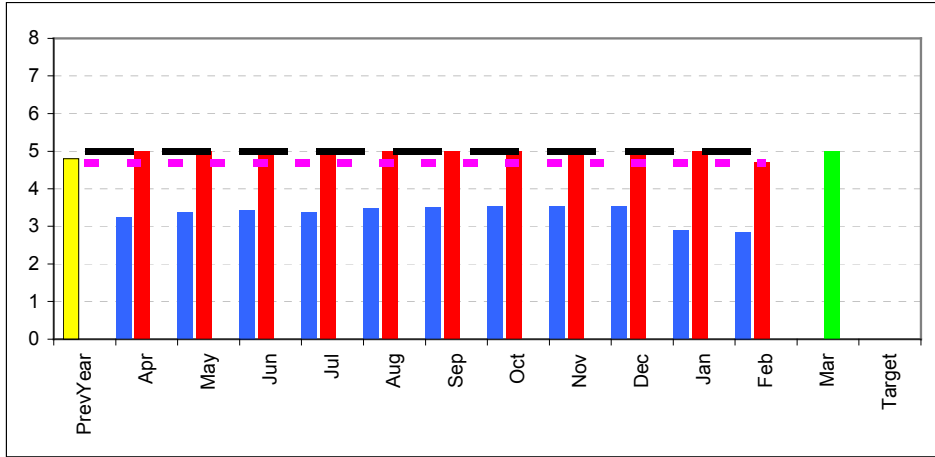
A project is to be set up designed to ensure a consistant approach across the organisation to delivery of care packages within this indicator.

C29 Included in NI 136

Title:- Adults with physical disabilities helped to live at home.

Definition:- Adults with physical disabilities helped to live at home per 1,000 population aged 18-64.

Manager:-



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	3.24	3.37	3.44	3.37	3.48	3.51	3.52	3.52	3.52	2.89	2.85		5
Last year performance:-	2.86	3.09	2.95	3.01	2.95	3.2	3.18	3.37	3.3	3.3	3.25	4.8	
Forecast performance:-	5	5	5	5	5	5	5	5	5	5	4.7		
Comparator Family:-	4.98												
England:-	4.68												
Clients:-	340	353	360	353	365	368	369	369	369	303	300		524
Last year:-	302	326	311	318	311	338	333	353	346	342	341	503	
Direction:-	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↓		
Outturn 07/08:-	4.8												
Target 08/09:-	5												

Indicators C29, C30, C31 and C32 are reported as single indicator

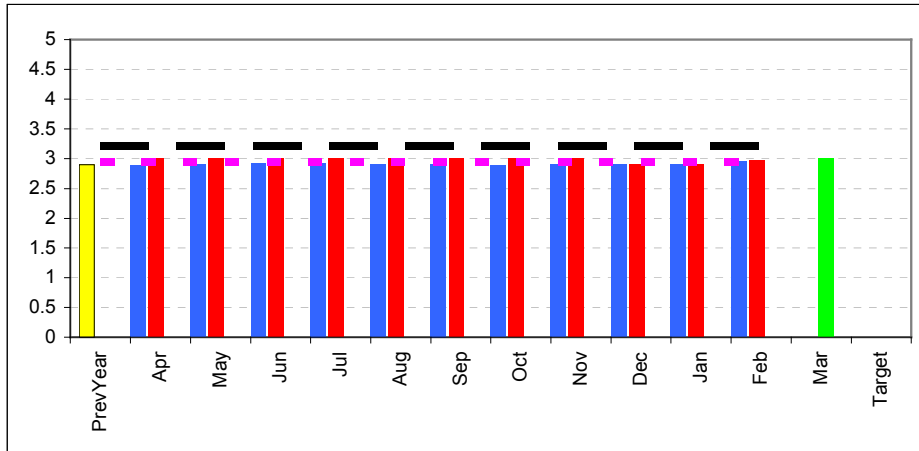
NI136 People supported to live independently through social services (all ages)

C30 Included in NI 136

Title:- Adults with learning disabilities helped to live at home

Definition:- Adults with learning disabilities helped to live at home per 1,000 population aged 18-64.

Manager:- Billy McAlinden



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	2.89	2.9	2.92	2.93	2.9	2.91	2.89	2.9	2.9	2.9	2.96		3
Last year performance:-	2.69	2.64	2.82	3.01	2.87	2.87	2.87	2.91	2.92	2.92	2.92	2.9	
Forecast performance:-	3	3	3	3	3	3	3	3	2.9	2.9	2.97		
Comparator Family:-	3.21												
England:-	2.95												
Clients:-	303	304	306	307	304	305	303	303	303	304	312		314
Last year:-	284	279	298	318	303	303	301	305	306	306	306	302	
Direction:-	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑		
Outturn 07/08:-	2.9												
Target 08/09:-	3												

Indicators C29, C30, C31 and C32 are reported as single indicator

NI136 People supported to live independently through social services (all ages)

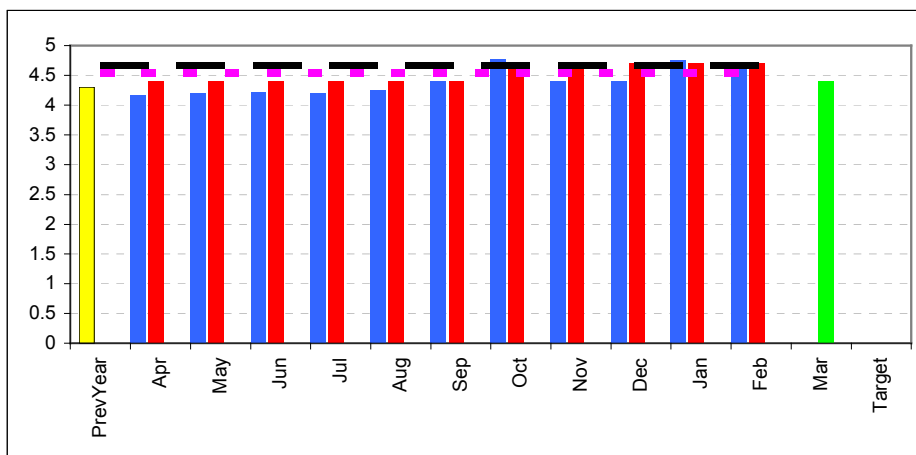
The strategy for Learning Disabilities will ensure that the organisation continues to deliver against target.

C31 Included in NI 136

Title:- Adults with mental health problems helped to live at home.

Definition:- Adults with mental health problems helped to live at home per 1,000 population aged 18-64.

Manager:-



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	4.17	4.2	4.22	4.2	4.25	4.4	4.77	4.4	4.4	4.75	4.72		4.4
Last year performance:-	4.09	4.15	4.21	4.36	4.46	4.22	4.28	4.19	4.18	4.27	4.13	4.3	
Forecast performance:-	4.4	4.4	4.4	4.4	4.4	4.4	4.7	4.7	4.7	4.7	4.7		
Comparator Family:-	4.66												
England:-	4.54												
Clients:-	437	440	442	440	445	461	500	500	500	498	498		461
Last year:-	432	438	444	460	471	446	449	439	438	441	433	445	
Direction:-			↑	↑	↑	↑	↑	↑	↑	↑	↑		
Outturn 07/08:-	4.3												
Target 08/09:-	4.4												

Indicators C29, C30, C31 and C32 are reported as single indicator

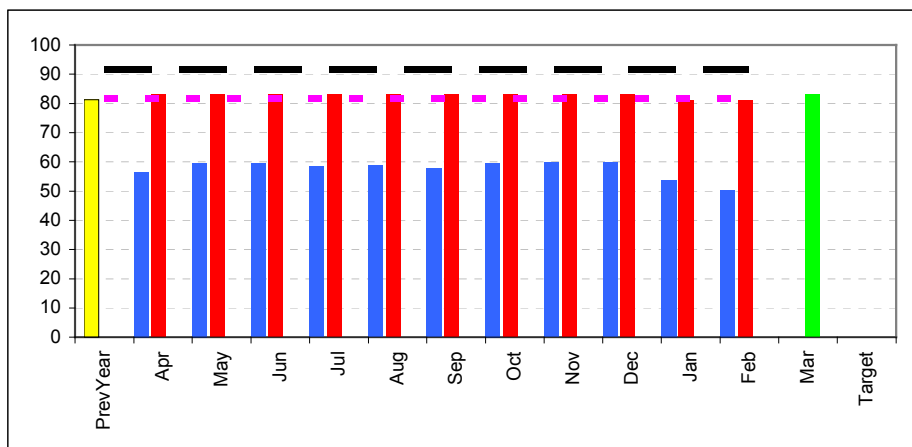
NI136 People supported to live independently through social services (all ages)

C32 Included in NI 136

Title:- Older people helped to live at home.

Definition:- Older people helped to live at home per 1,000 population aged 65 or over.

Manager:-



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	56.5	59.7	59.4	58.5	58.8	57.8	59.7	59.7	59.7	53.8	50.5		83
Last year performance:-	50.13	49.83	51.08	53.22	53.13	53.5	53.77	55.12	55.45	55.23	55.5	81.3	
Forecast performance:-	83	83	83	83	83	83	83	83	83	81	81		
Comparator Family:-	91.7												
England:-	81.8												
Clients:-	2049	2166	2155	2123	2133	2099	2166	2166	2166	1953	1862		3013
Last year:-	1803	1792	1837	1914	1911	1924	1952	2001	2013	2005	2013	2951	
Direction:-	↑	↑	↑	↑	↑	↑	↑	↑	↑	↓	↓		
Outturn 07/08:-	81.3												
Target 08/09:-	83												

Indicators C29, C30, C31 and C32 are reported as single indicator
NI136 People supported to live independently through social services (all ages)

The main services currently included within this indicator are:-

- Domiciliary care • Day opportunities • Maintained Equipment • Telecare • Meals • Sort term residential/nursing care • Transport
- Rehabilitation/ Intermediate care • Direct Payments• Professional support • Individualised budgets

Supporting People Clients who have the Careline alarm system are a potential addition to this client base.

There are 630 clients in receipt of this service of which 365 are already clients of Social Care.

Work is in hand to include the additional 265 clients

Other sources used for this indicator at the end of each year, which are not recorded on the Client Index system, (CLIX – Frameworki) and which are added manually to the figures are:-

- Village Warden scheme • Able (within 6 weeks of year end) • Private Sector Housing (major adaptations)) • Talking Books • Maintained equipment • Home from Hospital • Promoting Independence • Minor adaptations (262 clients)

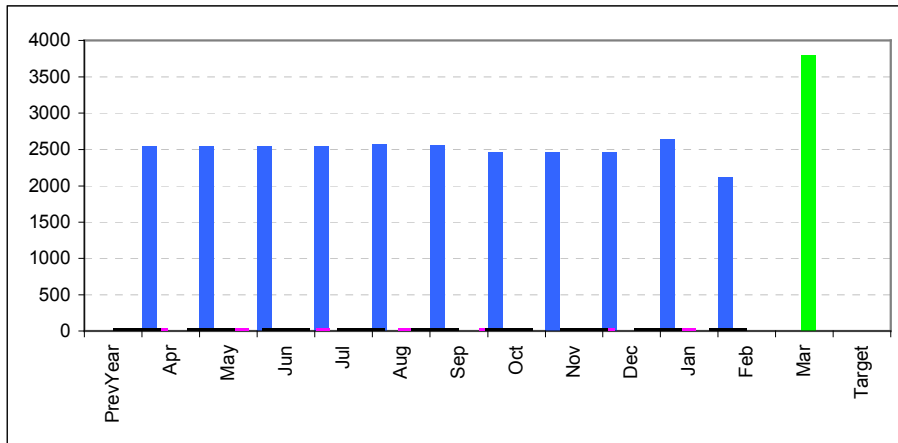
To ensure this additional information can be gathered throught the year a project is to be set up to assess ways of real time recording of the services.

NI136

Title:- People supported to live independantly through social services (all adults)

Definition:- This indicator will measure the number of adults all ages per 100,000 population that are assisted directly through social services assessed/care planned, funded support to live independently, plus those supported through organisations that receive social services grant funded services.

Manager:- George Fanning



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	2550	2550	2550	2550	2566	2557	2459	2459	2459	2646	2109		3793
Last year performance:-													
Forecast performance:-													
Comparator Family:-													
England:-													
Clients:-	3665	3665	3665	3665	3689	3675	3535	3535	3535	3804	2972		
Last year:-													
Direction:-													
Outturn 07/08:-													
Target 08/09:-	3793												

This indicator replaces:-

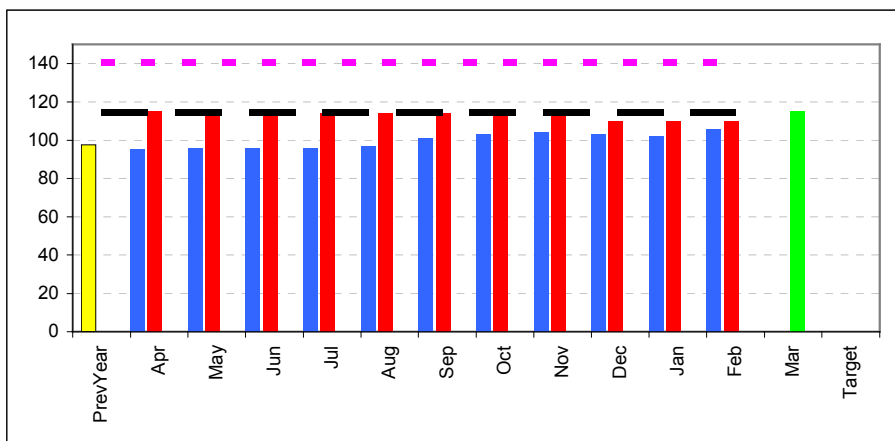
- C29 Adults with physical disabilities helped to live at home.
- C30 Adults with learning disabilities helped to live at home
- C31 Adults with mental health problems helped to live at home.
- C32 Older people helped to live at home.

C51 Included in NI130

Title:- Direct payments

Definition:- Adults and older people receiving direct payments at 31 March per 100,000 population aged 18 or over (age standardised). This is a weighted average of four indicators which are calculated separately. The weight for each indicator is the percentage of the population of England aged 18 and over that falls into the relevant age group (this achieves the age standardisation).

Manager:-



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	95	96	96	95.5	96.8	101	103	104	103	102	106		115
Last year performance:-	83.8	84.92	91.8	79.83	81.12	85.83	85.69	91.66	88.85	88.85	89.83	97.57	
Forecast performance:-	115	115	114	114	114	114	114	114	110	110	110		
Comparator Family:-	115												
England:-	141												
Clients:-	136	137	137	136	138	144	147	148	147	145	152		162
Last year:-	121	122	130	113	115	122	121	131	127	127	128	138	
Direction:-	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑		
Outturn 07/08:-	97.6												
Target 08/09:-	115												

This indicator is counted as per definition for 2008/09 i.e. those clients on the books to receive direct payment on the last day of the financial year.

C51 does not include Direct Payments for carers.

NI130 (Social Care Clients receiving self directed support) will replace it but for 08/09 includes only the following:-

All people over the age of 18, including carers, who have received a direct payment or individual budget at any time in the year.

Data for this indicator is provided directly from Finance as a consequence of Panel.

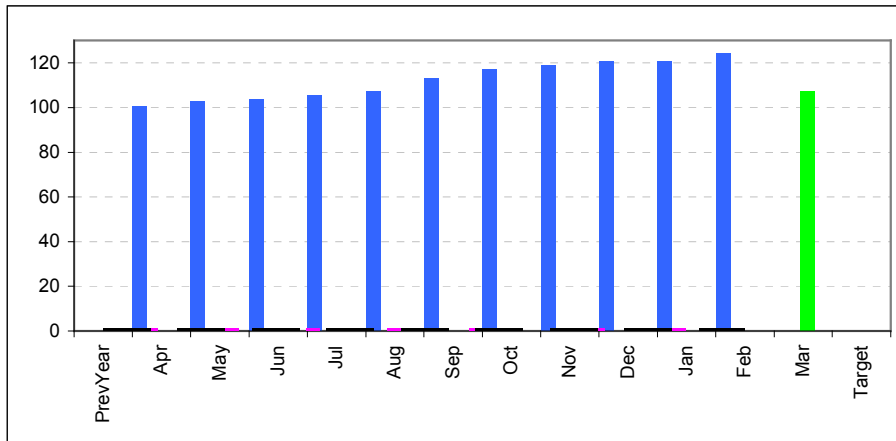
From 2009/10 onwards indicator NI130 will measure all clients receiving self directed support.

NI130

Title:- Social care clients receiving Self Directed Support (Direct payments and Individualised Budgets)

Definition:- Number of adults, older people and carers receiving social care through a Direct Payment (and/or an Individual Budget) in the year to 31st March per 100,000 population aged 18 or over (age standardised) (for population 18 – 64 and 65-74, 75-84 and 85+)

Manager:- George Fanning



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	101	103	104	105	107	113	117	119	121	121	124		107
Last year performance:-													
Forecast performance:-													
Comparator Family:-													
England:-													
Clients:-	144	147	149	151	154	162	168	171	173	173	180		
Last year:-													
Direction:-													
Outturn 07/08:-													
Target 08/09:-	107												

This indicator is on target for 2008/09.

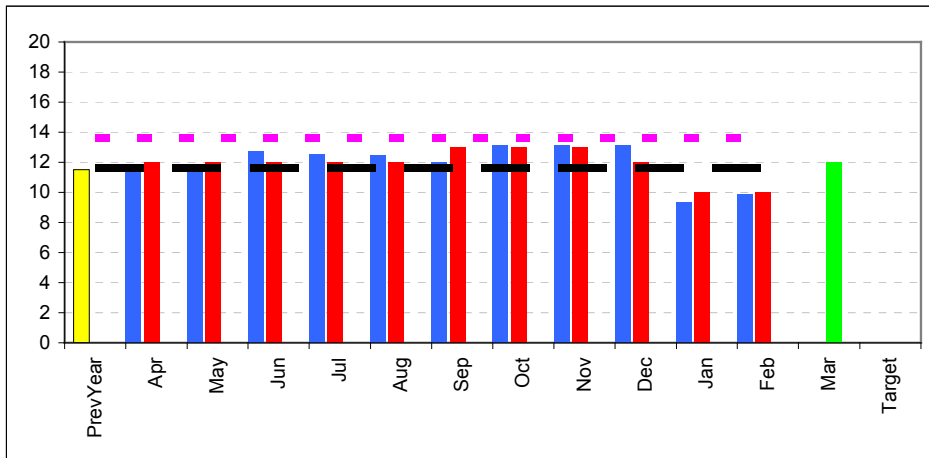
The indicator forms part of the Local Area Agreement and as such has stretching target set for 2009/10 and 2010/11 requiring us to provide self directed support service to at least 30% of our clients (1600 clients)

C62 Included in NI 135

Title:- Services for carers.

Definition:- The number of carers receiving a 'carers break' or a specific carers' service as a percentage of clients receiving community based services.

Manager:-



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	11.5	11.3	12.7	12.5	12.4	12	13.1	13.1	13.1	9.34	9.88		12
Last year performance:-	10.32	9.82	9.63	9.41	9.42	9.14	9.27	9.05	8.9	8.65	8.46	11.5	
Forecast performance:-	12	12	12	12	12	13	13	13	12	10	10		
Comparator Family:-	11.6												
England:-	13.6												
Clients:-	370	402	470	478	509	516	620	620	620	620	502		660
Last year:-	303	311	325	344	362	367	394	405	416	427	434	625	
Direction:-	↑	↑	↑	↑	↑	↑	↑	↑	↑	↓	↓		
Outturn 07/08:-	11.5												
Target 08/09:-	12												

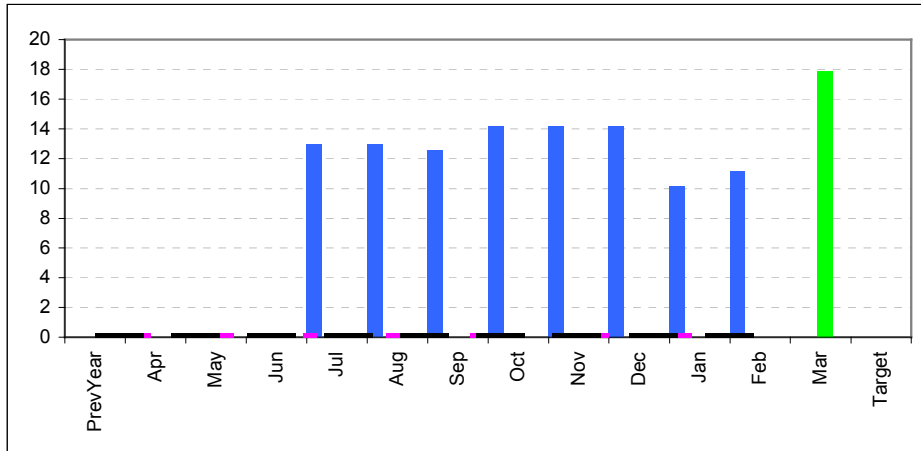
Redesign of the Commissioning Strategy will ensure that next year an improvement across the board for services users and in particular outcomes for careers.

NI135

Title:- Carers receiving a needs assessment or review and specific carer's service or advice a

Definition:- The number of carers whose needs were assessed or reviewed by the council in a year who received a specific carer's service, or advice and information in the same year as a percentage of people receiving a community based service in the year.

Manager:- George Fanning



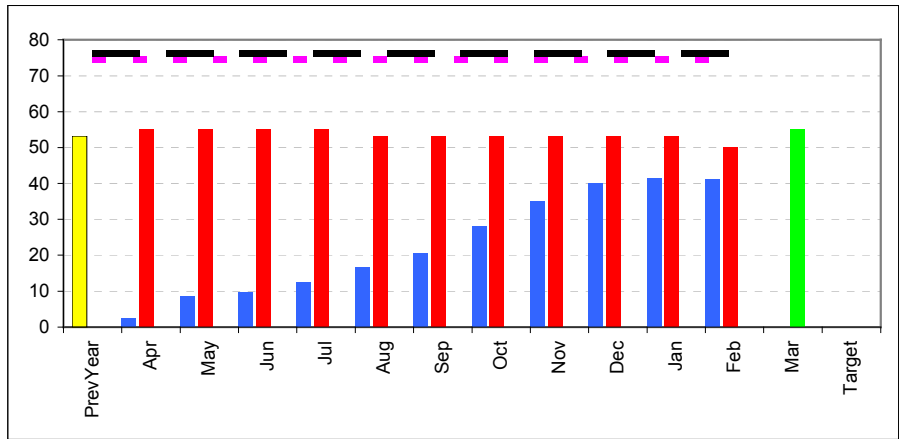
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-				13	13	12.6	14.2	14.2	14.2	10.2	11.1		17.9
Last year performance:-													
Forecast performance:-													
Comparator Family:-													
England:-													
Clients:-				497	530	541	673	673	673	503	565		
Last year:-													
Direction:-													
Outturn 07/08:-													
Target 08/09:-	17.9												

C72

Title:- Older people aged 65 or over admitted on a permanent basis in the year to residential care

Definition:- Older people aged 65 or over admitted on a permanent basis in the year to residential care or nursing care.

Manager:-



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	2.48	8.54	9.64	12.4	16.5	20.4	28.1	35	40	41.3	41.2		55
Last year performance:-	1.39	10.84	17.24	20.3	25.58	32.3	35.62	42.7	38.84	42.7	47.4	53.17	
Forecast performance:-	55	55	55	55	53	53	53	53	53	53	50		
Comparator Family:-	76.3												
England:-	74.5												
Clients:-	9	31	35	45	60	74	102	102	102	150	152		200
Last year:-	5	39	62	73	92	116	128	155	141	155	172	193	
Direction:-	↑	↑	↓	↓	↑	↑	↑	↑	↑	↑	↑		
Outturn 07/08:-	53.2												
Target 08/09:-	55												

A project is to be created to resolve issues arising from commitments against reported activity.

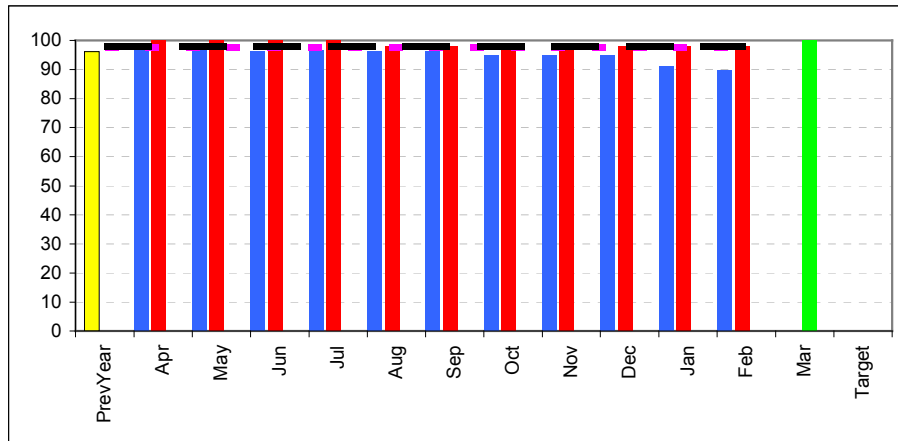
Essential that progress within the Herefordshire Connects project delivers integrated financial aspects of client services.

D39

Title:- Percentage of people receiving a statement of their needs and how they will be met.

Definition:- The percentage of adults and older people receiving a statement of their needs and how they will be met.

Manager:- Denise Hawkins



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	96.7	96.9	96.2	96.7	96.3	96.3	94.9	95	95	91.1	89.7		100
Last year performance:-	90.65	92.15	94.01	95.43	93.5	94.2	94.21	94.18	94.43	94.22	94.4	96.1	
Forecast performance:-	100	100	100	100	98	98	98	98	98	98	98		
Comparator Family:-	97.8												
England:-	97.5												
Clients:-	3690	4031	3901	4260	4498	4700	5021	5021	5021	5615	5331		6030
Last year:-	3491	3699	3938	4220	4234	4425	4634	4854	5055	5267	5431	5838	
Direction:-	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑		
Outturn 07/08:-	96.1												
Target 08/09:-	100												

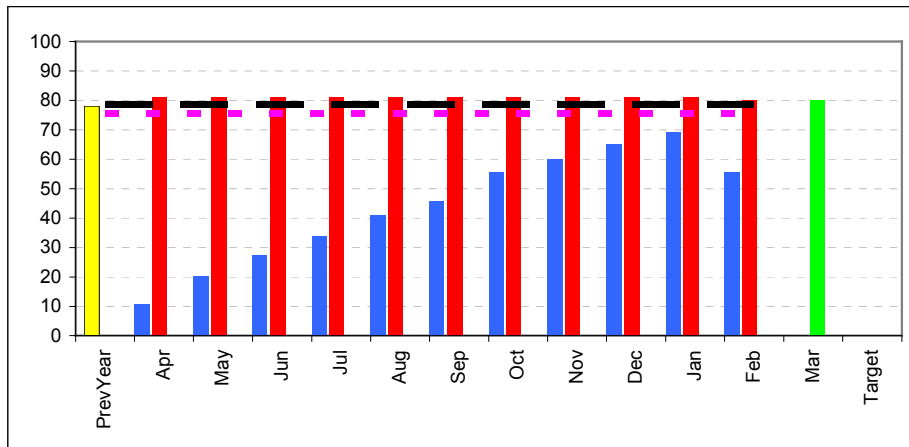
To enable the target of 100% to be reached additional administrative staff to be allocated to ensuring relevant paperwork is sent to clients.

D40

Title:- Clients receiving a review.

Definition:- Adult and older clients receiving a review as a percentage of those receiving a service.

Manager:- Denise Hawkins



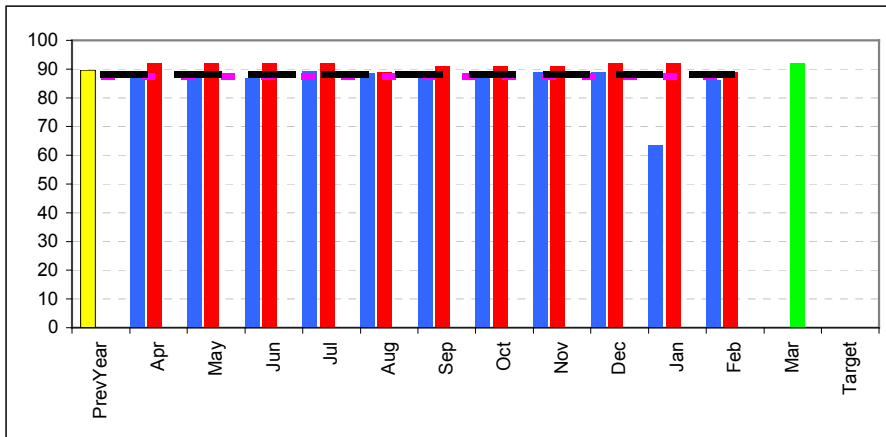
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	10.8	20.3	27.5	34	41.1	45.7	55.7	60	65	69.3	55.6		80
Last year performance:-	7.61	18.15	24.72	34.36	42.34	45.74	51.82	57.55	59.5	64.77	70.31	78.06	
Forecast performance:-	81	81	81	81	81	81	81	81	81	81	80		
Comparator Family:-	78.6												
England:-	75.7												
Clients:-	440	898	1256	1597	2042	2376	3137	3137	3137	4315	3339		5543
Last year:-	293	742	1065	1579	2027	2271	2698	3080	3367	3840	4301	5018	
Direction:-	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑		
Outturn 07/08:-	78.1												
Target 08/09:-	80												

D55 Included in NI 132

Title:- Acceptable waiting times for assessments.

Definition:- For new older clients, the average of (i) the percentage where the time from first contact to contact with the client is less than or equal to 48 hours(that is, 2 calendar days), and (ii) the percentage where the time from first contact to completion of assessment is less than or equal to four weeks (that is, 28 calendar days).

Manager:-



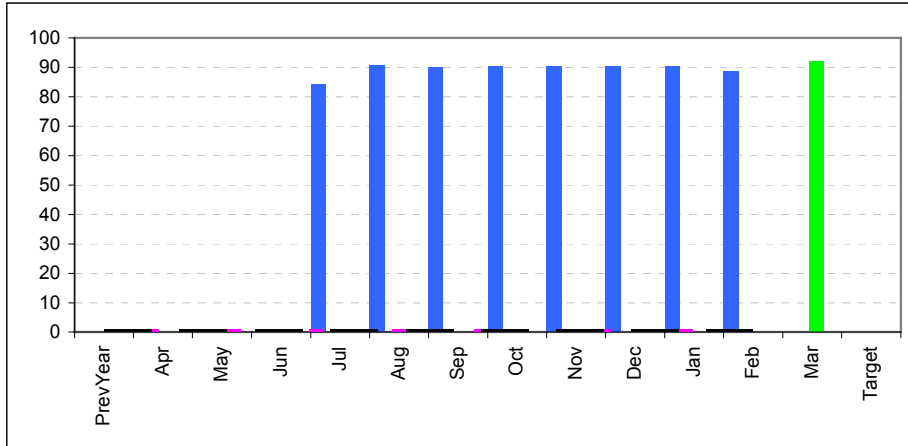
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	87.4	87	86.9	89.2	88.7	88	88.9	89	89	63.5	86.3		92
Last year performance:-	96.39	92.84	92.61	89.84	84.98	86.35	86.27	86.12	86.23	86.84	87.71	89.61	
Forecast performance:-	92	92	92	92	89	91	91	91	92	92	89		
Comparator Family:-	88.2												
England:-	87.5												
Ratio of clients:-	88.82	86.5	85.54	88.28	87.6	87.3	88.21	88.21	88.21	59.61	84.18		
Last year:-	92.78	89.57	89.8	86.14	81.65	83.06	82.78	82.37	82.51	83.3	84.25	87.09	
Direction:-	↑	↑	↑	↑	↓	↑	↑	↑	↑	↓	↓		
Outturn 07/08:-	89.6												
Target 08/09:-	92												

NI132

Title:- Timeliness of social care assessments (all adults)

Definition:- Acceptable waiting times for assessments: For new clients (aged 18+), the percentage from where the time from first contact to completion of assessment is less than or equal to four weeks

Manager:- George Fanning



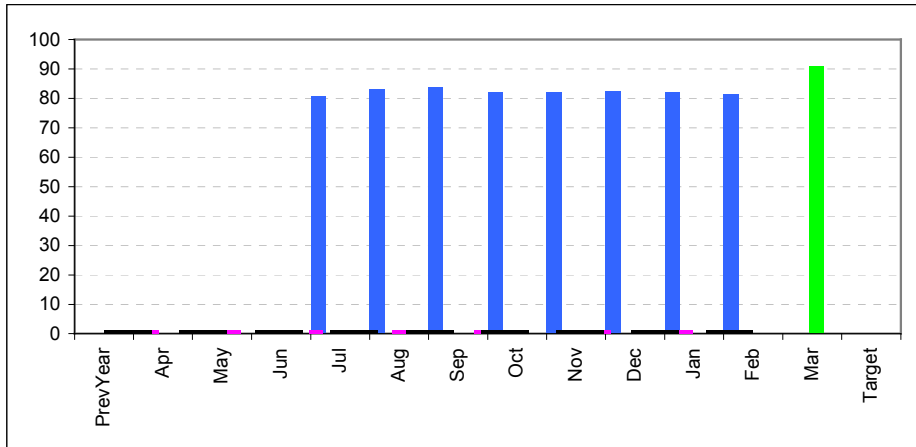
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-				84.2	90.6	90	90.5	90.5	90.5	90.5	88.6		92
Last year performance:-													
Forecast performance:-													
Comparator Family:-													
England:-													
Clients:-				700	987	1217	1575	1575	1575	1575	1674		
Last year:-													
Direction:-													
Outturn 07/08:-													
Target 08/09:-	92												

NI133

Title:- Timeliness of social care packages following an assessment

Definition:- Acceptable waiting times for delivery of care packages following assessment: For new clients (For 2008/09: Adults aged 65+, from 2009/10 Adults all ages 18+) the percentage for whom the time from completion of assessment to provision of all services in the care package is less than or equal to 4 weeks.

Manager:- George Fanning



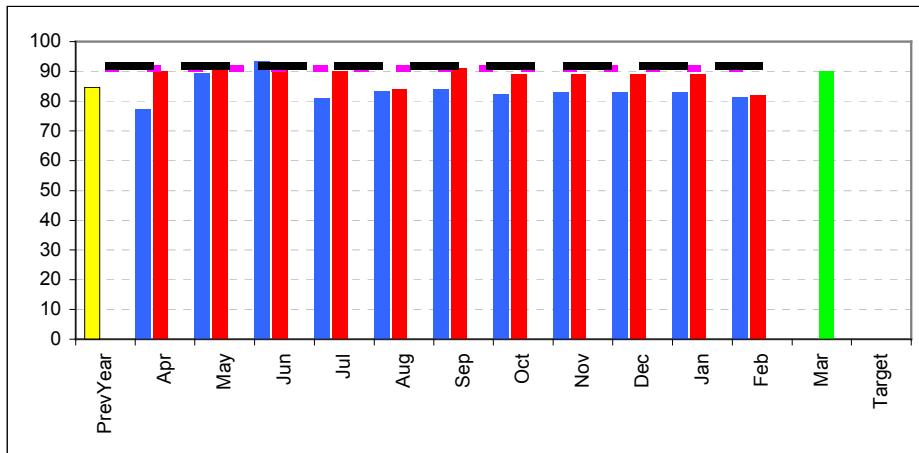
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-				80.9	83.2	84	82.3	82.3	82.5	82.3	81.4		91
Last year performance:-													
Forecast performance:-													
Comparator Family:-													
England:-													
Clients:-				212	302	346	533	533	533	533	613		
Last year:-													
Direction:-													
Outturn 07/08:-													
Target 08/09:-	91												

D56

Title:- Acceptable waiting times for care packages.

Definition:- For new older clients, the percentage for whom the time from completion of assessment to provision of all services in the care package is less than or equal to 4 weeks.

Manager:-



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	77.1	89.4	93.3	80.9	83.2	84	82.3	83	83	83	81.4		90
Last year performance:-	100	94.74	87.05	84.89	82.18	77.9	80.08	78.71	76.07	74.86	74.79	84.72	
Forecast performance:-	90	91	91	90	84	91	89	89	89	89	82		
Comparator Family:-	91.9												
England:-	90.9												
Clients:-	27	42	70	212	302	346	533	533	533	533	693		1200
Last year:-	32	90	195	309	438	511	627	743	766	911	979	1109	
Direction:-	↓	↑	↑	↑	↓	↑	↑	↑	↑	↑	↓		
Outturn 07/08:-	84.7												
Target 08/09:-	90												

This indicator formed part of the Best Value set of indicators and is covered by Audit agreement on how to measure locally.

The agreed method used when CLIX was operational was to measure the time between end of assessment and the start of the last recorded service prior to any client review.

CLIX did not contain care plans therefore it is not possible to recalculate based on a 'majority' of services being in place.

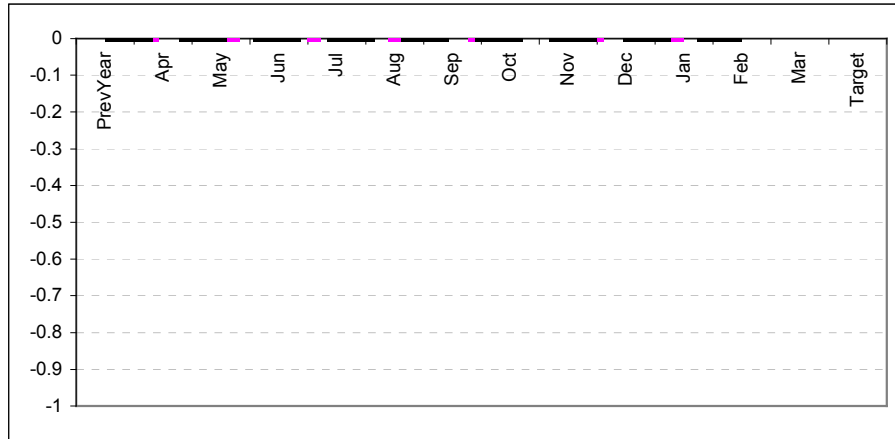
We are using the same method with Frameworki – i.e. measuring only services delivered.

NI125

Title:- Achieving independence for older people through rehabilitation/intermediate care

Definition:- The proportion of older people discharged from hospital to their own home or to a residential or nursing care home or extra care housing bed for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) who are at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital.

Manager:- Graham Taylor



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-													
Last year performance:-													
Forecast performance:-													
Comparator Family:-													
England:-													
Last year:-													
Direction:-													
Outturn 07/08:-													
Target 08/09:-													

The survey period for this indicator was from 01/09/2008 to 31/09/2008.

The indicator measures the number of clients who have not returned to hospital within 90 days of discharge if the discharge had been via an intermeidate care service.

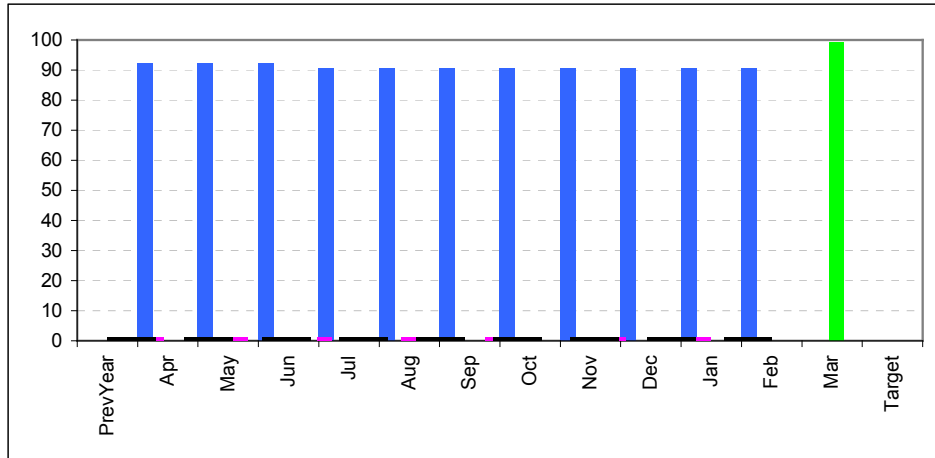
The results of measurement of these clients is currently being undertaken.

NI142

Title:- Number of vulnerable people who are supported to maintain independent living

Definition:- The number of service users (i.e. people who are receiving a Supporting People Service) who have established or are maintaining independent living, as a percentage of the total number of service users who have been in receipt of Supporting People services during the period.

Manager:- Dawn Stradling



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-	92.3	92.3	92.3	90.5	90.5	90.5	90.5	90.5	90.5	90.5	90.5		99.2
Last year performance:-													
Forecast performance:-													
Comparator Family:-													
England:-													
Ratio of clients:-													
Last year:-													
Direction:-													
Outturn 07/08:-													
Target 08/09:-	99.2												

Adult Social Care - February

Ref.	Definition	Measured in	2006-2007			2007/08				2008/09					
			IPF	Excellent	Hereford	Target	Actual	Status	DoT	Target	Current Position	Forecast	Status	DoT	
A80	Drug misusers sustained in treatment	%	100.8	104.3	93.0		101.2	Measured by Department of Health and reported in autumn each year.							
B11	Intensive homecare as a percentage of intensive home and residential care.	%	26.0	34.0	18.0	22.0	19.8	R	↑	22	22.12	22	G	↑	
B12	Cost of intensive social care for adults and older people.	£	531	540	533	<500	570	R	↑	500	545.09	550	R	↑	
B17	Unit cost of home care for adults and older people.	£	15.9	13.9	17.0	15.0	16.8	R	↑	15.5	17.24	18	R	↓	
C28	Intensive home care	Number	10.4	21.8	6.7	8.1	7.5	R	↑	9	8.02	8.02	R	↑	
C29	Adults with physical disabilities helped to live at home.	Number	4.8	5.9	6.0	6.0	4.8	R	↓	5	2.85	4.7	R	↓	
C30	Adults with learning disabilities helped to live at home	Number	3.1	3.5	2.8	3.0	2.9	R	↑	3	2.96	2.97	G	↑	
C31	Adults with mental health problems helped to live at home.	Number	4.4	6.1	4.1	4.4	4.3	R	↑	4.4	4.72	4.7	G	↑	
C32	Older people helped to live at home.	Number	91.0	106.0	81.1	83.0	81.3	R	↑	83	50.46	81	R	↓	
C51	Direct payments	Number	92.0	112.0	88.3	100.0	97.6	R	↑	115	105.61	110	A	↑	
C62	Services for carers.	%	9.2	10.5	10.2	12.0	11.5	R	↑	12	9.88	10	R	↓	
C72	Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care.	Number	83.0	85.0	73.4	70.0	53.2	G	↑	55	41.19	50	G	↑	
C73	Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care.	Number	1.7	2.0	2.0	1.5	1.5	G	↑	1.5	0.38	0.5	G	↑	
D37	Availability of single rooms.	%	96.0	98.0	90.1	90.0	95.6	G	↑	96	92.95	96	G	↑	
D39	Percentage of people receiving a statement of their needs and how they will be met.	%	91.0	96.0	98.0	100.0	96.1	R	↓	100	89.69	98	A	↑	
D40	Clients receiving a review.	%	72.0	78.0	76.3	78.0	78.1	G	↑	80	55.55	80	G	↑	
D41	Delayed transfer of care (interface).	Number	19.0	14.0	31.0	<20	31.0	R	Measured by Department of Health and reported in autumn each year.						
D54	Percentage of items of equipment and adaptations delivered within 7 working days.	%	89.0	93.0	96.3	96.0	96.4	G	↑	97	95.66	96	R	↓	
D55	Acceptable waiting times for assessments.	%	85.0	87.0	83.6	90.0	89.6	R	↑	92	86.25	89	R	↓	
D56	Acceptable waiting times for care packages.	%	90.0	91.0	76.0	85.0	84.7	R	↑	90	81.43	82	R	↓	
D75	Practice Learning.	Number	17.9	17.1	19.4	15.0	26.0	G	Measured annually at end of financial year						
E47	Ethnicity of older people receiving assessment.	Ratio	1.2	1.0	1.2	1.0	0.7	R	↓	1	1.07	.9	G	↑	

Adult Social Care - February

Ref.	Definition	Measured in	2006-2007				2007/08				2008/09									
			IPF	Excellent	Hereford	Target	Actual	Status	DoT	Target	Current Position	Forecast	Status	DoT						
NI119	Self-reported measure of people's overall health and wellbeing		New Indicators from 2008/09 onwards								Survey results completed - meeting to set targets required.									
NI120	All-age all cause mortality rate	Rate per 100,000 population									637	549.81								
NI121	Mortality rate from all circulatory diseases at ages under 75	Rate per 100,000 population									58	63.84								
NI122	Mortality from all cancers at ages under 75	Rate per 100,000 population									96	104.83								
NI123	16+ current smoking rate prevalence	Rate per 100,000 population									808	355								
NI124	People with a long-term condition supported to be independent and in control of their condition	Percentage									Survey to be carried out by PCT to calculate base level									
NI125	Achieving independence for older people through rehabilitation/intermediate care	Percentage									Results due once 90 days after end of reporting sample period 01/09/2008 - 31/12/2008									
NI126	Early access for women to maternity services	Percentage									80	80								
NI127	Self reported experience of social care users										For introduction in 2009/10									
NI128	User reported measure of respect and dignity in their treatment																			
NI129	End of life care - access to appropriate care enabling people to choose to die at home	Percentage									Awaiting results of Office of National Statistics survey results.									
NI130	Social care clients receiving Self Directed Support (Direct payments and Individualised Budgets)	Rate per 100,000									107	124.08								
NI131	Delayed transfers of care from hospitals	Rate per 100,000									30	41								
NI132	Timeliness of social care assessments (all adults)	Percentage									92	88.57								
NI133	Timeliness of social care packages following an assessment	Percentage	91	81.43																
NI134	The number of emergency bed days per head of weighted population	Number	PCT to be requested to restart measuring this indicator.																	
NI135	Carers receiving a needs assessment or review and specific carer's service or advice and information	Percentage	17.9	11.12																
NI136	People supported to live independantly through social services (all adults)	Rate per 100,000	3793	2108.9																
NI137	Healthy life expectancy at age 65		Survey to be carried out in 2009/10																	
NI138	Satisfaction of people over 65 with both home and neighbourhood		Survey results completed - meeting to set targets required.																	
NI139	The extent to which older people receive the support they need to live independently at home		Survey results completed - meeting to set targets required.																	
NI141	Number of vulnerable people achieving independent living	Number		96.57																

REVENUE BUDGET MONITORING 2008/09**Report By: Management Accounting Manager****Wards Affected**

County-wide

Purpose

To provide an update on the projected outturn to the end of January 2008-09 for Adult Social Care and Strategic Housing.

Financial Implications

These are contained in the report.

Background

The Adult Social Care and Strategic Housing Scrutiny Committee receive regular budget monitoring reports, the most recent covering the period to October 2008.

Latest projected position 2008-09

	2008-09 Budget	Projected outturn January 2009 Over or (-) Under	Projected Outturn October Over or (-) Under
	£m	£m	£m
Adult Social Care	40.23	0.566	0.277
Supporting People	0.073	0.032	0.028
Strategic Housing	1.919	0.148	0.321
Total	42.22	0.746	0.626

Adult Social Care

1. The forecast outturn position on Adult Social Care shows a deterioration on the October position of 289k, resulting in a revised forecast outturn of £566k overspent. The detailed income and expenditure variances are set out in Appendix I.
2. There have been a number of changes, both positive and negative, since the last scrutiny report. The most significant change relates to the assumption around Continuing Health care (CHC). The October position assumed that the PCT would meet costs of individuals meeting the CHC criteria amounting to some £942k. This was based on an initial review of 26 cases deemed likely to meet the criteria.

3. A number of assessments have been undertaken since then. Of these, 7 have shown clients not meeting the required criteria. There are a further 7 assessments still pending, including 3 of which relate to PCT's other than Herefordshire.
4. After taking account of those clients already assessed as meeting the CHC criteria, and those assessments pending which are still considered to have a high probability of meeting the criteria, the cost shift assumption has been reduced by £442k to £500k. This is one of the main reasons for the increase in the outturn forecast.
5. The other significant factor in the increased forecast is an increase in domiciliary care of £512k. This is partly offset by the reductions in residential care detailed below, but there is also an emerging under-utilisation in the Rose Gardens block contract. The council is contractually committed to pay for a fixed level of support, however there are currently 12 voids out of a provision of 20 high care packages. At the same time the level of spot contracts for domiciliary homecare have increased rather than reduced.
6. The other main variances in forecast outturn since the previous report are as follow:
 - a. A £108,000 reduction in older people due to an overall decrease in residential packages of 9 clients, however this includes a number of packages recently approved.
 - b. A £52,000 reduction in mental health due to an overall decrease in residential packages of 7 clients.
 - c. A change in the way client receipts are accounted for in relation to property disposals has resulted in a one-off reduction in the outturn of £270k.
 - d. Various costs totaling £90,000 previously shown within the base budget expenditure have been re-allocated against grant funding where capacity has been identified. These relate to the Management Information grant and the Learning Disability Development Fund.
 - e. There have been increases in residential care costs for learning disabilities (£17k) and physical disabilities (£7k). These are due to more complex needs of clients rather than additional packages.
 - f. Additional costs for brokerage of £30k as part of the wider move to personalisation within the modernisation programme.
 - g. The issue with the Shires contract has been resolved with the PCT and Council agreeing a 50:50 split of the debt write-off, this has resulted in an increase in the outturn of £80k.
7. Over the past year, adult social care have been working more closely with Supporting People staff to consider ways in which supporting people funding could be appropriately used to provide support for individuals which might also reduce some of the need for some social care funding. Some of this relates to funding new pilot services and some to part funding existing care packages. In October the amount of eligible funding identified was £158k. Since then further work has been undertaken which has increased this amount to £503k.
8. The Adult Social care budget continues to be reviewed to identify further areas to reduce expenditure to achieve a balanced budget. This includes using the evident trend of reducing residential placements, reviewing modernisation projects across the

whole county and slowly implementing as well as cutting back on interim and project management support. Any option is likely to have an impact on progressing the improvement agenda.

9. There are a number of potential risks that could cause the forecast position to increase further. These include outstanding invoices raised to the PCT for CHC costs from previous years of £557k, which are the subject of on-going negotiation.
10. There is currently £1.027m budget allocated to new modernisation schemes and initiatives. As schemes develop the costs and budgets will be allocated to the appropriate services. Schemes are being closely monitored to ensure timescales for implementation are met and that anticipated savings and cost mitigation are achieved.
11. An overspend of £32k is currently projected in terms of the management and administration of the Supporting People programme. This is principally due to unanticipated costs for the IT system that supports the programme.

Strategic Housing

12. The overall forecast outturn for Strategic Housing has improved from the October report, with the overspend decreasing from £321k to £148k. This is largely due to continued reductions in the use of bed and breakfast (B&B) accommodation. A degree of caution needs to be exercised due to an emerging increase in B&B numbers for single people which could increase the final position.
13. The bed and breakfast accommodation numbers from November to January are shown below. Demand from families with children, the most expensive category, continues to be low.

Category	Jan	Dec	Nov
Families	1	3	7
Other(couples, siblings)	0	0	1
Single	11	2	8
Total	12	5	16

14. The projected cost of B&B accommodation is a prudent estimate based on current levels of occupancy projected forward using similar percentage fluctuations experienced in previous years. This produces an overspend of £240k. The B&B position is partly offset by an additional £82k of housing benefit received. Strategic Housing continues to focus activity on actions to reduce the use of B&B Accommodation.
15. The officer task and finish group jointly chaired by the Director of Regeneration and Head of Strategic Housing continues to look at new approaches to manage and reduce the homelessness position. Progress has been made in expanding the use of private rented property through the expansion of the council's private sector leasing scheme. This has helped to contain more costly B&B costs but has resulted in an increase in non B&B temporary accommodation costs.

16. Increased levels of enquiries have led to a slight increase in the length of time taken for homelessness applicants to be interviewed, from 3 days to 5 days. Decisions on eligibility are usually made within a week of the interview unless complex investigations are needed.
17. Charges are being introduced for clients in non B&B temporary accommodation where individuals are not able to claim full housing benefit. The potential to make charges for B&B accommodation and furniture storage are being considered. These measures should help to both contain demand and to increase income to offset costs.
18. There have been a number of vacancies in the homelessness team however it has been necessary to employ temporary staff to cope with the increasing demands for accommodation. This has resulted in a net overspend in staffing of £60k. This is partly offset by contributions of £40k from the Department of Communities and Local Government to cover the secondment of the Homelessness Manager.
19. The reduction in the repurchase and reinstatement grant of £38k has led to an income shortfall on the management and administration heading; this is partly offset by one-off vacancy savings. The grant drops out completely in 2009-10.

Possible Measures for Further Recovery on Homelessness

20. Action continues to ensure that all housing benefit is being claimed for those within bed and breakfast, and to ensure that all bed and breakfast clients have priority status and are actively bidding on properties. The position will continue to be closely monitored.
21. The homelessness situation presents the Council with a significant challenge and the available resources are currently not adequate to manage the scale of the problem. The economic downturn is adding to the pressures being faced within Homelessness.

RECOMMENDATION

THAT:

- (a) **the forecast outturn for 2008/09 agreed with the Directors based on service and financial performance outlined in this report is noted.**

and;

- (b) **the continuing efforts of the Directors to ensure service targets are met within the approved budget are endorsed.**

BACKGROUND PAPERS

- Appendix I attached

Adult Social Care and Strategic Housing Scrutiny Committee Budget Monitoring report to period 10 2008-09

Budget Monitoring to January 2009	Expenditure						Income						Net Totals											
	Annual Budget	Year to date	Year to date	Projected	Variance	Annual Budget	Year to date	Year to date	Projected	Variance	Annual Budget	Year to date	Year to date	Projected	Variance	Annual Budget	Year to date	Year to date	Projected	Variance				
	£000's	Actuals	Budget	Outturn	over / (under)		£000's	Actuals	Budget	Outturn		over / (under)	£000's	Actuals	Budget		Outturn	over / (under)	£000's	Actuals	Budget	Outturn	over / (under)	
Adult Services																								
Older People	19,266	17,172	16,028	19,737	471	(4,867)	(3,605)	(4,100)	(5,354)	(487)	14,399	13,567	11,928	14,383	(16)	14,399	13,567	11,928	14,383	(16)				
Learning Disabilities	15,221	13,322	12,809	15,235	14	(5,100)	(1,220)	(3,662)	(4,362)	738	10,121	12,102	9,147	10,873	752	10,121	12,102	9,147	10,873	752				
Mental Health	8,565	9,537	7,122	8,801	236	(2,322)	(6,615)	(1,938)	(2,643)	(321)	6,243	2,922	5,184	6,158	(85)	6,243	2,922	5,184	6,158	(85)				
Physical Disabilities / Sensory Impairment	4,125	3,785	3,425	4,326	201	(388)	(456)	(323)	(481)	(93)	3,737	3,329	3,102	3,845	108	3,737	3,329	3,102	3,845	108				
Section 75 Arrangements	2,463	1,808	2,102	2,464	1	(1,569)	(634)	(1,353)	(1,569)	0	894	1,174	749	895	1	894	1,174	749	895	1				
Adults	2,057	829	2,024	2,161	104	(14)	(7)	(7)	(127)	(113)	2,043	822	2,017	2,034	(9)	2,043	822	2,017	2,034	(9)				
Commissioning & Improvement	1,807	619	904	1,615	(192)	(540)	(83)	(270)	(540)	0	1,267	536	634	1,075	(192)	1,267	536	634	1,075	(192)				
Modernisation	1,041	840	898	967	(74)	(14)	(10)	(14)	(10)	4	1,027	830	884	957	(70)	1,027	830	884	957	(70)				
Service Strategy	778	674	636	917	139	(442)	(520)	(442)	(506)	(64)	336	154	194	411	75	336	154	194	411	75				
Prevention Services	182	113	150	182	0	0	0	0	0	0	182	113	150	182	0	182	113	150	182	0				
Adult Placement Scheme	0	0	0	0	0	0	2	0	2	2	0	2	0	2	2	0	2	0	2	2				
Transport	(16)	73	(10)	(16)	0	0	0	0	0	0	(16)	73	(10)	(16)	0	(16)	73	(10)	(16)	0				
Total Adult Social Care	55,489	48,772	46,088	56,389	900	(15,256)	(13,148)	(12,109)	(15,590)	(334)	40,233	35,624	33,979	40,799	566	40,233	35,624	33,979	40,799	566				
Strategic Housing																								
Homelessness	1,070	1,216	892	1,462	392	(64)	(465)	(54)	(300)	(236)	1,006	751	838	1,162	156	1,006	751	838	1,162	156				
Management & Administration	192	135	159	170	(22)	(108)	0	(90)	(73)	35	84	135	69	97	13	84	135	69	97	13				
Homepoint	274	174	214	281	7	(274)	(281)	(274)	(281)	(7)	0	(107)	(60)	0	0	0	(107)	(60)	0	0				
Housing Needs	372	280	310	360	(12)	(60)	(42)	(50)	(55)	5	312	238	260	305	(7)	312	238	260	305	(7)				
Private Sector Housing	909	795	758	995	86	(392)	(449)	(326)	(492)	(100)	517	346	432	503	(14)	517	346	432	503	(14)				
Total Strategic Housing	2,817	2,600	2,333	3,268	451	(898)	(1,237)	(794)	(1,201)	(303)	1,919	1,363	1,539	2,067	148	1,919	1,363	1,539	2,067	148				
Supporting People Programme Admin																								
Programme	0	5,836	0	0	0	0	(10,887)	0	0	0	0	(5,051)	0	0	0	0	(5,051)	0	0	0				
Admin	209	169	174	234	25	(136)	0	(113)	(129)	7	73	169	61	105	32	73	169	61	105	32				
Total Supporting People	209	6,005	174	234	25	(136)	(10,887)	(113)	(129)	7	73	(4,882)	61	105	32	73	(4,882)	61	105	32				

HEREFORDSHIRE'S RENT DEPOSIT SCHEME

Report By: HEAD OF STRATEGIC HOUSING SERVICES

Wards Affected

County-wide

Purpose

1. For Members to note how the Rent Deposit Scheme operates in Herefordshire.

Financial Implications

2. The Council has a duty to provide assistance to households that are deemed to be homeless within 28 days by investigating their circumstances and where necessary providing temporary and more settled accommodation.
3. Taking the deposit and first month's rent as a model, a typical two bedroom need household will generally require a total payment of approximately £1200 to secure private accommodation. The deposit element is returnable to the Council, and the remaining loan is typically paid back at a rate agreed with the applicant.
4. By way of comparison the cost of providing temporary accommodation for a family of four in bed and breakfast is between £350 and £450 per week, much of which is non-recoverable expenditure.
5. It is proposed to continue to allocate funding towards the Rent/Deposit scheme in 2009/10. Within the current financial year budgetary pressures have required services to be focused on high priority householders with non-priority cases considered by reference to the Head of Strategic Housing. Payments of Rent Deposits are funded from the homelessness budget. As repayments of deposits are received these are treated as income to the section increasing the funding available for advances.

Background

6. The Rent Deposit Scheme has been operating since 2006. Two budget headings have been used – the 'Rent Deposit Scheme' budget, and also some funds from the 'Homeless Prevention' budget. For the purposes of this report the figures are taken as an amalgam of the two budgets. See below under 'Who can be assisted' for further information on this point.
7. In the current financial year (2008/09) the Scheme has so far assisted 213 households into new private accommodation at a cost of approximately £187k.

8. The Scheme

- Provides financial assistance to households in danger of losing their homes within a 28 day period by supplying finances to pay for a deposit and the first month's rent on a privately let property

- Will provide the household with a home for at least six months
- Is delivered by the Housing Advice and Homelessness team within Strategic Housing Services
- Operates within an annual revenue budget

9. Who Can Be Assisted?

Households (which may be single people), who

- Are registered as being in housing need on Home Point
- Are potentially Homeless within 28 days
- Have a priority housing need as defined in the homelessness regulations (would be funded from the 'Homeless Prevention' budget)
- Do not have a priority housing need as defined in the homelessness regulations (would be funded from the 'Rent Deposit Scheme' budget)
- Are deemed, following investigation, to have sufficient funds to financially sustain a tenancy at the given rental level
- At the current time, due to budget implications, the Council is only providing funds to non-priority applicants (Rent Deposit Scheme) under exceptional circumstances

10. How Does It Operate?

- The scheme is operated by the Housing Advice and Homelessness Team, and specifically by the Homelessness Prevention team, who obtain all information, and carry out an initial financial assessment, through a home visit at the current accommodation where appropriate.
- Following a Home Visit and the drawing up of a documented 'Prevention Action Plan', the applicant and the Homeless Prevention Officer will work together to identify a suitable and affordable private rented property. There is no distinction drawn between properties found by the applicant and those found by the Homeless Prevention team
- Once a suitable property has been identified, the Homeless Prevention Officer will liaise between the applicant and the property owner (or their agent where applicable). Finance is offered according to the applicants need and will generally comprise some or all of:
 - The deposit required on the property
 - The first month's rent
 - Any administrative fee charged by the agent
- The monies are paid direct to the landlord or their agent
- Where appropriate, and with the applicants permission, the household is also referred to a tenancy support agency such as New Dawn or Shelter for floating support to assist them in managing their new tenancy. Note that there are a wide range of such support agencies within the county; some provide general support, while others provide more specialist assistance.
- The applicant and an officer on behalf of the Council sign a Loan Agreement. The applicant is expected to repay the sum for the month's rent and the administration fee. Historically the deposit has been held by the landlord and returned to the Council at the end of the tenancy. Because this has left a large amount of the

Council's resources tied up in deposits in the community, we are moving to making the whole sum a loan repayable by the applicant to the Council

- All such loans (rent and deposit) are interest free, and are repayable at affordable rates

Bond Scheme

11. We are currently investigating the possibility of arranging a Bond Scheme rather than a deposit scheme. Under this, the month's rental is still paid to the landlord; however instead of a deposit being paid, the Council makes a Bond Agreement with the landlord. No money changes hands, but the landlord can claim damages against the Council should the applicant default on the rental payments; or cause damage to the property. The Bond is limited to an agreed sum, usually equal to the deposit that would otherwise have been paid. Adoption of this scheme generally would reduce the amount of the Council's money tied up in deposits for long-term tenancies, and thus enable the Council to assist more households. Landlords in Herefordshire have historically been reluctant to agree to such a scheme; however with the current economic conditions we have received some expressions of interest from estate agents in the area.

RECOMMENDATION

THAT the operation of the scheme is noted.

BACKGROUND PAPERS

- None identified

DAY SERVICES FOR OLDER PEOPLE

Adult Social Care

Report By: Associate Director of Integrated Commissioning

Wards Affected

County-wide

Purpose

This report sets out specific plans and seeks agreement to progress the recommendations of the Adult Social Care and Strategic Housing Scrutiny committee review of day care, which were subsequently approved by Cabinet on 22nd January 2009.

Financial Implications

1. Proposals for the same number of service users will have the potential to achieve efficiency gains in the region of £50,000. However, there could be the opportunity to use the greater capacity to support more older people in their communities, thus making savings in more traditional service areas or achieving non cashable savings by increasing the number of older people supported.

Background

2. In 2007/2008 the Adult Social Care and Strategic Housing Scrutiny Committee reviewed day opportunities for older people commissioned by the Council. The review raised two main issues, the lack of usage of some centres and the corresponding high unit cost and the type of day care available.
3. Significant progress has been made in differentiating the types of service needed and where these services need to be located in order to get best usage, and therefore best use of resources. In addition significant programmes of consultation have been carried out to determine service users and carers' wishes, but a follow up programme on the specific proposals contained in this report is currently completing. All services have now been mapped to clearly identify locations where services need to be developed, and areas that may be demonstrating under usage because of overprovision.
4. In brief, services need to meet the following broad aims
 - a. access to specialist health and social care services, such as therapies, clinics, re-ablement services, memory 'cafes' etc.
 - b. access to early intervention and 'socialisation' opportunities to maintain skills for daily living and mental health
 - c. breaks for carers, whether in the service users own home or in a day care setting.
5. To ensure that Herefordshire is able to meet these needs, a model has been developed that specifies a 'hub and satellite' service structure, with specialist centres as the local hubs, supporting a range of socialisation and early intervention services operating in their

area. This is set out in **Appendix 1**. The model will ensure that more costly services are fully utilised to achieve the best value for money and unit costs, while low cost local groups highly valued by older people are best supported. The hub services would be provided by Shaw Healthcare and other voluntary organisations.

6. Services are currently commissioned from Shaw Healthcare under a strategic partnership contract, Age Concern, a range of small voluntary groups, and an in house service at Norfolk House (immediately next door to Waverley House in Leominster which is run by Shaw Healthcare).
7. Norfolk house service does not have suitable facilities, certainly not at the standard of the Waverley house service and is obviously duplicating the geographical coverage for service users. On this basis it will be recommended to Cabinet that the service closes and services users invited to move to the service at Waverley house.
8. The 10 small voluntary groups were funded by Adult Social Care (each less than £5,000) as part of the Prevention Services Initiative to offer socialisation and support. Each group supported in excess of 16 service users, and the overall project evaluation demonstrated that the services were deemed by service users to have improved their quality of life.
9. Most attention has been devoted to the Age concern centres, and the following comments relate to these services. The mobile day centres that have been identified for possible closure are Arkwright Court, Canon Pyon, Dinedor, Longtown and Sellack. The reasons for proposing these centres are as follows:
 - a) Arkwright Court is part of the Age Concern Leominster and District contract for mobile day centres, commissioned to provide services in rural areas but is situated in the centre of Leominster. It is not in an ideal venue, due to space and seating restrictions, as noted by the Scrutiny Review Group who recommended a review of such day centre facilities. Attendance levels have been consistently low for a lengthy period. This service is only provided fortnightly, whereas service users could be transferred to Waverley House, which is less than a mile away and have more regular and frequent attendance with increased activities.
 - b) Canon Pyon is another mobile day centre with consistently poor attendance. Those attending were not local, therefore travelling and mileage to the centre was quite high. Attendees could have been comfortably accommodated at other centres with little or no increase in travelling or mileage. However, the provider has pre-empted this proposal, closed Canon Pyon and another mobile day centre at Staunton-on-Wye, and opened a new mobile centre at Weobley.
 - c) Dinedor is one of the mobile day centres commissioned through Age Concern Hereford and Rural, with consistently poor attendance. Attendees are not local, as evidenced by the travelling and mileage incurred. Attendees could be comfortably accommodated at other centres with little or no increase in travelling or mileage.
 - d) Longtown is a mobile centre located in the East locality area, where two other mobile centres are also run. Attendance is average but people are travelling in to this centre. Attendees could be comfortably accommodated at other centres with little or no increase in travelling or mileage.
 - e) Sellack is a mobile centre located in the East locality area and situated reasonably close to Woodside, another part of the 30-year Shaw Healthcare contract, to provide a 7-day service for 105 people per week. Attendance is average but people are travelling in to this mobile centre. Attendees could be

comfortably accommodated at other centres with little or no increase in travelling or mileage

10. The project manager has consulted with service providers for these services, along with local members for these areas.

11. It is also proposed that the following contracts should be extended without variation for 12-months to 31st March 2010, to allow time to determine what services should be commissioned in the future, taking account of some of the issues arising from extending the option of individual budgets to older people:

Age Concern Hereford and Rural contract to provide day services at Golden Valley Day Centre;

Age Concern Hereford and Rural contract to provide day services at Ballinger Court and Caldwell Court (Formerly provided at Disraeli Court);

Age Concern Herefordshire and Worcestershire contract to provide day services at Drybridge House; and

WRVS contract to provide day services at Glenton Lodge.

12. Variations are needed within the following contracts, to reduce the number of mobile day centres within each contract and agree a reduction in contract value, to correlate with reduced level of service provision, for 12-months to 31st March 2010

Age Concern Hereford and Rural contract to provide day services for older people at mobile day centres. To reduce number of mobile day centres in contract to four, namely Ewyas Harold, Madley, Orcop and Sutton St Nicholas; and Age Concern Leominster and District contract to provide day services for older people at Kington Court and mobile day centres. To extend element of contract that relates to Kington Court Day Service provision without variation. To reduce number of mobile day centres in contract to two, namely Leintwardine and Weobley (formerly provided at Staunton-on-Wye)

RECOMMENDATION

THAT;

- (a) To note that Norfolk House is scheduled to close.**
- (b) The Prevention Services Initiative is supported for a further period to evaluate its impact in terms of helping older people to remain living independently.**
- (c) Closure of the mobile day centres for older people at Arkwright Court, Canon Pyon, Dinedor, Longtown and Sellack and relocation of service users to another centre;**
and;
- (d) To extend a proportion of current day services for older people provider contracts without variation, for an interim period of 12 months, to take effect from 01/04/2009.**

BACKGROUND PAPERS

- Appendix I attached

Specification of a hub service

Community Hub / Resource / Health and Wellbeing Centre

The community hub model is designed as a resource and health and wellbeing centre, which provides a drop-in facility but also gives access to specific services. This model supports service users towards greater independence, choice and control, minimising social isolation.

The community hub would support partnership working between users, carers, health, social care, independent sector and voluntary organisations.

The community hub would have a main reception area with small clinic / treatment / therapy rooms available, drinks facilities and possibly a small cafeteria. It would also have function rooms for hire at an affordable rent, where community organisations and self-help groups could meet.

A range of activities could be offered, tailored to the needs of individuals. The centre's focus would be on people's individual strengths and skills, and wherever possible, would encourage individuals to support one another, with staff acting as facilitators and enablers, rather than providers.

The resource centre would provide information on a range of services, charitable organisations and community initiatives such as:

- Benefits advice
- Assistive technology, e.g. fall detectors, medication reminders / dispensers, smoke detectors
- Information leaflets
- Local events
- Further education opportunities
- Leisure opportunities
- Local clubs

The community hub would also operate as a wellbeing centre, where individuals could seek advice from health and fitness professionals and be supported to take control of their own physical and emotional wellbeing. Individuals could, through a programme of enablement, develop self-help regimes to manage such things as:

- Long-term conditions, e.g. diabetes, arthritis, asthma
- Medication
- Diet, nutrition and healthy eating
- Exercise and fitness
- Relaxation techniques
- How to reduce alcohol intake
- How to stop smoking
- How to control substance misuse

As well as providing enablement, the wellbeing centre would operate as a drop-in facility and provide access to rehabilitation, where individuals would be supported by occupational therapists and physiotherapists to:

- Seek advice and get practical solutions to aspects of daily living
- Get practical hints and tips on how to improve mobility
- Seek advice on falls prevention
- View a selection of small daily living aids, e.g. kettle tippers, large handled cutlery, key fobs
- View a small selection of mobility aids, e.g. walking sticks, frames

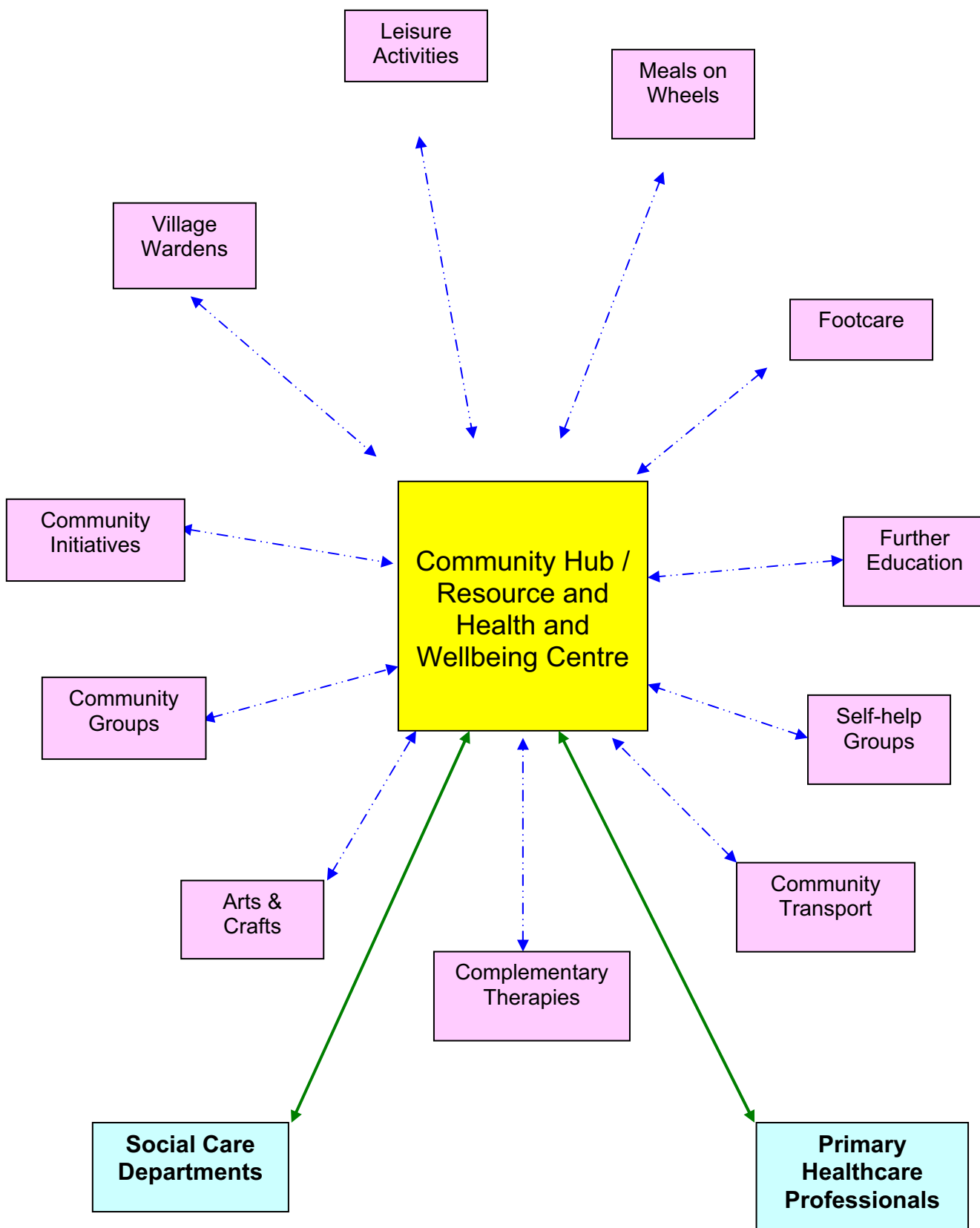
The wellbeing centre could provide regular drop-in clinics with qualified health professionals, for such things as:

- Blood pressure checks
- Cholesterol checks
- Weight checks
- Continence advice / management
- Foot health care
- Falls clinics
- Flu clinics
- Asthma clinics
- Hearing aid battery replacement

One of the key features of the community hub / resource and health and wellbeing centre would be the culture of ongoing risk assessment, to not only minimise unnecessary risks but also allow an element of controlled or positive risk taking, to enable individuals to participate in activities that might otherwise have been denied them. Individuals would be supported to access activities and facilities in the wider community, in a planned way. This culture of ongoing risk assessment actively promotes the ethos of greater independence, choice, control and social inclusion.

The resource centre model could meet a wide ranging level of need, from low-level prevention services through to high-level dependency. It is also a service that promotes independence, reduces social isolation and encourages community integration.

The Community Hub would develop two-way signposting links with the wider community, offering mutual benefits. An example of some potential links is shown in the following diagram and indicated by dotted lines. The more formal links to social care and health services have been indicated with solid lines:



INTEGRATED COMMISSIONING DIRECTORATE

Report By: Director of Integrated Commissioning

Wards Affected

County-wide

Purpose

- 1 To update the Scrutiny Committee on the restructuring of Herefordshire Council Adult Social Care Commissioning Functions and Herefordshire Primary Care Trust Commissioning Functions

Financial Implications

- 2 As described in the paper

Background

- 3 The paper sets out the detailed structure of the new Integrated Commissioning Directorate, following the consultation with staff in November and December 2008. In response to the consultation feedback the Integrated Commissioning Directorate structure is set out in Appendix 1, indicating the anticipated grades for each post. The consultation has confirmed a number of functions and their associated staff sits most naturally within other Directorates and will not therefore form part of this restructuring. The relevant posts and post holders are set out in Appendix 2. A number of teams will transfer unchanged into the Integrated Commissioning Directorate. The relevant posts and post holders are set out in Appendix 3. The consultation group will continue to oversee the appointments process. It is intended that the restructuring will be complete by April 2009.

RECOMMENDATION

THAT;

- (a) The Committee Notes the next steps as set out in Section 4 of the report.
- (b) The Committee Notes the timetable for the appointments process for the new Directorate posts (Appendix 4)

and;

- (c) the Committee Notes the staff briefing presented to staff on 19 November 2008 setting out the proposed functional content and overall structure of the new Integrated Commissioning Directorate, the rationale for the structure, and the formal staff engagement process which be followed to create the new Directorate and appoint staff to posts within it (Appendix 5).

BACKGROUND PAPERS

- None

Integrated Commissioning Directorate

Staff Briefing

Restructuring of Herefordshire Council Adult Social Care Commissioning Functions and Herefordshire Primary Care Trust Commissioning Functions.

1. Purpose

This paper sets out the detailed structure of the new Integrated Commissioning Directorate, following the consultation with staff in November and December 2008.

2. Consultation Responses

The consultation prompted a number of comments and suggestions. Key points from the feedback were:

- general support for the intention to ensure clarity of roles and purpose for teams and individuals;
- a request that less technical language be used where possible;
- concerns that the seven functional units identified in the original consultation paper were too many and should be consolidated;
- a desire that, as senior members of staff are appointed, they should be able to influence the detailed roles and job descriptions for the posts identified within their teams;
- concerns that a number of the functions or staff originally identified as potentially part of the Integrated Commissioning Directorate actually provide support to a wider group. In some cases retaining these functions within the Integrated Commissioning Directorate would lead to a potential conflict of interest.

3. Directorate Structure

The Integrated Commissioning Directorate structure is set out in **Appendix 1**. This responds to the consultation feedback as follows:

- the separate functional units have been grouped under two senior management positions. One senior post will lead on business support, planning, service re-design and performance improvement (and will be the social care lead for the Directorate). The other senior post will lead on procurement, contract negotiating, contract management and locality support (and will be the health lead for the Directorate);
- the structure gives an indication of the anticipated grades for each post. Indicative job descriptions/person specifications will be published but the final job descriptions/person specifications will be determined by line managers as they are appointed;
- the functions associated with quality assurance and with user, patient and public engagement will transfer to the new Directorate of Quality and Clinical Leadership. The associated posts and post holders will transfer to that Directorate and will not be put at risk as part of the Integrated Commissioning restructuring. The posts and post holders affected are set out in **Appendix 2**. Whilst line management will transfer, there will be ongoing day-to-day links with the Integrated Commissioning Directorate to ensure appropriate expertise is available to support the Directorate's work;

- the responsibility for Adult Safeguarding rests with the Director of Integrated Commissioning in his Director of Adult Social Services role. However, the associated Safeguarding staff will be line managed within the Directorate of Quality and Clinical Leadership, which will be providing Safeguarding support and assurance across both health and social care. The posts and post holders affected are set out in **Appendix 2**. The associated posts and postholders will transfer to that Directorate and will not be put at risk as part of the Integrated Commissioning restructure.
- the functions associated with reporting and information provision will transfer to the Deputy Chief Executive's Directorate. The associated posts and post holders will transfer to that Directorate and will not be put at risk as part of the Integrated Commissioning restructuring. The posts and post holders affected are set out in **Appendix 2**. Whilst line management will transfer, there will be ongoing day-to-day links with the Integrated Commissioning Directorate to ensure appropriate expertise is available to support the Directorate's work. The performance management of issues identified by the performance reporting team will remain with either the Integrated Commissioning Directorate (for commissioning performance) or the Integrated Provider Service (for provider functions);
- the consultation has confirmed that the person-centred planning role and reviewing officer role sits most naturally within the Integrated Locality Provider teams and will not therefore form part of this restructuring. The relevant posts and post holders are set out in **Appendix 2**;

A number of teams will transfer unchanged into the Integrated Commissioning Directorate as follows (the posts and post holders are set out in **Appendix 3**):

- due to the specialist nature of the work and its role in supporting other Directorates at present, the Supporting People unit will continue in its existing structure, line managed within the new contracting section. This arrangement will be reviewed over the next 12 months as the future of the Supporting People funding stream becomes clearer in the context of Area Based Grants;
- the Adult Placement Services team will remain in its current form, managed within the new contracting section. Over the next 12 months the remit of the scheme will be reviewed to explore whether it can be extended to cover a wider client base, including NHS clients;
- The Signposting Scheme will continue to be hosted within the Directorate. The longer term location will be determined by the wider review of PCT and Council customer services;
- the Herefordshire and Worcestershire Cardiac and Stroke Network Team is a hosted service on behalf of Worcestershire and Herefordshire health communities and is not subject to this restructuring;
- the PCT Primary Care administration team will continue to perform its existing role within the new contracting section;

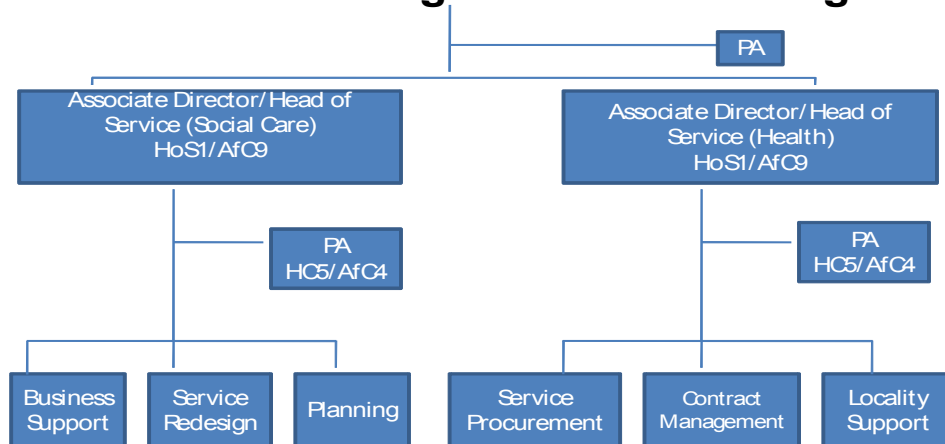
- the PCT Continuing Healthcare clinical specialists will continue to perform their existing roles with the new contracting section.

Other posts in the structure are new. Appointments to these posts will follow the process set out during the consultation.

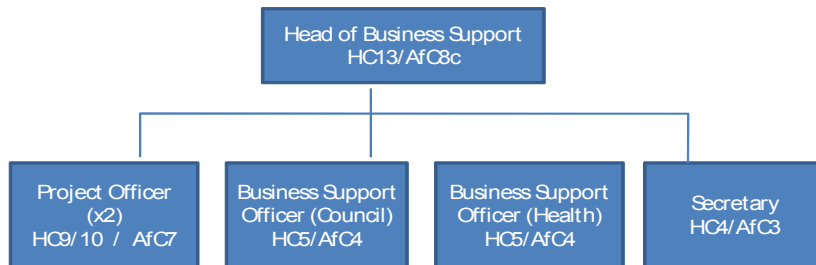
4. Next Steps

The timetable for the appointments process for the new Directorate for posts identified in **Appendix 1** will be published on Thursday 22 January 2009 (5 working days after the staff briefings). Posts identified in **Appendix 2** will transfer to new line management arrangements after agreement on timings between the relevant Directorates. The ring fence arrangements for posts in the new Directorate structure will be published with the timetable. The cascade of appointments will commence with the two Associate Director/Head of Service posts, followed sequentially by posts at subsequent tiers in the structure, as per the appointments process shared during the consultation. The timetable will confirm the timings and process for confirmation of job descriptions/person specifications and grades, including the involvement of line managers as they are appointed. The consultation group will reconvene to oversee the appointments process. It is intended that the restructuring will be complete by 31 March 2009.

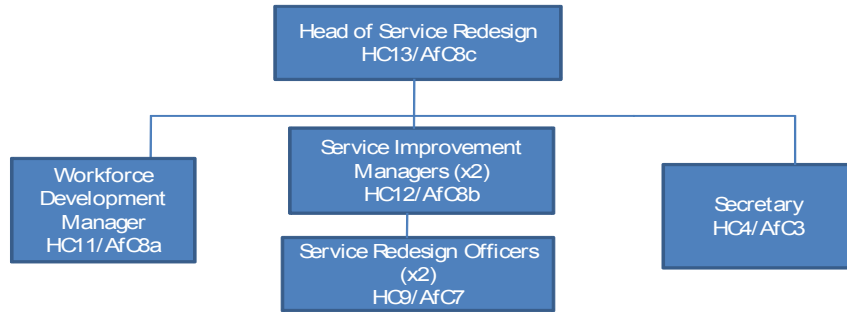
Director of Integrated Commissioning



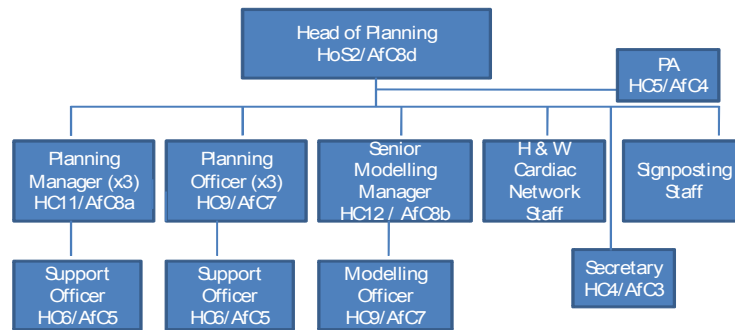
Business Support



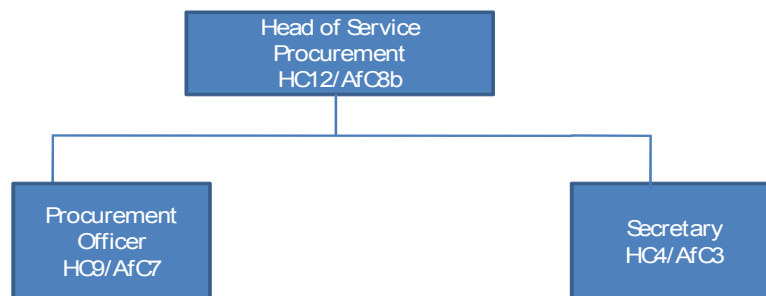
Service Redesign



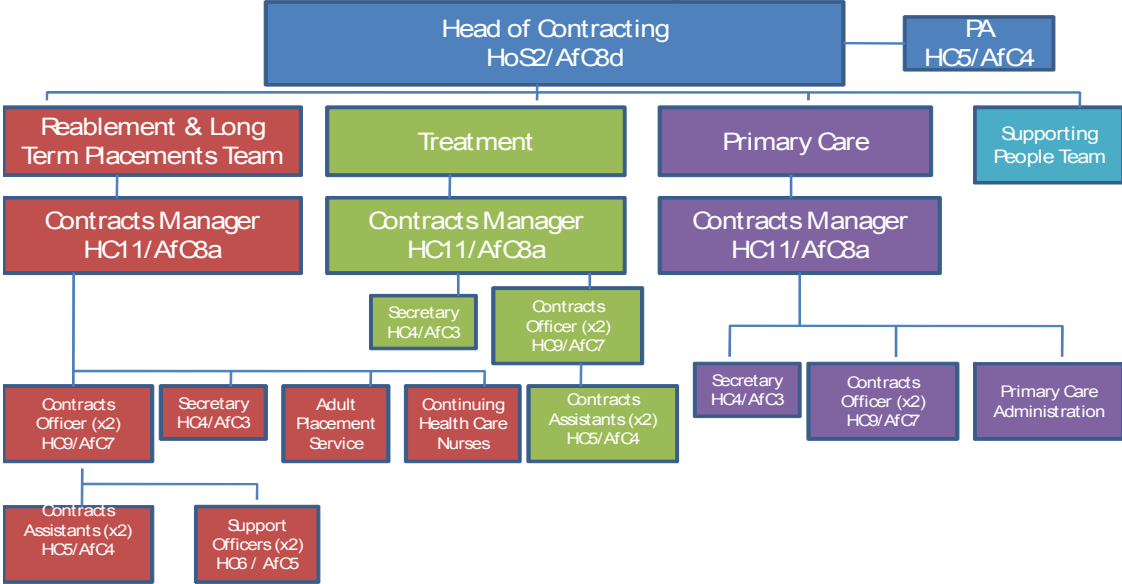
Planning



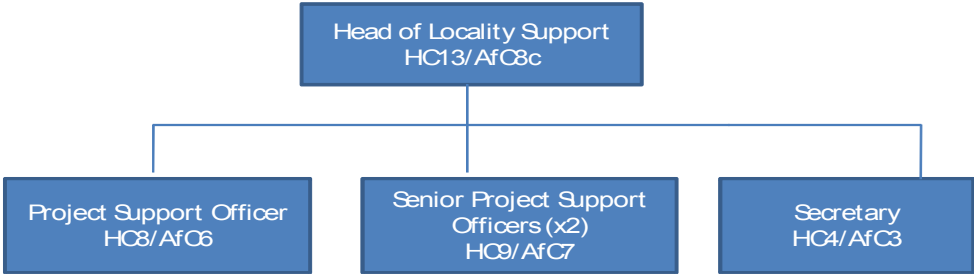
Service Procurement



Contract Management



Locality Support



Section	Team	Post	Grade
		Associate Director/Head of Service (Social Care) PA	HoS1/AfC9 HC5/AfC4
Business Support		Head of Business Support Project Officer (x2) Business Support Officer (Council) Business Support Officer (Health) Secretary	HC13/AfC8c HC9/10 / AfC7 HC5/AfC4 HC5/AfC4 HC4/AfC3
Service Redesign		Head of Service Redesign Service Improvement Manager (x2) Service Redesign Officer (x2) Workforce Development Manager Secretary	HC13/AfC8c HC12/AfC8b HC9/AfC7 HC11/AfC8a HC4/AfC3
Planning		Head of Planning Planning Manager (Long Term Conditions, Disability, Carers) Planning Manager (Urgent Care, Planned Care, Maternity) Planning Manager (Children's) Planning Officer (Mental Health) Planning Officer (Learning Disabilities) Planning Officer (Older People/Stroke/Dementia) Support Officer (x2) PA Secretary Senior Modelling Manager Modelling Officer H &W Cardiac Network Staff Signposting Staff	HoS2/AfC8d HC11/AfC8a HC11/AfC8a HC11/AfC8a HC9/AfC7 HC9/AfC7 HC9/AfC7 HC6/AfC5 HC5/AfC4 HC4/AfC3 HC12/AfC8b HC9/AfC7 - -
		Associate Director/Head of Service (Health) PA	HoS1/AfC9 HC5/AfC4
Service Procurement		Head of Service Procurement Procurement Officer Secretary	HC12/AfC8b HC9/AfC7 HC4/AfC3
Contract Management		Head of Contracting PA Contracts Manager Contracts Officers (x2) Support Officers (x2) Contracts Assistants (x2) Secretary Adult Placement Service Supporting People Team Continuing Health Care Nurses Contracts Manager Contracts Officers (x2) Contracts Assistants (x2) Secretary Contracts Manager Contracts Officers (x2) Secretary Primary Care Administration	HoS2/AfC8d HC5/AfC4 HC11/AfC8a HC9/AfC7 HC6/AfC5 HC5/AfC4 HC4/AfC3 - - - HC11/AfC8a HC9/AfC7 HC5/AfC4 HC4/AfC3 HC11/AfC8a HC9/AfC7 HC4/AfC3 - -
		Head Of Locality Support Senior Project Support Officers (x2) Project Support Officer Secretary	HC13/AfC8c HC9/AfC7 HC8/AfC6 HC4/AfC3

Appendix 2

Posts originally identified as subject to Integrated Commissioning consultation and post-consultation Directorate			
Surname	Forename(s)	Post (s)	Post Consultation Directorate
Brooke	Susan Mary	Person Centred Planning Facilitator	Adult Social Care provision
Green	Carolyn Anita	Person Centred Planning Co-ordinator	Adult Social Care provision
Lewis	Nicola Jane	Reviewing Officer, Community & Care Home	Adult Social Care provision
Marsh	Jacqueline Gale	Person Centred Planning Officer	Adult Social Care provision
Morris	Margaret	Directorate Services Officer (Support)	Adult Social Care provision
Barriscale	Greg	PCT Performance Manager	Deputy Chief Exec
Chandler	Elaine	Social Care Records Assistant	Deputy Chief Exec
Lawford	Ruben Richard	Information and Research Officer	Deputy Chief Exec
Lloyd	Beryl	Social Care Records Assistant	Deputy Chief Exec
McGuigan	Tracy	Administrative Assistant	Deputy Chief Exec
Mitchell	David Eric	Information Systems Manager	Deputy Chief Exec
Pudge	Sarah Jane	Administrative Assistant	Deputy Chief Exec
Rainbow	David	Adults Safeguarding Trainer	Deputy Chief Exec
Storey	Sally	Social Care Records Officer	Deputy Chief Exec
Taylor	Simon	CLIX Clerk	Deputy Chief Exec
Taylor	Anita	CLIX Co-ordinator	Deputy Chief Exec
Hughes	Ann	Head of Primary Care	Quality and Clinical Leadership
Barnes	Dr Jenny	GP Appraisals Facilitator	Quality and Clinical Leadership
Braybrook	Saran	Pharmaceutical Advisor	Quality and Clinical Leadership
Coats	Yvonne	Pharmacist	Quality and Clinical Leadership
Gallagher	Richard	Community Engagement Worker	Quality and Clinical Leadership
Holland	Kathy	PCT Professional Advisor	Quality and Clinical Leadership
Homden	Tony	Public Contact Officer	Quality and Clinical Leadership
Ilisley	Dr Kevin	PCT Professional Advisor	Quality and Clinical Leadership
Jeffery	Dave	Primary Care Data Quality Manager	Quality and Clinical Leadership
Lloyd	Barbara Susan	Adult Protection Co-ordinator	Quality and Clinical Leadership
Marshall	Vikki	Secretary to Professional Advisers	Quality and Clinical Leadership
Owen	Stephen	PCT Professional Advisor	Quality and Clinical Leadership
Preedy	Sally	Quality Assurance Co-ordinator	Quality and Clinical Leadership
Price	Sarah	Complaints Administrator	Quality and Clinical Leadership
Rogers	Alison	Clinical Governance Community Pharmacist	Quality and Clinical Leadership
Rogers	Victoria	Adult Safeguarding Information Officer	Quality and Clinical Leadership
Stubbs	Fiona	Complaints Administrator	Quality and Clinical Leadership

Teams transferring unchanged into Integrated Commissioning Directorate			
Surname	Forenames	Post(s)	Team
Weaver	Jane	Clerk	Adult Placement Scheme
Lawrence	Sandra	Adult Placement Scheme Officer	Adult Placement Scheme
Cocker	Christine	Adult Placement Scheme Officer	Adult Placement Scheme
Rees	Catherine	Adult Placement Scheme Manager	Adult Placement Scheme
Hopkins	Doreen	Adult Placement Team Clerk	Adult Placement Scheme
Edwards	Jane	Adult Placement Officer	Adult Placement Scheme
Beard	Sara	Network Administrator	Cardiac & Stroke Network
Wyn-Wright	Menna	Network Service Improvement Manager	Cardiac & Stroke Network
Scott	Sara	Network Service Improvement Manager	Cardiac & Stroke Network
Whitehouse	Victoria	Network Service Improvement Manager	Cardiac & Stroke Network
Grove	Diane	Network Manager	Cardiac & Stroke Network
Howls	Lyle	Network Service Improvement Manager	Cardiac & Stroke Network
Roger	Jakki	Network Administrator	Cardiac & Stroke Network
Gregory	Matthew	Continuing Care Nurse Specialist	Cont Care Clinical Support
Buck	Marion	Continuing Care Nurse	Cont Care Clinical Support
Beveridge	Nicky	Continuing Care Nurse	Cont Care Clinical Support
Warden	Fran	IMPACT Officer, Signposting & Prevention projects	PCT Signposting
Rowell	Jennifer	Signposting and Prevention support	PCT Signposting
Rabbetts	Linda	Signposting Co-ordinator	PCT Signposting
Rogers	Julie	Primary Care Administrator	Primary Care Admin
Hughes	Cath	Primary Care Assistant	Primary Care Admin
Baker	Christine	Primary Care Administrator	Primary Care Admin
Millward	Emma	Review Officer	Supporting People
Stradling	Dawn	Senior Commissioning & Development Officer	Supporting People
Gardner	Ian	Supporting Housing Manager	Supporting People
Pitt	Amy	Development Officer	Supporting People
Watson	Josephine	Supporting People team administrator	Supporting People
Thomas	Michael	Performance Needs Officer	Supporting People

Proposed Timetable for Restructure Process

The numbers in the following chart relate to the allocated ring fence for the posts and individuals according to the Grade/Band in Document 5.

Week Commencing date	Job Evaluation	Number of Posts	Appointment Process
26 th Jan	Ring Fence 1	2	None
02 nd Feb	None	0	Ring Fence 1
09 th Feb	Ring Fence 2	5	None
16 th Feb	Ring Fence 3	11	None
23 rd Feb	Ring Fence 4	18	Ring Fence 2
02 nd March	Ring Fence 4 (cont'd)	18	Ring Fence 3
09 th March	Ring Fence 5	22	Ring Fence 4
16 th March	Ring Fence 5	22	Ring Fence 4
23 rd March	None		Ring Fence 5
30 th March	None		Ring Fence 5

Notes:

- The timetable has been constructed according to Grade/Band and numbers, cascading from the highest to the lowest
- There are 6 teams in the Directorate; concurrent interviews will need to take place in more than one team at a time.
- HC9/AfC7 evaluations will create the biggest pressure with posts in all 6 teams and 6 posts in one of the teams.
- A high level of commitment will be required from appointed managers and job evaluators to achieve the proposed timetable.

WORK PROGRAMME

Report By: Assistant Chief Executive - Legal and Democratic

Wards Affected

County-wide

Purpose

- 1 To consider the Committee's work programme.

Financial Implications

- 2 None

Background

- 3 A report on the Committee's current work programme is made to each of the scheduled quarterly meetings of this Scrutiny Committee. A copy of the work programme is attached as an appendix.
- 4 The programme may be modified by the Chairman following consultation with the Vice-Chairman and the Director in response to changing circumstances.
6. Should any urgent, prominent or high profile issue arise, the Chairman may consider calling an additional meeting to consider that issue.
7. Should Members become aware of any issues they consider may be added to the scrutiny programme they should contact either the Director or Democratic Services to log the issue so that it may be taken in to consideration when planning future agendas or when revising the work programme.

RECOMMENDATION

THAT subject to any comment or issues raised by the Committee the Committee work programme be approved and reported to the Strategic Monitoring Committee.

BACKGROUND PAPERS

- None identified.

**Adult Social Care and Housing Scrutiny Committee Work Programme 2008/09
Work Programme Presented for Consideration on 25 March 2009**

22 June 2009	
Items	<ul style="list-style-type: none"> • Budget • Performance Monitoring • Joint Commissioning – progress report • Safeguarding Adults – progress report • Review of Cabinet's Response To the Joint Scrutiny Review Of The Transition From Leaving Care To Adult Life – update
Scrutiny Reviews	<ul style="list-style-type: none"> • Scoping Statement – Transfer from hospital to Home
27 July 2009	
Items	<ul style="list-style-type: none"> • Budget • Performance Monitoring • Joint Commissioning – progress report • Implementation of Frameworki and Common Assessment Framework – progress report
Scrutiny Reviews	<ul style="list-style-type: none"> • Carers' Review
Other issues	
<ul style="list-style-type: none"> • Home Care Services 	

Further additions to the work programme will be made as required

