

# A G E N D A

## Social Care & Housing Scrutiny Committee

Date: **Tuesday, 27th January, 2004**

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Time: **10.30 a.m.**

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Place: **Brockington, 35 Hafod Road,  
Hereford**

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

*For any further information please contact:*

*Tim Brown, Members' Services,  
Brockington, 35 Hafod Road, Hereford. Tel  
01432 260239*

***e-mail [tbrown@herefordshire.gov.uk](mailto:tbrown@herefordshire.gov.uk)***

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**County of Herefordshire  
District Council**



# AGENDA

## for the Meeting of the Social Care & Housing Scrutiny Committee

To: Councillor Mrs. M.D. Lloyd-Hayes (Chairman)  
Councillor Mrs. P.A. Andrews (Vice-Chairman)

Councillors Mrs. E.M. Bew, Mrs. A.E. Gray, K.G. Grumbley, Mrs. J.A. Hyde, R. Mills, Mrs. J.E. Pemberton, Ms. G.A. Powell and P. G. Turpin

	Pages
<b>1. APOLOGIES FOR ABSENCE</b>	
To receive apologies for absence.	
<b>2. NAMED SUBSTITUTES</b>	
To receive details of any Member nominated to attend the meeting in place of a Member of the Committee	
<b>3. DECLARATIONS OF INTEREST</b>	
To receive any declarations of interest by Members in respect of items on this Agenda.	
<b>4. MINUTES</b>	1 - 10
To approve and sign the Minutes of the meeting held on 24th November, 2003.	
<b>5. AUDIT COMMISSION INSPECTION OF SUPPORTING PEOPLE PROGRAMME IN HEREFORDSHIRE</b>	11 - 56
To inform the Committee of the outcome of the Inspection by the Audit Commission of the Supporting People Programme in Herefordshire and the improvement plan.	
<b>6. PROGRESS REPORT ON THE JOINT REVIEW ACTION PLAN - JULY 2003 AND THE DIRECTORATE SERVICE PLAN 2003-04</b>	57 - 86
To advise the Committee on the progress being made on priorities this year and to give opportunity for comment on the detail of the improvement achieved.	
<b>7. OLDER PEOPLE'S BUSINESS CASE</b>	87 - 156
To advise the Committee of the scope of the challenge in Herefordshire, to describe the needs, improvement and service development required and invite comment on the proposed way forward.	
<b>8. BUDGET/PERFORMANCE MONITORING 2003/04 - 8 MONTHLY REPORT</b>	157 - 162
To report on the budget monitoring and performance indicators position for Social Care and Strategic Housing for the first eight months of the financial	

year 2003/04.

<b>9. EXTRA CARE HOUSING DEVELOPMENT</b>	163 - 166
To provide an update on the position with regard to the development of an extra care housing scheme in Hereford and seek support for undertaking a county-wide review of sheltered housing.	
<b>10. HOME SUPPORT STAFF - RECRUITMENT AND WORKFORCE ISSUES</b>	167 - 170
To inform the Committee of workforce issues relating to home support staff.	
<b>11. WORK PROGRAMME</b>	171 - 172
To consider the approach to the Committee's work.	

## **PUBLIC INFORMATION**

### **HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES**

The Council has established Scrutiny Committees for Education, Environment, Health, Social Care and Housing and Social and Economic Development. A Strategic Monitoring Committee scrutinises Policy and Finance 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

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# **COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL**

**BROCKINGTON, 35 HAFOD ROAD, HEREFORD.**

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COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

**MINUTES of the meeting of the Social Care & Housing Scrutiny Committee held at Brockington, 35 Hafod Road, Hereford on Monday, 24th November, 2003 at 10.30 a.m.**

**Present:** Councillor Mrs. M.D. Lloyd-Hayes (Chairman)  
Councillor Mrs. P.A. Andrews (Vice Chairman)

Councillors: Mrs. A.E. Gray, K.G. Grumbley, Mrs. J.A. Hyde, R. Mills,  
Mrs. J.E. Pemberton, Ms. G.A. Powell and P. G. Turpin

**Voluntary Sector Representatives** Ms M. James, Mrs B. Millman.

**In attendance:** Councillors Mrs. L.O. Barnett, P.E. Harling and W.J.S. Thomas.

**25. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Mrs E.M. Bew.

**26. NAMED SUBSTITUTES**

There were no named substitutes.

**27. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**28. MINUTES**

**RESOLVED:** That the minutes of the meeting held on 13th October, 2003 be approved as a correct record and signed by the Chairman.

**29. UPDATE ON A SERIOUS CASE REVIEW ACTION PLAN (SOCIAL SERVICES)**

Further to the report in July, 2003 the Committee received an update on the Social Services aspects of a serious case review (part 8) action plan.

The Head of Social Care (Children) reminded the Committee of the background to the case. The detailed action plan, prepared in response to the findings of the review carried out in accordance with the provisions of Part 8 of the guidance issued jointly by the Department of Health, the Home Office and the Department for Education: "Working Together to Safeguard Children", was appended to the report.

The Head of Social Care (Children) advised that all the tasks in the action plan had either been completed or would be completed as scheduled.

In response to a question the Head of Social Care (Children) confirmed that there would be ongoing audit of cases both internally by the Council and externally by the Area Child Protection Committee (ACPC). Other agencies were responsible for their own responses to the Plan. The ACPC would maintain an overview and received a schedule of the Council's planned audit work. However, he advised that the ACPCs were not statutory bodies and across the Country were not well resourced. It was

## **SOCIAL CARE & HOUSING SCRUTINY COMMITTEE MONDAY, 24TH NOVEMBER, 2003**

possible that Government proposals would lead to changes and put matters on a statutory footing,

The Director of Social Care and Strategic Housing added that following the joint review of Social Services by the Audit Commission and the Social Services Inspectorate an internal audit was being undertaken on case files and confirmed that arrangements for the appropriate supervision of Team Managers were in place.

**RESOLVED: That progress against the Social Services part of the Serious Case Review Action Plan be noted and staff congratulated upon it.**

### **30. GREEN PAPER: EVERY CHILD MATTERS**

The Committee was invited to whether it had any comments on the Green Paper: Every Child Matters which it would like the Executive to take into consideration in preparing its response.

The Head of Social Care (Children) reported that the Green Paper sought to focus on four main areas: supporting patients and carers, early intervention and effective protection; accountability and integration, locally, regionally and nationally; and workforce reform. He welcomed the child centred approach and emphasised how important it was that this focus was not lost sight of in discussions of proposals in the Green Paper about new structures.

The Director of Social Care and Strategic Housing commented that the aim must be to develop models of best practice that made things safer for children. A report on a child concern model for Herefordshire was shortly to be reported to Cabinet and would be brought to the Committee in due course. The Director highlighted the following aspects of the Green Paper:

- Delivering the support to parents and foster parents envisaged in the Green Paper would require significant investment over time. The Green Paper was not explicit that resources would be provided. The Corporate Parent Working Group had already expressed the view that the foster parent role should be enhanced and resourced.
- In relation to accountability and integration there were proposals to create statutory Local Safeguarding Children Boards to replace Child Protection Committees, which were welcomed, and to require the appointment of a Director for Children's services, accountable for local authority education and children's social services and a lead Council Member for children. The Local Government Association, Association of Directors of Social Services and Chief Education Officers were all requesting that there should be local flexibility in determining these accountability arrangements.
- It was also proposed that Children's Trusts be established by 2006 which seemed a very tight timescale. There was also a question as to whether Herefordshire could sustain a Trust.
- There was a question mark over how far the arrangements would support every child. The Green Paper was not wholly inclusive.
- That the sharing of information between agencies was at the core of safe responses. This was always problematic and the Director expressed the view that the solution was a national framework imposed by legislation.

## **SOCIAL CARE & HOUSING SCRUTINY COMMITTEE MONDAY, 24TH NOVEMBER, 2003**

In the ensuing discussion the following principal points were made:

- There was a clear need for sufficient finance to support the proposals.
- There should be a national framework prescribing arrangements for sharing information between agencies
- That there should be local flexibility to determine structural arrangements to reflect local circumstances.
- The Head of Social Care (Children) acknowledged that teachers were in a position to identify problems, but it was important to be able to draw on the experience of other professionals to ensure that a sense of proportion was kept and a consistent approach followed. The child concern model for Herefordshire sought to provide a framework to achieve these aims. A change of culture would however be needed for the model to work effectively.
- That a breakdown in communication between agencies had been at the heart of the Victoria Climbié case. It was suggested that the response to the Green Paper should be a joint response by relevant major partners within the County. The Director of Social Care and Strategic Housing reported that it was expected that the Council's response would reflect the view of the Primary Care Trust but was uncertain as to how feasible it would be to submit a single response
- That a further report on how Herefordshire might be taking the matter forward should be made to the Committee's meeting in April 2004.
- That when the Government's intentions were clear the Council should focus on working closely with its partners in the County to implement the requirements.
- That as the issues in the Green Paper fell within the remit of a number of Scrutiny Committees the Strategic Monitoring Committee should be asked to consider which Committee should have the lead scrutiny role.
- It was noted that the Green Paper included a target that by March 2004 no homeless family with children should be placed in bed and breakfast accommodation, unless in a short term emergency. In response to a question the Head of Strategic Housing advised that the Council had set itself a harder target within its Local Public Service Agreement of not using bed and breakfast accommodation at all. He explained measures being taken to try to attain this target.

### **RESOLVED:**

**That (a) the Executive be requested in formulating its response to consider the following points:**

- **the need for there to be sufficient resources made available to support the proposals, which affect every child;**
- **the need for local flexibility to determine structural arrangements to reflect local circumstances;**
- **the need for a national framework prescribing arrangements for sharing information between agencies;**

- **there would be strength in relevant major partners in the County submitting a single joint response.**
- (b) the Strategic Monitoring Committee be asked to determine which Scrutiny Committee should take the lead role in scrutinising issues resulting from action taken by the executive pursuant to the Green Paper;**
- and**
- (c) that subject to (b) above a further report be submitted to the Committee in April, 2004.**

**31. BETTER CARE HIGHER STANDARDS ANNUAL USERS REPORT**

The Committee considered the results of the Better Care Higher Standards Annual Users Survey.

It was reported that an annual report had to be submitted to the Department of Health showing performance against key standards of service in Health, Social Care and Housing Services for adults over 18 years old having long term needs. The annual report itself was appended to the report. It was noted that the local Health Trusts had to approve their contribution and the Committee was being asked to consider the aspects relating to the Council.

It was reported that the results showed a maintained or improved performance for every standard for which the Directorate was responsible. However, some areas allowed for further improvement and remedial work was ongoing especially on standards linked to performance indicators. It was noted that discrepancies remained between the survey results and the performance statistics.

It was suggested that a rather high proportion of users appeared not to have known how to complain if they had wanted to do. The Head of Social Care (Adults) advised that the procedure provided for a leaflet to be issued with the User's Care Plan but she would check that staff were complying with this requirement. She also agreed to send Members a copy of the complaints leaflet for information.

It was also noted that a high number of users had said that overall the help received from Social Services was excellent.

**RESOLVED: That the Better Care Higher Standards annual report be noted.**

**32. HOME ENERGY CONSERVATION ACT 1995**

The Committee considered the seventh annual progress report on the Home Energy Conservation Act project.

It was reported that the Act placed a duty on Energy Conservation Authorities to draw up strategies to improve energy efficiency in all housing and to report annually on progress made in implementing them.

Within Herefordshire a pledge had been made in 1996 to help reduce energy consumption by 30% over a 15 year period. An overall improvement had so far been made of 11.18%.

## **SOCIAL CARE & HOUSING SCRUTINY COMMITTEE MONDAY, 24TH NOVEMBER, 2003**

The annual report gave examples of the programme of activities being undertaken to reduce energy consumption and the Committee sought further detail on a number of the initiatives and the way in which they were promoted.

The Private Sector Housing Manager commented that whilst benchmarking was difficult the Authority compared favourably with Authorities in the West Midlands and Wales. Although current performance statistics would suggest the target of a 30% reduction would not be achieved data collection was difficult. For example the Do It Yourself market was not currently included in the calculations.

It was noted that the project had important health implications and measures such as assistance with insulation were a proactive way of preventing illness, improving properties and helping people to stay in their own homes.

**RESOLVED: That the latest progress report made under the Home Energy Conservation act 1995 be noted.**

### **33. ADOPTION SERVICE ANNUAL REPORT 2002-2003**

The Committee considered Herefordshire's Adoption Service report for 2002-2003.

The report noted that the pressure on placements and the new adoption legislation coming into force highlighted the importance of the adoption service. The Head of Social Care (Children) emphasised the complexity and sensitivity of the Service and the responsibility placed on staff. In response to questions he provided clarification on a number of detailed points relating to the service's operation.

**RESOLVED: That the Adoption Service annual report 2002-2003 be received and noted.**

### **34. COMPLAINTS, COMMENTS AND COMPLIMENTS**

The Committee considered a report on the operation of the complaints process and procedures.

The report referred to changes introduced, procedures in place, lessons learned, training for staff and links with the corporate complaints system and the West Midlands Complaints Officer Group.

The Head of Social Care (Children) highlighted the improvements resulting from the creation of a Complaints Administrator Post and advised that progress was being made although more work remained to be done. The link with the West Midlands Complaints Officer Group, which formed part of a national forum, provided a useful opportunity to review experiences and develop protocols for local use.

The Director of Social Care and Strategic Housing advised that she considered that a reasonable and safe system was now in place.

In the course of the ensuing discussion the following principal points were made:

- It was acknowledged that much could be learnt from informal complaints and confirmed that staff were being encouraged to view such feedback in a positive light.
- That in presenting the information on complaints it would be helpful to know how many complaints were resolved to the complainants' satisfaction and the percentage dealt with at each stage of the complaints process.

**RESOLVED: That the report on the performance in relation to complaints, comments and compliments be noted.**

**35. SUPPORTING PEOPLE INSPECTION**

The Committee was informed of the feedback on the inspection of the Supporting People arrangements in Herefordshire.

The report stated that the Council's "Supporting People" programme, designed to providing housing related support to a wide range of vulnerable client groups, had, been subject in September, 2003 to an inspection by the Audit Commission assisted by representatives from the Social Services Inspectorate and the Office of the Deputy Prime Minister.

The Head of Strategic Housing reported that the draft inspection report had now been received. The provisional assessment was that the service was a good, two star, service but with uncertain prospects for improvement. Officers considered to the contrary that the service had promising prospects and would give this view at the feedback meeting that afternoon.

The Supporting People Officer reported that notification had been received that the programme had been awarded Government Grant for 2003/2004 of £7.5 million. This was the level which had been expected but was a significant achievement given that other programmes across the Country faced a deficit. There was a disagreement between Government departments over the finance which should be available for the programme as a whole. In these circumstances the view had been taken that a risk averse approach should be adopted in Herefordshire with a focus on sustainable services.

He thought that the inspection had been rigorous but fair. It was encouraging that the Inspectors had judged that the programme was in a strong position to protect its funding. He added that to an extent it appeared that having set high targets for the programme and achieved a high standard the Council was being assessed against the high expectation which that success had generated. He reported that no Authority had achieved higher than a two star rating for their Supporting People programmes.

The Director of Social Care and Strategic Housing supported the view that the content of the inspection report was reasonable but questioned how, given the standard of the service, the conclusion could be reached that the service had uncertain prospects for improvement.

The Committee agreed that the Inspectors' view on the prospects for improvement appeared to be at odds with the judgment on the success of the Supporting People programme.

**RESOLVED: That the Committee's disappointment that having recognised that the service was a good service the Inspectors could then describe it as having uncertain prospects for improvement be recorded and a progress report made to the next meeting.**

**36. HEREFORDSHIRE PLAN AMBITION GROUPS**

The Committee received a briefing on the operation of the Ambition Groups responsible for delivering the ambitions within the Herefordshire Plan.

The Committee had been informed at its previous meeting of the approved arrangements for scrutinising the Plan. The Policy and Commissioning Manager gave an overview of the Plan and the role of the ambition groups. She explained that the Groups faced different requirements and this was reflected in their operation. For example some Groups were required by statute and had statutory targets others had not. She agreed to provide Members with a briefing note on the Plan showing links between the Groups and their key roles.

It was requested that in addition to circulating the briefing note a further report should be made to the Committee's next meeting.

**RESOLVED: That a further report on the Plan be made to the Committee in January 2004.**

**37. PERFORMANCE MONITORING 2003/04**

The Committee considered the Social Care and Strategic Housing Directorate's performance indicators for the first 6 months of 2003/4.

A revised appendix detailing performance against the indicators had been circulated to the Committee.

The Head of Business Services drew attention to a revision to the measurement criteria for the indicator relating to the delivery of equipments and adaptations. This now measured the percentage delivered within 7 days rather than 3 weeks. The indicator had fallen into the "investigate urgently" category. It was reported that remedial action was being taken.

The Head of Social Care (Adults) informed the Committee that in relation to delays in discharging patients from hospital for the last three weeks there had been no delays connected to social care within the County Hospital. It was felt that a number of new measures put in place had contributed to this outcome. It would take more time to confirm that this was the case but the signs were encouraging. It was also hoped that the Hospital Trust Board would agree to waive its right to seek reimbursement in the event of a discharge being delayed as a result of social services being unavailable. She added that the Capacity Planning Group was now focusing on admissions to Community Hospitals.

The Director of Social Care and Strategic Housing commented that performance in relation to delayed discharges was a key performance indicator which attracted attention at Government level. A great deal of effort had been made by the Directorate and the Hospital Trust to seek to bring about improvement.

The Director also informed the Committee that the latest performance ratings of Social Services Departments by the Social Services Inspectorate had been issued. The Council had maintained its two star rating. However, whilst Childrens' services were now viewed as having excellent prospects for improvement the verdict on adults services was that they had uncertain prospects for improvement. In other assessments including the recent joint review by the Audit Commission and the Social Services Inspectorate the view had been that adults services had promising prospects.

## **SOCIAL CARE & HOUSING SCRUTINY COMMITTEE MONDAY, 24TH NOVEMBER, 2003**

The Director had been told that the Inspectorate's view on adults services had changed because there was uncertainty over whether the Council would be able to invest sufficient resources. Older peoples services were due to be inspected by the Social Services Inspectorate in March 2004. This inspection would look at practice, performance and resourcing.

### **RESOLVED:**

**THAT (a) the report on Herefordshire Social Care and Strategic Housing performance be noted;**

**and**

**(b) areas of concern continue to be monitored.**

### **38. BEST VALUE REVIEW -HOME SUPPORT-UPDATE ON PROGRESS**

The Committee considered progress on the implementation of the improvement plan arising from the Best Value Review for Home Support and the development of the short term assessment reablement and review service (STARRS).

The report stated that in seeking to implement the Review's recommendations it had been decided to pilot the development of a reablement service in Leominster. This was to allow all the issues faced by the Council in delivering a service in a rural county with market towns to be taken into account before extending the service across the County. The report outlined the lessons learned from the pilot and it was noted that these would be used in implementing the approach in Ross-on-Wye early in 2004. The most important lesson was the need to engage with the health service and the independent care sector agencies and implement good monitoring arrangements.

The Head of Social Care (Adults) and the Service Manager gave examples of how the service had operated.

In response to questions the Head of Social Care (Adults) acknowledged that more intensive home support was needed. However, this did require investment, contracting and monitoring arrangements and workforce development. Herefordshire was not alone in facing recruitment difficulties but the challenge was perhaps greater than in other areas. A number of options were being examined with a view to developing a more flexible workforce.

### **RESOLVED**

**That (a) progress in implementing the improvement plan arising from the Best Value Review for Home Support be noted;**

**(b) a further report be prepared on staffing recruitment and retention and the proposed extension of the reablement service across the County;**

**and**

**(c) a site visit to Hillside Intermediate Care Centre be arranged.**



**39. SOCIAL SERVICES AND STRATEGIC HOUSING BUDGET MONITORING  
2003/04 - 6 MONTHLY REPORT**

The Committee was informed of the budget monitoring position for social care and strategic housing for the first six months of 2003/2004.

The Head of Business Services reported that the overspending on Social Care was being reduced but there remained a number of potential financial risks which could affect this position. It also had to be borne in mind that making the reductions did impact on service delivery. An underspending on strategic housing was expected.

The Director of Social Care and Strategic Housing advised the Committee that whilst challenges facing care for older people did not revolve solely around resources she would as part of the budget process be promoting the case for investment in that area of service.

**RESOLVED: That the budget monitoring report for the first six months of the financial year be noted.**

The meeting ended at 1.15 a.m.

**CHAIRMAN**



**AUDIT COMMISSION INSPECTION OF SUPPORTING PEOPLE PROGRAMME IN HEREFORDSHIRE****Report By: Head of Strategic Housing Services****Wards Affected**

County-wide

**Purpose**

1. To inform the Committee of the outcome of the Inspection by the Audit Commission of the Supporting People Programme in Herefordshire and the improvement plan.

**Financial Implications**

2. None within this report as it is for information purposes.

**Background**

3. The Supporting People programme was launched across the country on 1 April 2003.
4. The programme aims to establish a joined-up policy and funding framework, tailored to local needs and priorities, for the purpose of funding housing related support services for vulnerable people.
5. Although administered by the Council, Supporting People is a working partnership between the Council's Social Care and Strategic Housing Directorate, the West Mercia Probation Service and the Herefordshire Primary Care Trust. The programme has brought together a number of funding streams providing for housing-related support and placed them into a single pot.
6. Within Herefordshire, the Supporting People grant for 2003/2004 is £7.5 million and provides funding to assist a wide range of supported housing services to vulnerable people, including Women's Refuges, sheltered housing, floating support for homeless persons, supported housing for people with learning difficulties, to name but a few of the 20 different client groups.
7. During 2003, the Audit Commission announced its intention to undertake a programme of inspections of Supporting People administering authorities. Herefordshire was inspected during September/October 2003 and was amongst the first to be inspected by the Audit Commission.
8. The Inspection Report was published in December 2003 and is attached at Appendix A.
9. The Inspection assessed the Council as providing a 'good', two-star service that has uncertain prospects for improvement.
10. The summary to the report, contained on pages 3 to 8 provides a good overview of the inspectors' assessment.

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Further information on the subject of this report is available from Richard Gabb,  
Head of Strategic Housing Services on 01432 261902

11. The extremely positive 'two-star' assessment of the Supporting People Programme in Herefordshire can be considered even more positively in the context of an inspection undertaken so shortly following the launch of the Supporting People programme.
12. The Inspectors' judgement that the Supporting People Programme has 'uncertain prospects for further improvement' reflects their assessment of the Council's capacity to move towards an 'excellent' rating. The report highlights the positive work the Council was undertaking to address any issues which could prove a barrier to 'excellence' and a copy of an improvement plan, drafted in response to the report, is attached at Appendix 2.
13. Ironically, in commenting positively on the work being undertaken to deliver further improvements, through the improvement plan, the report suggests it is too early to see the impact of the work. It is quite conceivable, therefore, that a later inspection would demonstrate more positive prospects in moving towards excellence.
14. In summary the very positive assessment of the Supporting People in Herefordshire has also usefully highlighted positive actions which can be taken to further enhance the programme and deliver further improvements. The monitoring of progress towards achieving the improvements outlined within the attached plan should enable the development of an excellent Supporting People Programme for Herefordshire.

## RECOMMENDATION

**THAT (a) the findings of the Audit Commission Inspection of the Supporting People Programme be noted;**

**and**

**(b) the Supporting People Improvement Plan be endorsed and progress reported to the Committee.**

## BACKGROUND PAPERS

- None.

# Supporting People Programme

**Herefordshire Council**

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# Summary

## Introduction to the Supporting People Programme

- 1 'Supporting People' is the Government's long-term policy to enable local authorities to plan, commission and provide housing related support services which help vulnerable people live independently. The programme went live on 1 April 2003.
- 2 The aim of the Supporting People programme is to establish a strategic, integrated policy and funding framework, delivered locally in response to identified local needs, to replace the current complex and unco-ordinated arrangements for providing housing related support services for vulnerable people.
- 3 The Supporting People programme brings together a number of funding streams including transitional housing benefit (THB), which has paid for the support costs associated with housing during the implementation phase, the Housing Corporation's supported housing management grant (SHMG) and probation accommodation grant scheme (PAGS) into a single pot to be administered by 150 administering local authorities.
- 4 Herefordshire Council is one of the first councils to be inspected. This report therefore reflects the current context for the council as it moves from implementation to the introduction of the programme and focuses on determining the effectiveness of current service delivery, the prospects for improvement and the outcomes of these for vulnerable people.

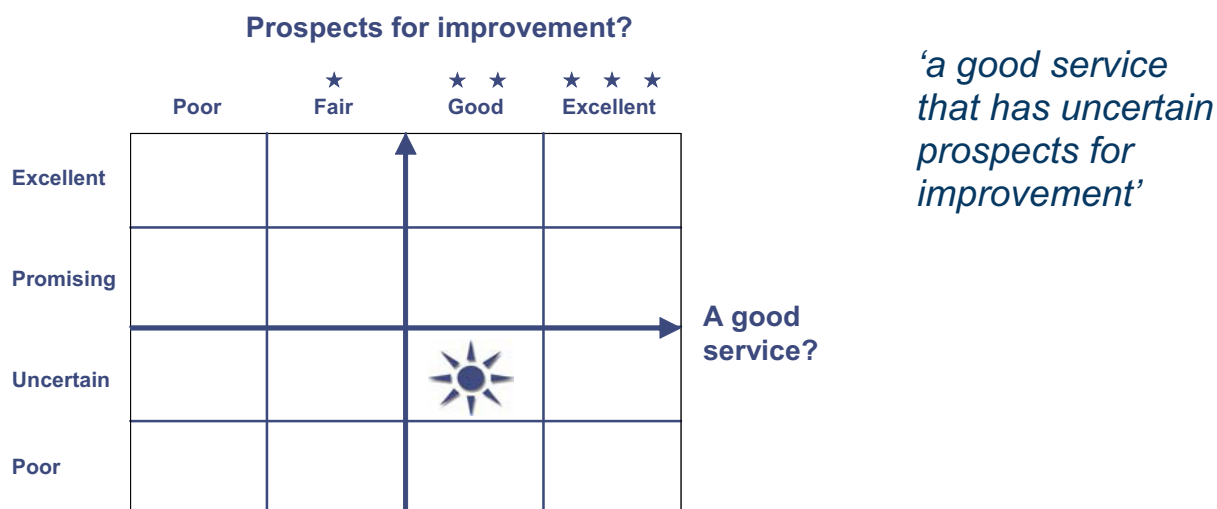
## Background

- 5 Herefordshire Council is a unitary authority in the West of England. The population is approximately 175,000 of which 2.46 per cent are from minority ethnic communities.
- 6 The council is conservative led with 21 of the 58 seats. A leader and cabinet model is in place. The council employs approximately 6,600 staff across all services, including teachers. The council's budget for 2002/03 is £150 million.
- 7 Herefordshire Council acts as the administering local authority for the Supporting People programme in its area. The council works in partnership with Herefordshire Primary Care Trust and the West Mercia Probation Service in commissioning Supporting People services.
- 8 The total amount of Supporting People grant available in 2003/04 is £7.5 million. This equates to £42.12 per head of the population. The council receives £194,062 Supporting People administration grant from the Office of the Deputy Prime Minister (ODPM) to assist in the costs of fulfilling its role as the administering authority.
- 9 The revenue costs of new housing related support services, where capital funding for new buildings is secured, is described as pipeline funding. The council's pipeline allocation bids amount to £51,916 for projects due to come on stream during the year.

## Scoring the service

- 10 We have assessed the council as providing a ‘good’, two-star service that has uncertain prospects for improvement. Our judgements are based on the evidence obtained during the inspection and are outlined below.

### Scoring chart<sup>1</sup>: Herefordshire Council - Supporting People Programme



### What works well

- 11 During our inspection we found a number of positive features in the way that the Supporting People programme has been implemented to date. These include the following:
- ◆ A good understanding of the needs of local people and the gaps in service provision that need to be met in order to provide housing related support services to all vulnerable groups.
  - ◆ An increase in the number of housing related support services provided for vulnerable people. Expanded services have been provided for women at risk of domestic violence, ex-offenders, older people, people with mental health problems and people with learning disabilities.
  - ◆ New services have been established for very vulnerable young people, pregnant teenagers, people with mental health problems and people who misuse alcohol and drugs.
  - ◆ Users value the services and the increasing independence provided by housing related support services delivered through the programme.
  - ◆ The council has achieved wide consultation and engagement with service users including consultation with people who are often hard to reach.
  - ◆ There are effective links between the delivery of services under the Supporting People programme and social care services.
  - ◆ There are shared aims that drive the programme and make connections with wider council aims to improve the quality of life and life chances of the people of Herefordshire as incorporated in the Herefordshire plan.
  - ◆ Well established, effective partnerships and close co-operative working with health including joint learning disability and mental health teams are resulting in the improved delivery of services for vulnerable people.

<sup>1</sup> The scoring chart displays performance in two dimensions. The horizontal axis shows how good the service or function is now, on a scale ranging from no stars for a service that is poor (at the left-hand end) to three stars for an excellent service (right-hand end). The vertical axis shows the improvement prospects of the service, also on a four-point scale.



- ◆ Effective working with other partners, including the probation service, is beginning to result in improvements in the way that services are planned.
- ◆ An established supported housing provider's forum is providing an effective mechanism for exchange of information in the planning and delivery of the programme.
- ◆ The inclusion of councillors and other staff in the programme is creating shared understanding and ownership of the programme.
- ◆ The knowledge and helpfulness of the Supporting People team has been recognised by health, probation and service providers.
- ◆ A robust, consistent service review process has been developed and is in operation, with a clear role for service users.
- ◆ The housing related support service reviews are focussing on service costs, their cost effectiveness, the quality of services and their outcomes for service users.

### Areas for improvement

- 12 However, we found a number of weaknesses with the Supporting People programme that need to be addressed. These include:
- ◆ A lack of performance monitoring, performance management, clear targets and measurable objectives in the aims for the future planning and delivery.
  - ◆ The current lack of written information available that explains the programme and how to access the services it provides.
  - ◆ The lack of involvement of the probation service at an operational level in assessing the gaps in provision and proposals to fill these service gaps.
  - ◆ The lack of development of cross authority services and approaches that will result in a range of services across administering areas to meet specific needs including those for ex offenders and women fleeing domestic violence.
  - ◆ The lack of local performance indicators (PIs) that would enable the council to measure and report on its progress.
  - ◆ The lack of an internal mechanism to collate and feedback common issues and learning from the review programme particularly where service users raise concerns about their services.
- 13 We have judged that the Supporting People programme has uncertain prospects for delivering further improvements. Although the council has responded positively to the inspection and is now undertaking work to address the issues raised, it is too early to see the results of this or the impact that this work will have on the programme.
- 14 There are a number of strengths most notably:
- ◆ the ownership of the programme across the council and with partners including service providers, health and probation;
  - ◆ the awareness of the council to the issues and problems it faces;
  - ◆ the council responded positively to concerns raised by providers over a contract clause which was considered inappropriate by ODPM and have removed the clause from all contracts;
  - ◆ the positive response made by the council in acting upon the recommendations arising from other inspections; and
  - ◆ the knowledge and helpfulness of the Supporting People team.
- 15 There are, however, a number of barriers to improvement. These include:

- ◆ The council has identified too many priorities for the Supporting People programme and action to resolve this has not yet been finalised or agreed.
- ◆ The Supporting People commissioning body has only been meeting as a separate group since April 2003 and is yet to demonstrate how it will ensure effective delivery and shape the direction of the programme.
- ◆ The council has no systems in place to capture and act upon the concerns of service users and providers and cannot ensure that these will influence the future of the programme.
- ◆ The absence of mechanisms to monitor and report on the programme means that it will be difficult for the council to demonstrate what it has achieved.

## Recommendations

- 16 To rise to the challenge of continuous improvement, councils need inspection reports that offer practical pointers for improvement. In this context, the inspection team makes the following recommendations:
- ◆ Develop a communication strategy to ensure the involvement of all providers in the programme as well as the provision of information to users, their carers and advocates.
  - ◆ Develop objectives and targets that enable the aims of the programme to be measured and monitored.
  - ◆ Carry out further work to secure the active engagement of the probation service at an operational level. Monitor progress in this area and capture positive practice on how this can be achieved from other administering local authority areas where the partnership is working effectively.
  - ◆ Develop and agree terms of reference and necessary protocols for the commissioning body to ensure it is able to shape and direct the future of the programme.
  - ◆ Agree through the commissioning body how the future actions for the programme will be prioritised and develop an action plan that details how these will be targeted, monitored and reported.
  - ◆ Establish local performance indicators and systems to monitor and report on the performance of the programme in the context of the agreed priorities.
  - ◆ Develop an action plan to address other weaknesses as outlined in this report, including how to capture and disseminate the learning from the review process, and provide feedback on outcomes to service users.
  - ◆ Undertake further work on risks and contingencies that includes the assessment of violent and sexual offenders and links to the multi-agency public protection panels.
  - ◆ Protect users, staff and the public by ensuring there are information sharing agreements in place covering all high risk groups, agreed by all relevant agencies, and an updated housing allocation and support policy for offenders to make it consistent with the multi-agency public protection arrangements (MAPPA).
- 17 We would like to thank the staff of Herefordshire Council, the Supporting People team and particularly Adam Russell and Chris Jones, who made us welcome and who met our requests efficiently and courteously.

### Inspection Team:

<b>Frances Childs</b>	<b>Housing Inspector (Herefordshire Inspection Lead)</b>
<b>Eileen O'Sullivan</b>	<b>Inspection Officer – HM Inspectorate of Probation</b>
<b>Mary Hendricks</b>	<b>Inspector – Social Services Inspectorate</b>
<b>Peter Higginbotham</b>	<b>Tenant Inspection Adviser</b>

**Dates of inspection: 24 September – 2 October 2003**

### Email:

**f-childs@audit-commission.gov.uk**

**For more information please contact  
Audit Commission  
Central Region  
First Floor, Bridge Business Park  
Bridge Park Road  
Thurmaston  
Leicester  
LE4 8BL  
[www.audit-commission.gov.uk](http://www.audit-commission.gov.uk)  
Telephone: 0116 250 4100  
Fax: 0116 250 4101**

# Report

## Context

### The locality

- 18 Herefordshire Council is a unitary authority which was created following local government reorganisation on 1 April 1998. It is situated in the southern borderland between England and Wales. Hereford City is the main commercial, residential and administrative centre and the five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington provide the other principal centres of population.
- 19 The county is mainly rural in character and is the second most sparsely populated county in England. Its population of 175,000 is expected to grow through migration, predominantly by the elderly, but there is a net outflow of young people. People over pensionable age make up 22.1 per cent of the population, compared to a national average of 18.4 per cent.
- 20 Only a small proportion of the population (2.46 per cent) is from black and ethnic minority communities compared to the national average (13.01 per cent). The largest minority group in the area are travellers, who make up approximately 5 per cent of the population.
- 21 The county has few large employers and is dependent upon 'vulnerable' sectors, particularly manufacturing and agriculture. Around 8 per cent of the workforce is employed in farming, forestry and fishing, which is higher than the national average (2 per cent). Tourism and creative industries are seen as growth areas in Herefordshire. Although unemployment is below the national average (3.6 per cent) at 1.9 per cent, average wages are only 84 per cent of the national average and 82 per cent of the regional average.
- 22 There are some pockets of deprivation within the county and significant issues in relation to access to services in rural areas. For instance, 63 per cent of rural parishes have no post office and most have neither a general store (87 per cent), nor a small village shop (82 per cent). Fifty seven per cent of households live more than 2 kilometres from a secondary school.
- 23 The council transferred its housing stock under a large scale voluntary transfer (LSVT) to Herefordshire housing, a registered social landlord (RSL), in November 2002. Although housing costs are slightly lower than average and 84 per cent of homes are owner occupied, there is a lack of affordable housing across the area.

### The Council

- 24 The council comprises 58 elected members, 21 conservatives, 17 liberal democrats, 16 independents, and 4 labour. It has operated leader/cabinet arrangements since early 1999. The Conservative group took over the administration after the local elections in May 2003. The cabinet has nine member portfolios covering key service areas and is supported by an overarching strategic monitoring committee and four scrutiny committees.
- 25 To encourage links between members and their communities, there are nine local area forums (LAFs) based on geographical groupings of wards covering the whole county. Each forum includes all the councillors covered by that geographical area. These have been in abeyance since the change of administration in May 2003 but are in the process of being re-started.
- 26 The management structure is based around four service directorates, a commercial services organisation and support services. The chief executive is responsible for the overall management of the council and each of the four

directorates is headed by a director who also has a corporate management role. Each director is responsible for a number of heads of service.

- 27 The revenue budget for the council for 2002/03 is £150 million, an increase of 6 per cent on the previous year. The budget for social services is £30 million. The council is the third lowest spending unitary authority, the second largest unitary authority in terms of area and has the lowest council tax rate in the West Midlands.

## **Supporting People – ODPM framework for delivery**

- 28 The ODPM has set out the following structural arrangements for the development and delivery of the Supporting People programme:
- ◆ Accountable officer and the Supporting People team: drives the whole process.
  - ◆ Inclusive forum: consults with service providers and service users.
  - ◆ Core strategy group: proposes strategic direction, service review procedures and timetables and work needed to secure the effective and efficient delivery and development of the programme.
  - ◆ Commissioning body: agrees strategic direction, compliance with grant conditions, outcomes of service reviews and monitors the delivery and development of the programme.
  - ◆ Elected members: approve key decisions of the commissioning body.
  - ◆ Supporting People team: delivers the local programme.
- 29 Supporting People commissioning bodies are a requirement under grant conditions and must have senior representation from the administering local authority (ALA), the local health services, one representative from each primary care trust, and the area probation service. In two tier ALAs each district council is entitled to one representative. Each named organisation has one vote although the ALA has a veto where it can demonstrate a financial risk to the ALA.

## **Supporting People – housing related Support Services in Herefordshire Council**

### **Management Arrangements**

- 30 The Supporting People team is part of the social care and strategic housing directorate. It comprises a project manager, three project officers, and administrative support. The team is managed by the head of strategic housing. Following the transfer of the housing stock in November 2002, the remaining housing staff are in the process of a re-organisation which will see this team expanded and taking on responsibility for other areas of housing strategy and policy.
- 31 The Supporting People team has successfully met each of the key milestones set by the ODPM as part of the national performance monitoring arrangements. The budget available in the current year meets the funding requirements of existing services.
- 32 The head of strategic housing chairs the commissioning body and the accountable officer is the director of housing and social care.

### **Strategy**

- 33 The ODPM required all Supporting People administering local authorities to submit a shadow strategy in the Autumn of 2002. The shadow strategies were required to demonstrate a clear vision and strategic steer for the programme and to set out the map of existing housing related support provision.

- 34 The shadow strategy sets out the context for Supporting People in Herefordshire and provides guidance as to the intentions of the programme in the first year of operation. The ODPM assessed the Supporting People shadow strategy as good. This reflected the inclusiveness of the strategy preparation process and the involvement of service users and providers.
- 35 The ODPM requires all administering local authorities to produce a five year strategy by November 2004. The council undertook extensive research and analysis in the production of the shadow strategy and will use this as the basis of the five year strategy.
- 36 However, during our inspection a number of partners queried how they would be involved in producing the five year strategy. As yet, the council does not have a clear plan for producing the strategy or consulting on it.

### Services and budget

- 37 There are currently 4,805 units of supported housing or housing support in Herefordshire provided by 44 organisations. The majority of the provision, 78.3 per cent, is sheltered accommodation for older people (3764 units).
- 38 The remaining 21.7 per cent is a mixture of provision for people with mental health problems, people with a learning disability, people with a physical disability, ex-offenders, single homeless people, women fleeing domestic violence and young people at risk.
- 39 A floating support scheme for travellers on local authority sites has been established although there are no specific services for people from minority ethnic groups.
- 40 The final Supporting People grant allocation to the council for the financial year 2003/04 is:
- ◆ £7.5 million; and
  - ◆ £51,916 has been awarded to cover the revenue costs of schemes under development (pipeline funding).
- 41 The administration grant awarded to the council by the ODPM to assist in the costs of implementing, delivering and managing the programme is £194,062 for the financial year 2003/04.

## How good is the service?

### Are the aims clear and challenging?

- 42 Inspectors look to see how a council has agreed the key aims for the service being inspected, how clear these aims are to the people that receive the service and whether these reflect the corporate aims of the organisation as a whole.
- 43 Aims need to be challenging, address local needs and support national objectives. This requires the council to consider and demonstrate how a service contributes to its wider corporate aims and community plans.
- 44 The council's vision for Herefordshire is set out in the Herefordshire partnership Plan, an overarching community plan. It was developed following extensive consultation with partners and the public and takes account of national and local priorities.
- 45 The aims of the service are set out in the shadow strategy and were derived from the aims of the housing investment strategy and the special needs and supported housing strategy. The special needs and supported housing strategy has been a real attempt to try and unify all of the strategies that apply across the needs groups that Supporting People covers and make connections between the vision and the wider council aims as incorporated in the Herefordshire plan.

- 46 These are supported by a local vision for the service that reflects the importance of partnerships and integration to provide services that best meet the needs of local people. The programme has a clear vision that partners, including users, are aware of and share. It is driven by the Supporting People team and demonstrated by the focus of their work in expanding and improving services. A number of providers felt that the aims were 'high and challenging' and would bring about improvements that would benefit service users.
- 47 Despite the challenging nature of the aims, there are no targets linked to them that would show how well they are being met. The council is aware of this and plans to address this in the next housing investment strategy that will be submitted to the Government Office, West Midlands in 2004. In the meantime, the council has started to rationalise the actions it identified for the programme to produce a clear and measurable delivery timetable.

## **Does the service meet these aims?**

- 48 Having considered the aims that the council has set for the service, inspectors make an assessment of how well the council is meeting these aims. This includes an assessment of performance against specific service standards and targets and the council's approach to measuring whether it is actually delivering what it set out to do.
- 49 The assessment was based upon the following key issues:
- ◆ commissioning services to meet local needs;
  - ◆ user involvement and access to services;
  - ◆ diversity;
  - ◆ partnership working;
  - ◆ quality and monitoring including service reviews, value for money and cost effectiveness; and
  - ◆ outcomes for service users and carers.

## **Commissioning services to meet local needs**

- 50 There is a good understanding of the needs of the local community and how the services provided address these. As part of the development of the shadow strategy, a large amount of work was undertaken in supply mapping the existing housing related support services available. This work drew on the data and expertise of other colleagues across the council and the health services. It identified the demography of each client group, the national and local policy context, current provision of services and an analysis of other needs.
- 51 Gaps in service provision have been identified in the shadow strategy and 36 action points developed to address these. This work will be kept up to date through the information that will come out of the review process as well as regular contact with service providers.
- 52 There has been a real expansion of housing related services to vulnerable groups such as vulnerable young people leaving care, teenage parents, older people, travellers and people who misuse drugs or alcohol. Work was undertaken prior to the Supporting People programme to use transitional housing benefit (THB) to fund these.
- 53 There are good links between the existing commissioning managers within social care and the Supporting People team. The Supporting People team has produced clear guidelines on what constitutes housing related support and is therefore eligible for grant.
- 54 Although commissioning managers are aware of the criteria for securing Supporting People funding, there needs to be more clarity about what elements



of a service are housing related support and what are personal care for staff involved in the direct provision of services.

- 55 A representative of the Supporting People team will be sitting on the council's community care panel in the future. This will ensure that decisions on funding (whether it should be from community care or Supporting People funds) are made more quickly and there is no delay for the user in the provision of the service.

## User involvement and access to services

### Consultation

- 56 There has been wide consultation and engagement with service users. An inclusive forum was established to involve users in the programme but this was found to not be a successful way of engaging everyone in the process. Users and their carers are now involved through other established groups such as those working with people with learning disabilities, physical disabilities and drug and substance mis-users. In addition, the Supporting People team has undertaken consultation with hard to reach people such as isolated mental health service users.
- 57 Herefordshire Council is committed to consulting and engaging with users across all aspects of its services. Stafford University was engaged to consult with homeless people, another traditionally hard to reach group, so that their views on being homeless and the services available could directly feed into the development of the homelessness strategy.
- 58 At a more local level, we also saw evidence of services users being consulted about the services they are receiving and changes resulting from this. One particular example of this was a user with learning disabilities who was able to secure a policy change by raising a complaint. The complaint related to a particular element of support which the user felt she should not have to fund herself. One provider of supported housing services for people with learning disabilities has recently achieved funding for a post to set up tenant groups.

### Information

- 59 Although the council produced information for providers and service users, it did not produce any general information on the Supporting People programme during the setting up of the programme. Information leaflets are readily available from information shops in the main towns about general housing related issues and Herefordshire housing have revised a number of leaflets since taking over the housing stock. There are also a number of leaflets from provider organisations about their services, such as careline and women's aid.
- 60 At the time of our inspection, there was no information relating to Supporting People available on the council's website. This was due to a moratorium on information being added while the website was being developed. However, the team has information ready to be added when this moratorium is lifted.
- 61 The team is currently working on a service directory that will list all the services that are on offer and include eligibility, costs, exclusions and how to make a referral. It is envisaged that this will be available both electronically and in hard copy with a commitment that the electronic version will be up-dated every month. It will also be available in other formats as requested. It is planned that the directory will be available on the council's website by the end of November 2003.
- 62 Although the black and minority ethnic (BME) population across the county is relatively small, the council offers translation services and this is advertised in the council office reception areas.
- 63 There is a clear role for users in the review process to feedback on their experience of services. To date, 44 reviews have been initiated and all the users involved will be consulted with. There is no system set up within the team to

collate this feedback on a more general level in order to use it to influence the development of other services.

### **Diversity**

- 64 The council is driving the diversity agenda to ensure that it is responding to the needs of all members of the community, including the relatively small number of minority groups. There are insufficient numbers for the agenda to be driven by the community.
- 65 The figures for BME communities from the 2001 census show Herefordshire as having a population of 2.46 per cent. This figure includes Irish as well as 'white, other'. This compares to a regional average of 13.85 per cent and a national average of 13.01 per cent. The gypsy council assesses Herefordshire as having a higher than average population of travellers, both romany and new age, at 5 per cent. While it is very difficult to verify this figure, it is accepted that Herefordshire has a significant traveller population.
- 66 Because of the low numbers from BME communities, Herefordshire has few council services to offer people from diverse cultures due to the difficulty in sustaining service infrastructures when numbers are very small.
- 67 A race equalities officer has been in post for the past two years and has played a key role in driving this agenda forwards. He is working both internally and externally to raise awareness and ensure the provision of training for staff and communities.
- 68 The Supporting People team identified in the shadow strategy the need to undertake research to identify the housing support needs of BME communities, Travellers and people with HIV/AIDs. This work has not taken into account the role of the race equalities officer and this is a missed opportunity as his work could compliment the aims and objectives of the programme.
- 69 In terms of other groups that make up a diverse community, the Supporting People programme has already included these in its mapping processes and expanded or established services. This includes marginalised groups such as young single homeless, people with mental health problems and ex-offenders.

### **Partnership working**

- 70 Co-ordinated and effective partnership working is key to the success of the Supporting People programme that delivers real improvements to the housing related support available to vulnerable people.
- 71 The council has well established and effective partnerships across the range of its functions. Since the authority was set up in 1998, it has worked closely and co-operatively with the health services and good partnership working is evident here. The primary care trust (PCT) has been an active partner in the setting up of the Supporting People programme. There are two joint teams covering learning disability and mental health. The former is based in the council and the latter in the PCT. Additionally, planning and commissioning managers for both health and social care work in one team.
- 72 Both partners are aware of the role they play in helping each other achieve targets and although the direct involvement in each others services varies, they are both committed to working collaboratively for the benefit of local people.
- 73 Work with the council's other key partner, the probation service, has not been so productive. The West Mercia probation service covers Herefordshire, Shropshire, Worcestershire and Telford and Wrekin. Arrangements have worked well at a strategic level, as the partnership manager has been involved in the Supporting People programmes for all of these authorities and the commissioning body has benefited from his level of knowledge and expertise.

- 74 Over the last two years, the probation service has been undergoing a major restructuring following the amalgamation of two separate probation areas. Because of this, staff have not been available at an operational level to work more closely on the development of housing related support services. A new area manager has recently been appointed to the probation service and it is envisaged that this will improve the situation as she will have more time to be directly involved.

### **Inclusive Forum**

- 75 Initial guidance from the ODPM stated that council's should operate an inclusive forum that would meet regularly and involve all partners in consultation. The council ran one very large inclusive forum in 2001 but did not find this an effective way to communicate the different issues to all the different groups involved in the programme.
- 76 It was decided to use other existing groups to consult with service users and an existing housing provider group. The supported housing forum had been in existence since 2000 and developed into the supported housing provider forum in 2001 to include a wider group of stakeholders. Membership includes all local housing associations, providers of floating support services, managing agents, supported lodging providers, advocacy and voluntary groups. This group is now called the supported housing forum and meets quarterly and is serviced by the Supporting People team. In addition, two sub-groups have been established so that providers of accommodation based or floating support services can discuss issues particular to them.
- 77 On the whole, relationships work well between the council and this group although a few of the smaller providers did tell us that they sometimes found the relationship strained. As one provider said:

*'With funders it is never an easy partnership or an equal one – they've got the money and I want it' – a service provider.*

- 78 A small number of providers told us that they felt marginalised and the council needs to address this. The main reason for this was that they did not understand the criteria for, or how to, access funding.

### **Core Strategy Group**

- 79 Since 2001, the council had operated a single group called the Herefordshire Supporting People partnership. This covered both the roles and functions of the core strategy group and the commissioning body. Members of the partnership are drawn from the local authority including commissioning service managers, the PCT, the probation service and a representative of the registered social landlord (RSL) forum.
- 80 The decision to have one body covering both functions was a pragmatic one. It reflected the small size and streamlined structures of the partner organisations and the fact that membership of both bodies was often duplicated. The role of this group is detailed in the shadow strategy and includes:
- ◆ the facilitation of the inclusiveness of the Supporting People strategic development process and ensuring participation by a broad range of stakeholders;
  - ◆ ensuring service users have the opportunity to participate in the strategic development process;
  - ◆ agree the allocation of the Supporting People grant;
  - ◆ establish scrutiny arrangements for the programme; and
  - ◆ prioritise housing and support needs by client groups to inform service developments.

- 81 We saw evidence of good partnership working within the council with commissioning managers from social care being members of the Supporting People partnership. Through this, they have been actively involved in the development of the shadow strategy and the implementation of the programme. This was also the case with the councillors we saw who clearly understood the aims and aspirations of the programme and the contribution it makes to the wider strategic aims of the council especially around creating and sustaining balanced communities.

### **Commissioning Body**

- 82 Although the role of the commissioning body had been subsumed in the wider Herefordshire Supporting People partnership, it was decided in April 2003 to establish this as a separate sub-group. The commissioning body is chaired by the head of strategic housing and the other members are the director of social care and strategic housing and senior managers from the primary care trust and probation.
- 83 The commissioning body is now playing a key role in making decisions about de-commissioning and transferring services following service reviews. Although it has met twice terms of reference for this group as a separate entity are still to be confirmed.

### **Other Partnership Benefits**

- 84 All of the partners we spoke to praised the Supporting People team for both their helpfulness and level of knowledge. This was particularly so from smaller providers who have struggled with the number of forms they have had to complete and the different requirements that they have had to become familiar with. All providers and other partners have also valued the training and workshops that the team have organised on various topics to do with the programme.
- 85 Within the programme there are examples of the added value that has been achieved through partnership working. We saw this in the new development of 21 self contained units of accommodation for young single homeless people in what was previously a multi-use hostel with shared facilities. There will also be a resource centre on the premises available to other groups. This has involved close working between the provider, the housing enabling team and the Supporting People team.
- 86 The development of new services has not been without some opposition and we saw where this was successfully overcome, through the skilful engagement of the local community by the council, in the establishment of eight units of accommodation for young people in a listed building in Leominster.

### **Cross Authority Issues**

- 87 The Supporting People team are in dialogue with neighbouring authorities to share best practice and alert each other to common local issues. As yet though, there have been no direct service developments with these authorities or a shared approach to the development of the quality assessments frameworks that are used as part of the service review process. This means that providers with housing related support services in this and neighbouring authorities are struggling with small yet significant differences in the approach taken to the monitoring and review processes.
- 88 However, the council is aware of this and work has started to consider how to share common paperwork. It is also willing to share the work it has undertaken on specifying what are housing related costs and what are social care costs.

## Quality and monitoring

### Contracts and Payments

- 89 Services across all groups have been commissioned through 44 providers and 122 contracts. At the time of our inspection, 22 of these contracts were outstanding. Seventeen of these are with Herefordshire housing, the registered social landlord that took over the responsibility for council's housing stock. These contracts were in dispute as Herefordshire Housing refused to accept a contract clause relating to financial risk. This clause would pass on to the provider any savings that may need to be made should the Supporting People funding the council receives be reduced.
- 90 The council had submitted this clause to the ODPM earlier this year but had not been informed it would mean that it is outside the ODPM grant conditions for Supporting People funding if implemented.
- 91 Following our time on site the council has discussed the contract clause issue with the ODPM and has taken action to remove the contentious clause from all contracts.
- 92 The council decided not to implement a charging policy for the first year of the programme. There are very few people who will be responsible for their own funding and the costs of not charging in the first year will be covered by the council's own resources. Concern over the robustness of the fairer charging IT system made this a pragmatic decision but this needs to be resolved so that an agreed charging policy can be implemented in the next financial year 2004/05.

### Performance Management

- 93 No local performance indicators (PIs) have been developed yet although the ODPM has set national key performance indicators. These will be reported on after 1 April 2004. Guidance is available for council's in setting local performance indicators. We did not find evidence of work in progress to address the issues around the collation and reporting of PIs.
- 94 Without a robust system of local performance management and monitoring the council will not be able to compare their performance with other administering local authorities and will also be unable to measure the outcomes of their programme for service users.
- 95 In addition, further work needs to be carried out to define the targets against which the work of the Supporting People team will be monitored and a reporting mechanism to the commissioning body needs to be developed and agreed.

### Value for Money and Cost Effectiveness

- 96 The cost of services across the county varies enormously from a few pence to over one thousand pounds per week. The Supporting People team has been successful in establishing a number of services for people with learning difficulties so that they have their own tenancies with floating support. Many of these have been at an initial high cost as they are supporting people who were receiving full time care in residential settings.
- 97 At the time of our inspection, the highest cost service was housing related support for a person with learning difficulties who had left residential care. The cost of this support has already decreased as the individual has grown more confident in living by himself and the level of support is expected to reduce even further. The council have not put systems in place that will allow them to clearly assess the cost benefits of this approach for the council and its health partners.
- 98 The programme will continue to pay out on the transitional housing benefit (THB) rates that were agreed as part of the set-up of the programme until the service is reviewed. Some high cost services were established before the Supporting People team was in place. While the Supporting People team did as much as it

could within the guidelines, the level of claims will now need to be assessed through the review process and this has increased the burden of work for the review officers.

### **Risk and Contingency Planning**

- 99 The shadow strategy did not include any details on risks and contingencies although there are arrangements in place as demonstrated by the case study 1 below. Risks and contingencies have been built into the IT plans but overall this remains an area that needs to be more comprehensively addressed to ensure a consistent approach.
- 100 There are no protocols in place with the probation service relating to the multi-agency public protection arrangement (MAPPA). The MAPPA that was in place relating to the housing of dangerous offenders is no longer valid since the council transferred its housing stock. The council is aware of this and is actively pursuing the agreement of a new protocol to reflect the current situation.

### **Service Reviews**

- 101 The ODPM Supporting People grant conditions require all administering local authorities to review all of their contracted services within a three year period from 1 April 2003. Service users are currently providing services under interim contracts and a service review is required before a contract can be renegotiated. The outcomes of service reviews and any associated decisions to reconfigure or decommission a service must be agreed by the commissioning body. The ODPM has published extensive guidance on how service reviews should be conducted.
- 102 The costs of the services and value for money issues are a major consideration in the council's review programme. Initially, the reviews were going to be based around service areas and a number of services that were regarded as having particular levels of risk were included for an early review regardless of client group. However, following guidelines from the ODPM, they are now reviewing the high cost, high risk services first. This includes a number of services where the only information available to the council is that submitted as part of the THB claim including high cost services for people with learning disabilities as well those where there are concerns about the quality of support offered.
- 103 A robust, consistent review process has been developed and has been in operation since April 2003. At the time of our inspection, 44 reviews had been initiated and twelve had been completed. Savings have been realised from a number of the reviews and these will be used to fund shortfalls in existing services as well as new service developments.
- 104 The following case study illustrates the outcome of the review process on a provider where there were concerns about the quality and cost of the service as well as the contingency arrangements that have been put in place.

### **Supporting People Case Study 1**

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Herefordshire Council Supporting People Service Review Process & Outcome

Service User Group: 6 adults with learning difficulties

Accommodation type: all 6 tenants, 3 privately rented & 3 housing association

Type of service reviewed: external provider delivering care & support to all 6 adults from spring 2000. All the services were previously funded under THB.

Early review carried out due to client group and high cost.

Council's concerns about provider:

- ◆ housing related support packages contained a significant proportion of care;

- ◆ poor management infrastructure;
- ◆ failed to meet targets for the self assessment phase of service review;
- ◆ support from the council did not result in successful completion of self assessment;
- ◆ pre-arranged meeting with a Supporting People review officer had to be abandoned due to lack of preparedness by the provider;
- ◆ second visit by review officer demonstrated a lack of engagement in the review process from the manager and staff;
- ◆ provider did not facilitate meetings with service users and no support was available to help service users participate in the review; and
- ◆ only two of the six service users were able to communicate without support from a trusted person.

#### Findings from the service review

In general the accommodation and environment was of an acceptable standard, however, the reviewing officer found cause for concern in respect of the service. Concerns varied from client to client but included:

- ◆ support plan paperwork out of date;
- ◆ service users not permitted to view their own records, a service user punished for not eating a meal by prevention from attending day club;
- ◆ service users totally dependant on support workers for help with all needs, no advocacy service or 'circle of friends' in place;
- ◆ service users told they were not allowed to wake the support worker at night;
- ◆ lack of security of tenure presenting a risk to the accommodation;
- ◆ no notification from provider that one service user had moved house since the interim contract;
- ◆ only one set of client records kept, these were either at the office or at the client home; and
- ◆ health and safety issues.

#### Outcome of service review:

- ◆ The council concluded that the services being provided were essential to the users and were strategically relevant to the council's agreed approach to, and priorities, for Supporting People. However the provider was judged to be failing to provide services to an acceptable standard.
- ◆ The commissioning body agreed, following detailed discussions with the provider, to cease to contract with the provider by mutual agreement.
- ◆ The council is using the contingency plans that have been prepared to deal with the decommissioning of services to seek an interim provider to take over responsibilities for the eligible parts of the service until a permanent solution can be found.
- ◆ The commissioning body is considering the cost effectiveness and value for money of the service provided currently and the results of these will be used to influence future contracting decisions.

105 The service reviews are seen as a positive process by providers that will bring about more transparency and accountability. One provider told us:

*'Examples of poor practice will be 'weeded out' as a result, which is positive for service users locally' – a provider.*

- 106 Some providers who have already been through the review process reported it as a positive experience and were happy with the way in which it had been conducted, especially the consultation with staff and service users.
- 107 The review process will also be used to gather comparable information on service costs with a view to bringing these into alignment where appropriate across the different providers. Because of the opportunity that THB funding offered to revise and re-cost services, there are now disparities between the salaries offered to staff providing housing support and personal care.
- 108 While results of the reviews are fed back to individual providers and service users, the team has not yet set up an internal mechanism to feedback more general findings to everyone. This will become more critical as the number of reviews increase and common issues become more apparent.
- 109 Herefordshire decided early on in the process to implement all 17 elements of the quality assessment framework (QAF). Some providers, especially the smaller ones are concerned about how arduous this will be but others told us:

***'Once you have completed the first four elements, the rest are a piece of cake' – some service providers.***

- 110 However, neighbouring authorities are only implementing the first four elements and providers are confused about this. We feel it would be helpful if the team produced a more regular newsletter to providers that could be used to remind them of decisions and keep them up to date.

#### **Outcomes for service users and carers**

- 111 Services in Herefordshire for vulnerable people in need of housing related support have increased considerably as part of this programme. Services have been expanded for women at risk of domestic violence, ex-offenders, people with mental health problems, people with learning disability and older people. This has been in terms of both 'bricks and mortar' schemes as well as floating support services.
- 112 New services have been established for very vulnerable young people leaving care, pregnant teenagers, people who misuse alcohol and people who misuse drugs.

#### **Supporting People Case Study 2**

Service User Group: 4 adults with learning difficulties

Previous accommodation: 3 in residential care & 1 with parents

Type of service provided: independent living with housing related support.

Key players: the council's Supporting People Team, social services staff, support provider, housing association and the 4 service users.

##### Actions taken:

- ◆ The catalyst was a road show by the council to inform various agencies, residential homes, carer groups and other related organizations about Supporting People.
- ◆ The emphasis was not on explaining Supporting People as a regime but on indicating how it could benefit people's lives and present new options.
- ◆ As a result of this the four individuals concerned made it known that they would like to try to live independently with floating support.
- ◆ The support provider began to speak to various housing associations about the individuals housing needs.



- ◆ Within a few months four flats in the same location had been identified and these were refurbished and decorated before the service users moved in. The landlord had experienced problems with anti social behaviour in the area.
- ◆ The parents and families of the 4 people were understandably worried about their ability to cope on their own and initially resisted the move.
- ◆ The council and the support provider worked with the families to help resolve their fears and concerns.

#### Outcomes for the service users

- ◆ The 4 people were offered assured shorthold tenancies and the landlord reports that these lettings 'transformed the place' from a difficult to manage stigmatised location to one which is now in demand, with model tenants.
- ◆ The housing related support has worked well and the number of hours needed is now reducing as the people settle and become independent.

#### Learning from this experience:

- ◆ The people themselves still attend day centres and by their word of mouth, other individuals are beginning to come forward for whom independent living could also be an option for the first time in their lives.
- ◆ The council acknowledges that the benefits of this approach need to be captured both in terms of quality of life improvements and cost effectiveness/ value for money.

- 113 Service users we contacted and spoke to were happy with the support they receive and many of them spoke about how it has increased their independence and their confidence to live in the community.
- 114 The probation service sees Supporting People offering opportunities and outcomes for offenders in terms of reducing re-offending:

*'If there was ever the chance to stabilise offenders' lives, then Supporting People is it, especially in terms of move-on accommodation' – the probation service.*

- 115 However, the lack of available, affordable accommodation overall in Herefordshire is impacting on some services, including the hostel for ex-offenders, as it means that people are not able to move on to independent living in the area as soon as they are ready for it.

## **How does the performance compare?**

- 116 In order to judge the quality of a service, it is important to compare the performance of that service against other suppliers across a range of sectors. The aim is not exact comparison, but an exploration of how similar services (or elements of services) perform in order to identify significant differences, the reasons for them and the extent to which improvements are required.
- 117 The details of the data used to inform comparisons are included in the data appendix of this report. Where possible, we have compared the council with other councils in its Audit Commission family group (councils with similar general characteristics). We have also compared the council with the best and worst performing 25 per cent of unitary councils for that indicator.
- 118 The current funding profile (outlined in the data appendix) shows that investment in community alarms is significantly lower in Herefordshire than other councils and higher in terms of the grant to home improvement agencies. There is an average level of investment in supported accommodation and much higher levels of investment in floating support schemes. These spends reflect the local issues

of a higher than average number of owner occupiers and the dispersed rural nature of the area.

- 119 The performance assessment framework 2001/02 identifies that the council performs well in terms of adults with mental health needs and adults with learning disabilities helped to live at home. Areas of weak performance relate to low numbers of adults with a physical disability helped to live at home, the provision of intensive home care packages and delayed discharges.
- 120 Although the target for delayed discharges was met at 31 March 2003 the pattern of delays has been volatile and otherwise above the target. This pressure has its roots in the council's low level of investment in services for older people.
- 121 The best value performance indicators 2001/02 show that the council is in the top 25 per cent nationally in terms of tenants satisfaction with the overall service and tenants opportunities for participation. Performance is average in terms of speed of response when processing homeless people's applications and processing housing benefit claims. The council has comparatively weaker performance with regard to the numbers of housing benefit renewal claims processed on time.
- 122 The council's level of provision of Supporting People accommodation services is generally average when compared to other councils. The provision of floating support services is significantly higher, reflecting the sparsely populated and rural nature of the area.
- 123 The commissioning body will need to decide on its performance management and monitoring arrangements and further work is needed to develop shared targets across agencies and develop local performance indicators that show the impact of the Supporting People programme in Herefordshire.

## Summary

- 124 Overall, we judge that Herefordshire Council is delivering a good, two-star service. There are clear aims that are strong and unifying and that integrate the programme into the wider corporate agenda. Services have been commissioned to meet local needs and gaps identified.
- 125 There is close work between the Supporting People programme and social care commissioning. Partnerships, and particularly the one with health, are overall working well and for the benefits of the programme.
- 126 Users have been consulted and involved in the development of services which are producing positive and valued results. Reviews of services have started and as well as identifying savings, have been seen so far as largely a positive process.
- 127 The council is driving the diversity agenda forwards and is taking steps to ensure that the needs of minority and marginalised groups are considered in the delivery of services.
- 128 However, the council's aims for the Supporting People programme lack targets and measurable objectives. This means that it is hard for the council to quantify how well they are working.
- 129 There is no written general information available on the programme or regular communication about the programme with partners, including users. A number of high cost services have been established through transitional housing benefit and the value for money and cost effectiveness of these services will need to be rigorously addressed through the service review process.
- 130 The current working arrangements with the probation service are not strong enough to ensure that operational housing related support service delivery issues for ex offenders and those at risk of offending, are adequately addressed. There are also some service providers who do not feel fully informed and are unsure about how to access grant funding.

## What are the prospects for improvement to the service?

- 131 Inspectors have judged the Service's prospects for improvement based on its capacity to improve using the four building blocks for effective improvement:
- ◆ ownership of problems and willingness to change;
  - ◆ a sustained focus on what matters;
  - ◆ the capacity and systems to deliver performance and improvement; and
  - ◆ integration of continuous improvement into day to day management.

### Ownership of problems and willingness to change

- 132 It was clear to the inspection team that there is ownership of the Supporting People agenda by senior managers and councillors. To illustrate this, the accountable officer is the director of housing and social care, who sits on the commissioning body, the Herefordshire Supporting People partnership and a number of key inter agency groups. Representation from the other key partners is at an equally high level.
- 133 Conflicts over spending and funding have not yet been an issue for the Supporting People commissioning body to deal with. However, in other areas the council and the primary care trust have regularly had to make difficult decisions around funding and we could see that agreements had been made that focus on the service user rather than the organisations. An example of this is, the agreement to pool funding from the social care, education and health budgets for children who need placements outside of the authority.
- 134 Neither has the commissioning body had to make any difficult or contentious decisions. It is aware of the likelihood of these needing to be made in the future, especially relating to the outcomes of some service reviews and that it will need to develop joint working protocols to deal with this. However, to date, these are not in place.
- 135 The commissioning body is clear that poor performance in relation to Supporting People services will be tackled through the review process and we have already seen from the previous case study of de-commissioning a learning disability service that they are prepared to do this.
- 136 Throughout the inspection, the council and the Supporting People team have been open to the feedback from inspectors and have started to take action on these areas. An example of this is the work that the commissioning body will soon be considering on rationalising the priorities for the programme.
- 137 There is also an ownership across the council of larger issues. The corporate performance assessment (CPA) carried out in 2002 found that the council has made significant strides in strengthening key services such as education, social services and housing which are priority areas.
- 138 The council's social services were reviewed, as part of the programme of joint reviews, in 2002. They found that there was an impressive level of political leadership and a clear sense of purpose and direction within the management team.
- 139 In relation to services for older people, the council has shown its continued commitment to improve these by specifically allocating budget increases, improving services through re-focusing provision and increasing management capacity. However, due to the underlying low level of investment in these areas it is likely that these improvements will realise only modest gains in the short to medium term. We saw clear political determination to improve these services, but as one senior councillor told us, achieving the level of funding required will mean:

*'Tough decisions will have to be made' – a senior councillor.*

## **A sustained focus on what matters**

- 140 The council has focussed on getting the Supporting People programme in place and increasing the supply of housing related support services and this is evidence of its ability to focus on what matters. The shadow strategy outlines 36 areas for action and although the council is confident it will deliver on all of these over a five year programme, it does not have an action plan showing how this will be achieved and by when. The first year of the programme has identified 10 priority areas, again with no action plan. We consider there are too many priorities for the council to focus attention on and the council has acknowledged this and is now considering how to rationalise these.
- 141 The approach the council's Supporting People team has taken so far in establishing and driving the programme forwards has been positively received. Providers told us that the team has a clear vision and aims for the services. However, while they all agreed with these currently, there is concern about the future if opinions start to divide and providers are not sure how dissent will be managed. It is now an appropriate time for the commissioning body to consider how it will work at sustaining the effective partnerships it has established and developing effective communication mechanisms.
- 142 The review process is seen as a key driver in improving performance across the Supporting People programme. It will also ensure that services are cost effective and value for money through ensuring the provision of eligible housing related support services, rather than subsidised expensive packages of care that should be funded from other budgets.

## **The capacity and systems to deliver performance and improvement**

- 143 The Supporting People team is focused and committed to expanding and improving services. Membership of the team has been drawn from staff seconded from across the council. One member of staff was seconded from the primary care trust. Many of the organisations and groups that we spoke to praised the team's knowledge and helpfulness.
- 144 Although this is a strength, the temporary nature of the secondments may also be a potential weakness as it may present a risk to staff retention. This, coupled with the delay in implementing the plans to expand and widen the team, has resulted in some uncertainty about the future. During our inspection, arrangements for recruitment were being finalised but the delay has meant the team have been stretched. No more so than in the area of reviewing services, which are of considerable importance to the future of the programme, and at the moment are all being undertaken by one member of staff.
- 145 Although the commissioning body, as a separate group from the Supporting People partnership, has only been meeting since April 2003, we see this as an opportunity for this body to take over the leadership of the programme and shape its direction. The commissioning body has separated from the core strategy group to enable it to take a strategic overview and ensure all the necessary governance arrangements are in place.
- 146 The lack of performance management across the council was seen as a major weakness in the CPA process and this was echoed in the findings of the joint review. The council is now addressing this and has appointed a performance manager as well as identifying 'performance champions' in each directorate. New performance management arrangements have been in place since April 2003 but it is still too early to see the success of this.
- 147 We did not see evidence of performance management in the Supporting People programme and have already identified areas such as the lack of targets in the

aims of the programme and no local performance indicators that make its achievements hard to quantify.

- 148 The focus on developing new services has meant less emphasis on some practical issues that would have ensured the provision of a more comprehensive service. Examples of this include the lack of a communication strategy which has resulted in no written information being available and no regular newsletter to keep everyone involved, informed and up to date. The council has acknowledged this and the team is now including Supporting People information in an existing regular newsletter that goes out to providers.
- 149 There is a system in place to share information between Supporting People and housing benefit staff to ensure the correct charges are applied in the future. In terms of IT, the Supporting People local system has been robustly developed, is fit for purpose now and has a specified and resourced development plan which will ensure it will continue to support the delivery of the programme for the foreseeable future.

## Integration of continuous improvement into day-to-day planning

- 150 The council has responded constructively to the CPA and taken action to address the weaknesses it identified. This has also been the response to the joint review of social services functions.
- 151 New arrangements have been put in place since the CPA for project management, risk management and performance management across the council. Improvements to services are being managed and monitored corporately and the council is now considering if these plans are sufficient. This is a dynamic process, as a senior officer told us:

*'Is the [improvement] plan sufficiently comprehensive to get us to where we want to be? Is it still fit for purpose?' – a senior officer.*

- 152 Councillors are also clear that there is a culture of improvement that comes from knowing what the council wants to achieve and having plans to get there.
- 153 For the Supporting People programme, improvements will come about through the service review processes, this includes the accreditation of providers and the quality assessment framework (QAF). The programme is clearly mainstreamed into the day to day work of housing and social care and integrated with health through effective partnerships. The difficulties in the probation service mean that it has not yet achieved a similar level of integration here.

## Summary

- 154 Overall, we judge that the Supporting People programme has uncertain prospects for delivering further improvements. This is due to the fact that although the council is in the process of responding to and addressing these issues, it is too early to see the outcomes of these actions or the impact they will have on the programme.
- 155 There are a number of strengths and these include the ownership of the programme across the council and its partners. The council has an awareness of its problems and has taken action to address these as well as responding positively to other inspections. A new performance management system has been set up and while this will contribute to continuous improvement, it is too early to see outcomes from this.
- 156 We found a number of barriers to improvement. There are too many priorities for the council's Supporting People team to be working on and although the council is now considering how this will be addressed, this work has not been completed or agreed. There is some uncertainty amongst key partners, most notably

providers and service users, as to how they can be involved in the development of the five year strategy.

- 157 There are no systems for monitoring and reporting on the programme and no locally developed performance indicators. These are serious shortcomings as they mean the council is unable to quantify what it will be focusing on and to report on what it has achieved.
- 158 The commissioning body needs to take over the leadership of the programme and work at sustaining the partnerships it has established with providers. A number of practical issues, including those around conflict resolution, have not been resolved and although the council has recognised the need to action these, it is too early to see how these will be addressed.

# Appendices

The purpose of a best value inspection is to make two judgements. The first is how good is the service being inspected? The second is what are the prospects for improvement? We carried out a range of activities to enable us to reach our judgements. We have also included key demographic and performance information.

## Documents reviewed

Before going on site and during our visit, we reviewed various documents that the council provided for us. These included:

- ◆ Herefordshire Shadow Strategy 2003/04.
- ◆ The Herefordshire Plan.
- ◆ Corporate Plan 2003 – 2006.
- ◆ Housing Investment Strategy 2003 – 2006.
- ◆ Homelessness strategy for Herefordshire 2003 – 2008.
- ◆ Learning Disability Housing Plan 2003 – 2006.
- ◆ Joint Review Position Statement 2002.
- ◆ Joint Review Report 2003.
- ◆ Corporate Performance Assessment Report 2002.
- ◆ Herefordshire Strategy for Older People 2000 – 2003.
- ◆ Various minutes of the Herefordshire Supporting People Partnership Meetings.
- ◆ Minutes of the Herefordshire Commissioning Body August 2003.

## Reality checks undertaken

When we went on site we carried out a number of different checks, building on the work described above, in order to get a full picture of how good the service is. These on site reality checks were designed to gather evidence about what it is like to use the service and to see how well it works. We also followed up on issues relating to the management of the review and the improvements flowing from it. Our reality checks included:

- ◆ Visits to projects involved in Supporting People and meeting with service users, including supported housing for people with mental health problems, supported housing for ex-offenders, sheltered accommodation for older people and a women's refuge.
- ◆ Focus group with supported housing providers.
- ◆ Focus group with the Supporting People team.
- ◆ Focus group with frontline staff involved in Supporting People.
- ◆ Focus group with social care commissioning managers.
- ◆ Meeting with the Commissioning Body.
- ◆ Meeting with the Herefordshire Supporting People Partnership.
- ◆ Telephone calls to various user and carer groups.
- ◆ Visits to council offices, libraries and health centres to find information on Supporting People.
- ◆ Search of the council's website to find information on Supporting People.

## List of people interviewed

Sue Fiennes	Director of Social Care and Strategic Housing
Richard Gabb	Head of Strategic Housing
Adam Russell	Supporting People Project Manager
Jane Thomas	Housing Needs Manager
Neil Pringle	Chief Executive
Chris Jones	Supporting People Project Officer
Julie Holmes	Head of IT Services
Carol Brown	IT Project Manager
Kevin Griffiths	Systems Implementation and Support Manager
Alison Bowen	Housing Benefit Manager
Anne Silley	Finance Manager, Social Care and Housing
Simon Hairsnape	Director of Health Commissioning, Herefordshire PCT
Cllr Terry James	Chairman Strategic monitoring Committee and Vice Chairman Health Scrutiny Committee
Cllr Marcelle Lloyd-Hayes	Chairman Social Care and Housing Scrutiny Committee
Cllr Roger Phillips	Council Leader
Cllr Olwyn Barnett	Cabinet Member for Social Care and Housing
Denise Shuker	Director, St John Kemble (Hereford) Housing Association
Malcolm Thompson	Partnership manager, West Mercia Probation
Antoinette Cowling	Mencap – Manager for Herefordshire
Jill Farmer	Aspire – Service Manager
Rosemary Cartmell	Manager, Harling Court, Ledbury
Vicky Connaughton	Herefordshire User Group
Philip Pankhurst	Herefordshire user Group
Maurice Mohan	Regional manager, Stonham Housing
Tanya Dobbs	Community Support Manager, MIND
Dave Hider	Scheme Manager, St John Kemble (Hereford) Housing Association
Ruth Easton	Team manager, Drug Action Team



Andrew White                      Team manager, Youth Offending Team

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Jan Francis                         Hereford Women's Aid

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David Carr                         Herefordshire Home Improvement Agency

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## Demographic information

This section includes demographic information relevant to Supporting People, comparing the Council with its nearest neighbours<sup>2</sup> and with England.

Measure	Herefordshire	Nearest neighbours	England
Population (mid-2001)	174,900		
Percentage of the population aged 65+ (mid-2001)	22.1	17.0	18.4
Percentage from minority ethnic groups (all groups other than White – British 2001)	2.4	5.0	13.01
Percentage unemployment (claimant count rate April 2003)	1.9	-	3.6
Deprivation Index (1 highest, 354 lowest) <sup>3</sup>	166	-	-
Multiple deprivation - wards in the most deprived 10 per cent <sup>4</sup>	0 of 44	-	-
Access to services - wards in the most deprived 10 per cent <sup>5</sup>	20 of 44	-	-
Households accepted as homeless and in priority need (2001/02) <sup>6</sup>	356	-	-

<sup>2</sup> A comparator group of similar councils.

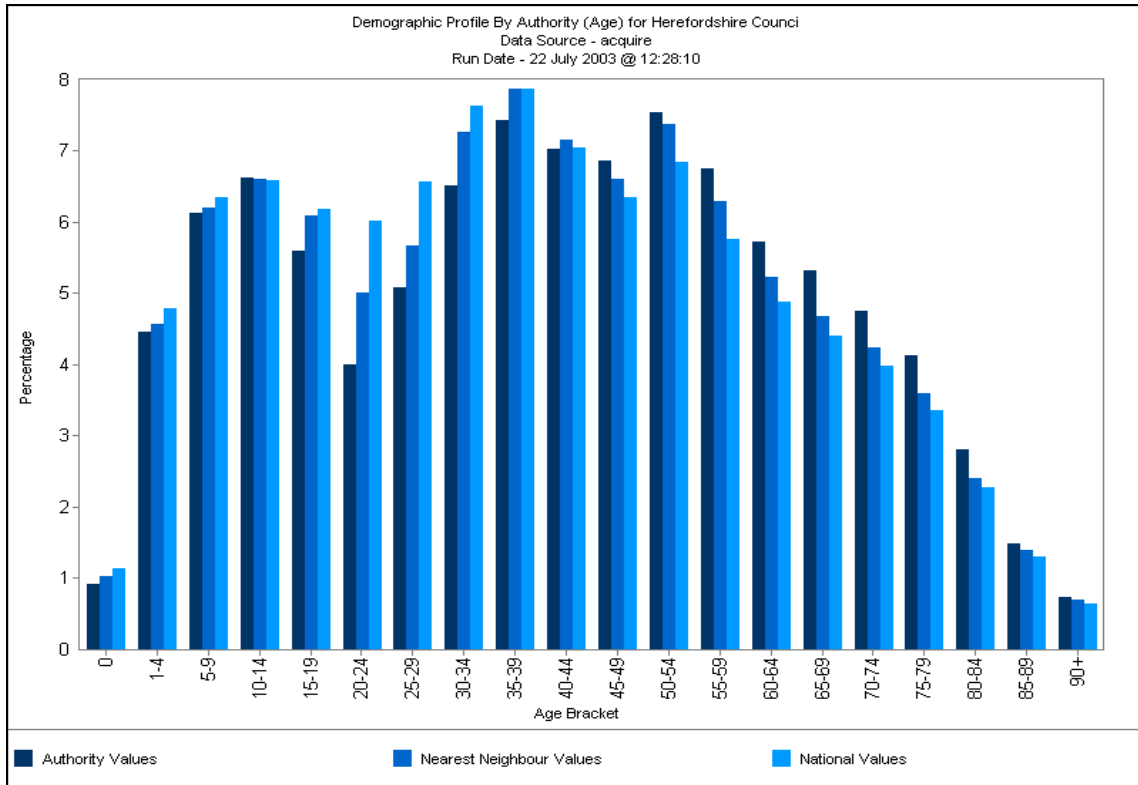
<sup>3</sup> Indices of Deprivation 2000, average ward score for the authority.

<sup>4</sup> Indices of Deprivation 2000, rank of index of multiple deprivation rank (out of 8414 wards).

<sup>5</sup> Indices of Deprivation 2000, rank of access domain (out of 8414 wards).

<sup>6</sup> Housing Strategy Statistical Appendix 2002.

**Percentage of the population in each age group compared with the Council’s nearest neighbours and with England**



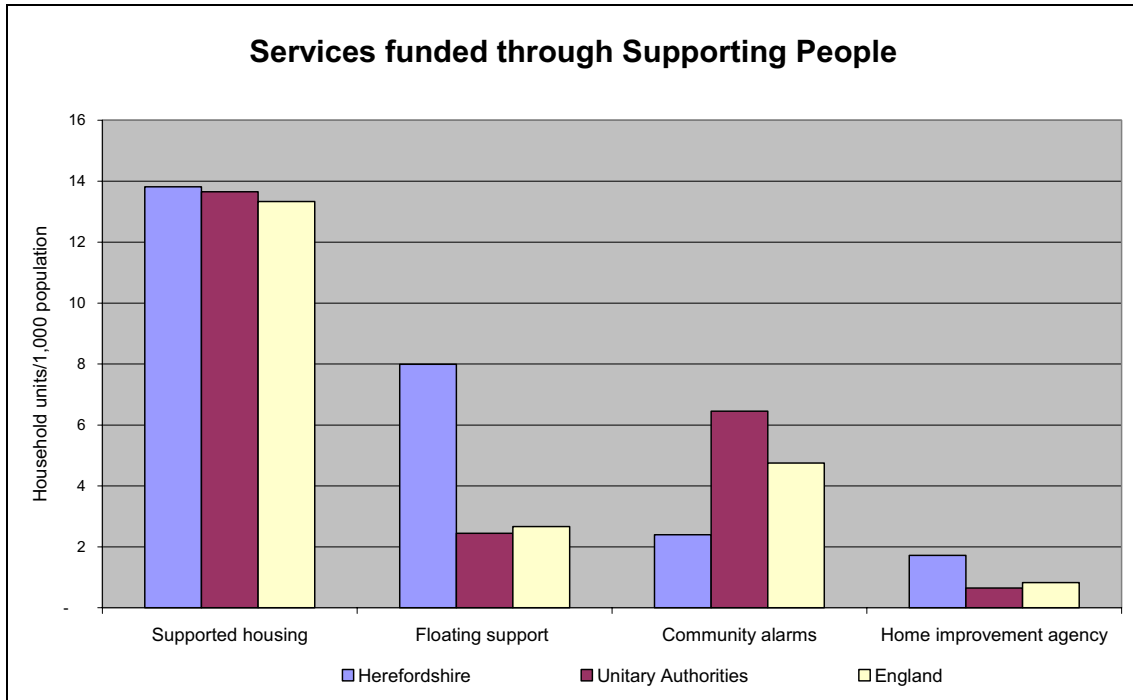
**Performance information**

This section highlights strong and weak areas of the Council’s performance in services that are relevant to Supporting People. We have used the following information to help us reach our judgements:

- ◆ data for services funded through the Supporting People programme;
- ◆ star ratings for social services;
- ◆ performance assessment framework indicators for social services; and
- ◆ relevant best value performance indicators.

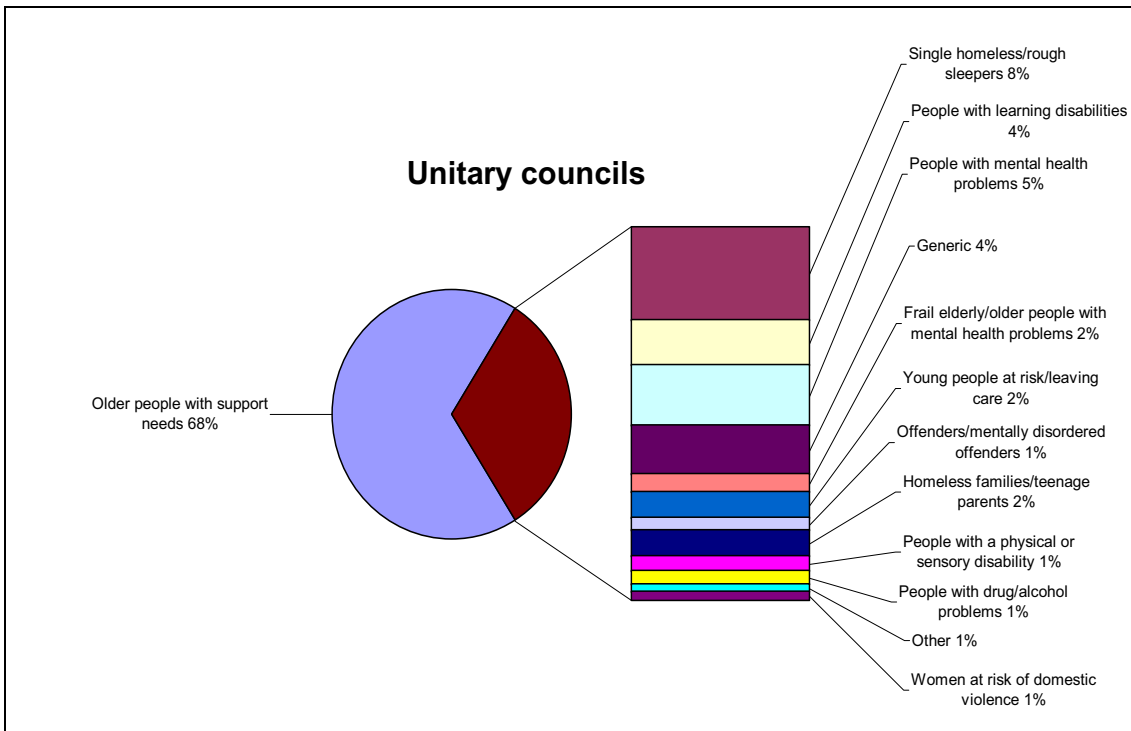
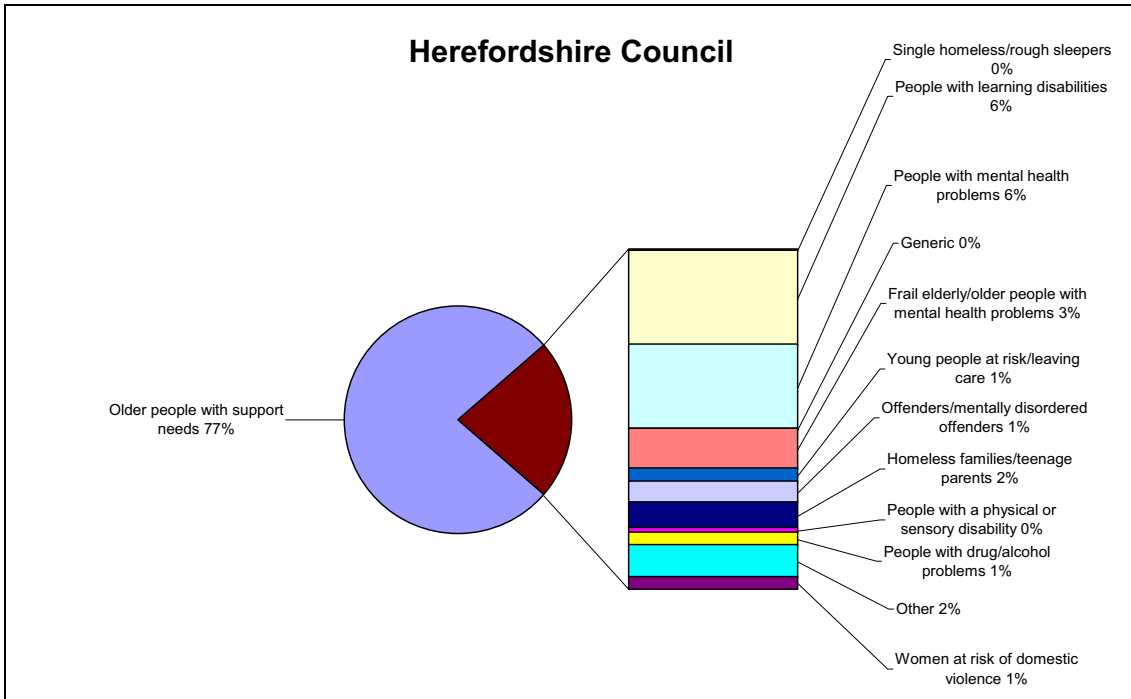
## Supporting People data

### Service provision funded through Supporting People<sup>7</sup>



<sup>7</sup> Source: ODPM December 2002 supply reporting data, tables 1a, 3, and 4. Floating support includes resettlement and move-on support services.

**Percentage of Supporting People-funded provision for specific user groups compared with unitary councils<sup>8</sup>**

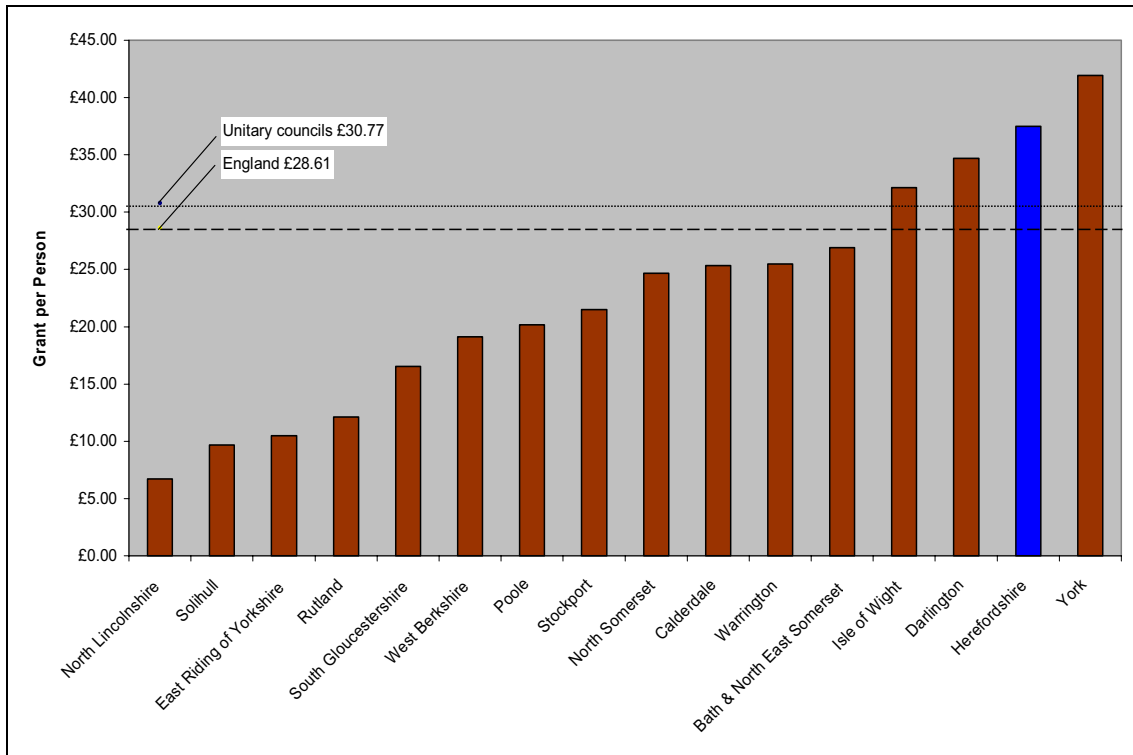


<sup>8</sup> Number of household units. Source: ODPM December 2002 supply reporting data, Table 1: Total provision of services (SP funded) excludes pipeline, home improvement agency and community alarm services.

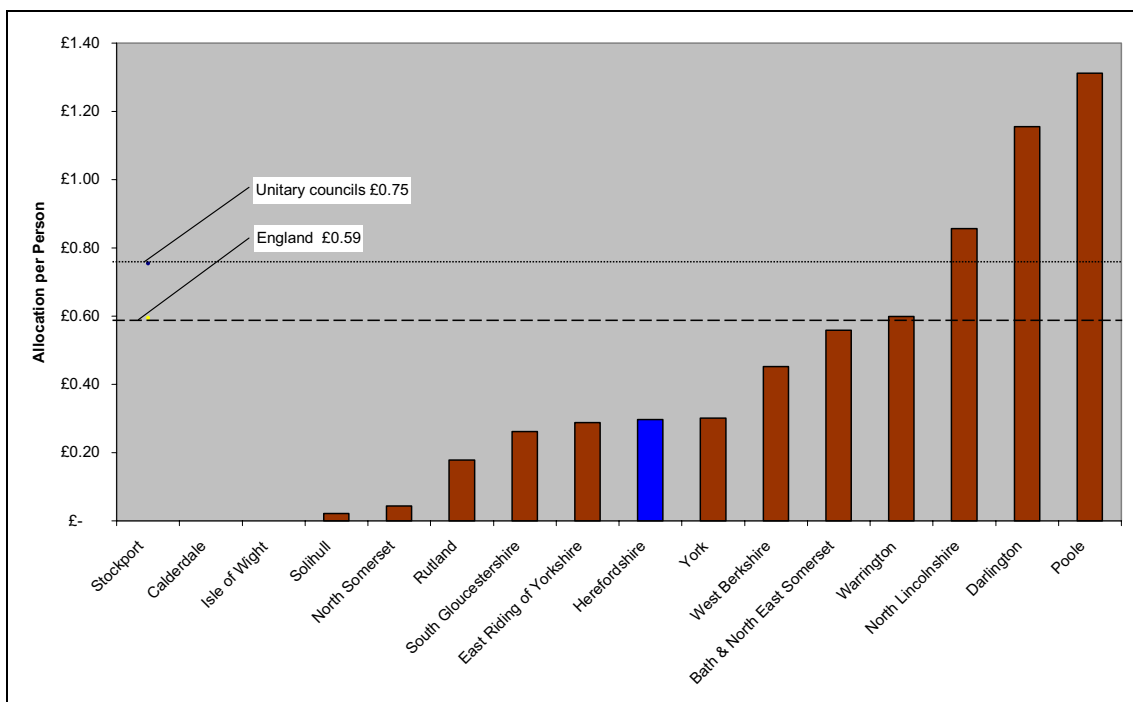
Funding for Supporting People in 2003/04

	Estimated Supporting People grant 2003/04	Pipeline allocation June 2003	Administration grant 2003/04
Herefordshire Council	£6,553,398	£51,916	£194,062

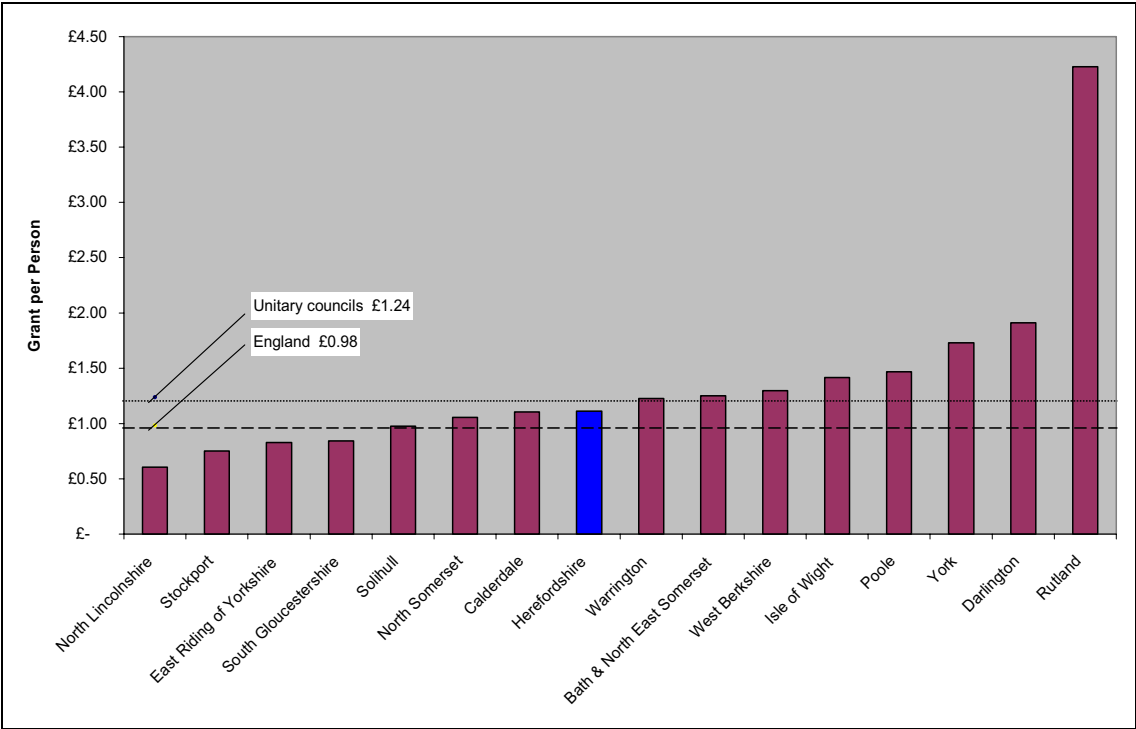
**Estimated Supporting People grant per head of population compared with nearest neighbours, all unitary councils and all English councils (2003/04)**



**Estimated pipeline allocation per head of population compared with nearest neighbours, all unitary councils and all English councils.**



**Administration Grant per head of population compared with nearest neighbours, all unitary councils and all English councils (2003/04).**



## Social services performance indicators

### Performance Assessment Framework indicators 2001/02

The table below shows how the Council's social services performed on indicators relevant to Supporting People.

Significantly above average (*****)	<p>Employment, education &amp; training for care leavers</p> <p>Admissions of supported residents aged 65 or over to residential/nursing care</p> <p>Adults with learning disabilities helped to live at home</p> <p>Emergency psychiatric re-admissions [interface]</p>
Above average (****)	<p>Admissions of supported residents aged 18-64 to residential/nursing care</p> <p>Adults with mental health problems helped to live at home</p> <p>Waiting time for care packages</p>
Average (***)	<p>Older people helped to live at home</p> <p>Avoidable harm for older people (falls and hypothermia)</p> <p>Percentage of items of equipment and adaptations costing less than £1000 delivered within 3 weeks</p>
Below average (**)	<p>Intensive home care as a percentage of intensive home and residential care</p> <p>Adults with physical disabilities helped to live at home</p> <p>Users who said that matters relating to race, culture, or religion were noted</p> <p>Delayed discharge (all ages)</p>
Significantly below average (*)	<p>Intensive home care</p>



## Best value performance indicators

### Performance on relevant indicators in 2001/02 compared with unitary councils

The table below shows how the Council performed on best value performance indicators relevant to Supporting People.

Within the best 25 per cent	<ul style="list-style-type: none"> <li>Energy efficiency of local authority owned dwellings</li> <li>Tenant satisfaction with overall service</li> <li>Tenant satisfaction with opportunities for participation</li> </ul>
Average	<ul style="list-style-type: none"> <li>The level of the Commission for Racial Equality's standard to which the authority conforms</li> <li>Buildings accessible to disabled people</li> <li>Homelessness decisions within 33 days</li> <li>Local authority dwellings renovated (£5,000 and under)</li> <li>Commission for Racial Equality's code of practice in rented housing</li> <li>Average time for processing new claims</li> <li>Average time for processing changes of circumstance</li> <li>Domestic violence refuge places</li> </ul>
Within the worst 25 per cent	<ul style="list-style-type: none"> <li>Unfit private sector dwellings made fit or demolished</li> <li>Local authority dwellings renovated (over £5,000)</li> <li>Renewal claims processed on time</li> <li>Racial incidents recorded by the authority</li> <li>Racial incidents that resulted in further action</li> </ul>

## Supporting People – Housing related support services

'Supporting People' is the Government's long-term policy to enable local authorities to plan, commission and provide support services which help vulnerable people live independently.

The Supporting People programme brings together significant funding streams including transitional housing benefit (THB), which has paid for the support costs associated with housing during the implementation phase; the Housing Corporation's supported housing management grant (SHMG) and probation accommodation grant scheme (PAGS) into a single pot to be administered by 150 administering local authorities (ALA).

Unitary and metropolitan authorities and counties are designated as an administering authority with the county taking the lead in most cases for the districts in their area.

Administering local authorities work in partnership, with districts where this is relevant, to agree Supporting People strategies and delivery mechanisms for support services with housing, social services, health and the probation service. Negotiation and consultation is also required with all housing and support service providers, other statutory service providers, the private sector and voluntary organisations to plan and commission support services to meet identified needs.

The programme allows for greater diversity of provision tailored to individual needs and delivered in a local strategic context. For example:

- ◆ support services for people from black and minority ethnic (BME) communities whose needs have previously not been met in an appropriate or timely manner;
- ◆ support services for vulnerable older people who wish to live independently, including those in sheltered housing;
- ◆ temporary hostel accommodation – including probation hostels and those providing support for women fleeing domestic violence;
- ◆ support services for people with mental health problems and learning difficulties;
- ◆ floating support to a range of vulnerable people including young people leaving care; and
- ◆ Home improvement agency services whose work includes providing practical support to older owner occupiers to enable them to live independently.

The Office of the Deputy Prime Minister (ODPM) has published a number of consultation papers on the developing programme and a work plan setting out what local Authorities would need to achieve in order to deliver the programme effectively. All the relevant papers for Supporting People can be found on the Supporting People k-web that can be accessed through the Supporting People website: [www.spkweb.org.uk](http://www.spkweb.org.uk)

## Positive Practice

'The Commission will identify and promote good practice. Every inspection will look for examples of good practice and innovation, and for creative ways to overcome barriers and resistance to change or make better use of resources.' (Seeing is Believing).

Positive practice is something which makes a service more effective and, ultimately, more able to deliver what the customer wants. This appendix summarises areas of positive practice found during the inspection of the Supporting People programme at Herefordshire Council in October 2003.

### Partnership working with health

- ◆ The positive partnering arrangements between the council and Herefordshire PCT that has resulted in more 'joined up' services for local people

### Strategic implementation of the programme

- ◆ The strategic approach in the implementation of the programme that has ensured the engagement of all the key partners.



SOCIAL CARE & HOUSING SCRUTINY COMMITTEE  
 REPORT BY HEAD OF STRATEGIC HOUSING SERVICES 27 JANUARY 2004  
 AUDIT COMMISSION INSPECTION OF SUPPORTING PEOPLE PROGRAMME IN HEREFORDSHIRE - **APPENDIX B**  
**Herefordshire Supporting People programme Improvement Plan.**

This document sets out where and how action can be taken to further improve the performance and achievements of the Supporting People programme in Herefordshire.

The plan has been jointly agreed by the Directorate Management Team within the Council, responsible for the Supporting People Team and by the Commissioning Body of the Herefordshire Supporting People Partnership, responsible for the implementation of the whole Supporting People programme.

	<b>Area for Improvement:</b>	<b>Agreed Outcomes:</b>	<b>Target Date(s) for Implementation:</b>	<b>Actioned and Monitored by:</b>
1.	<b>Communication with Service Users and Tenants.</b>	i. To place SP Service Directory on the Council website and develop a keyword search facility for the Directory to facilitate ease of use. ii. Develop and implement a common platform of service user information leaflets with neighbouring authorities (Shropshire / Worcestershire / Telford & Wrekin) iii. Develop basic information standards for providers, to include clear accessible information for new service users. iv. Work in partnership with Enabling Team and service commissioners to extend current user & carer consultation, focussing on service improvement and future capital / revenue development.	<b>November '03</b> – on Council site <b>February '04</b> - with virtual search function <b>November '03</b> - Common M & R documents in use across H & W. <b>March '04</b> - Extended to T&W / Shrops' <b>March '04</b> - Developed following consultation with Provider Forum 18/02/04 <b>April '04</b> - Implemented with issue of 'steady state' contracts November '03 - Workshops initiated with ALD clients/ carers. Development worker started consultation with users of dementia service. March '04 run monthly workshops for various client groups, utilising	SP Lead Officer SP Lead Officer (Report to Jan 04 CB)  SP Lead Officer  SP Lead Officer (Report to April 04 CB)  SP Lead Officer  SP Lead Officer (Report to April 04 CB)  SP Lead Officer  (Report to CB via quarterly report)

Herefordshire Supporting People Commissioning Body Agreed Improvement Plan / November 2003

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		service user review feedback	
<b>2.</b>	<b>Delivering the aims of the 2003/04 Shadow Strategy</b>	i. Review the 36 action points to develop a more streamlined Delivery Plan	<b>October '03</b> – draft revision produced <b>February '04</b> – Present revised report to all partners
		ii. Set delivery targets (Capital targets such as 'bid submission', 'start on site', 'completion' and 'handover' / Revenue targets such as 'Service bid completed', 'staff recruitment', 'nominations' 'start of first tenancies')	<b>January '04</b> – in line with ADP capital bid announcements
		iii. Commissioning plans agreed by Commissioning Body	<b>January '04</b> - in line with ADP capital bid announcements
		iv. Quarterly review of Delivery Plan in partnership with service commissioners and Strategic Housing Enabling Team to be reported to Commissioning Body	<b>January '04</b> – in line with agreed Commissioning Body meeting schedule
		v. Half Yearly report to Housing and Social Care Scrutiny Committee	To fit with Scrutiny Committee schedule
<b>3.</b>	<b>Communication with partners</b>	i. Agree Terms of Reference for the Commissioning Body to ensure that there is an effective decision-making and conflict resolution process	<b>November '03</b> – Terms of Reference agreed. Amended by Commissioning Body to include shadow board for greater governance
		ii. Map and formalise reporting procedures from the Commissioning Body to key groups within the Council, PCT and Probation Service (DMT / CXMT / PCT Board / LITs / Partnership Boards etc	<b>January '04</b> – Outcomes of Commissioning Body meetings to be circulated to relevant groups
		iii. Map and formalise reporting protocol to external partners such as the Provider Forum, RSL Forum etc	<b>January '04</b> – Outcomes of Commissioning Body meetings to
		Herefordshire Supporting People Commissioning Body Agreed Improvement Plan / November 2003	
		CB – circulated to DMT & Members CB	Chair of CB – Head of Strategic Housing
		SP Lead Officer CB to agree Jan '04	
		CB	
		CB & DMT	
		CB	
		CB	
		SP Lead Officer	

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3. (Cont')		<p>iv. Utilise existing Strategic Housing newsletter to promote the Supporting People programme with all partners</p> <p>v. Administering Authority to reinforce need for greater input to the local Supporting People programme by West Mercia Probation Service</p> <p>vi. Supporting People team to initiate workshops with staff from Probation Service in Herefordshire</p> <p>vii. Implement ICT and security protocols to finalise the transfer of confidential data via electronic means to providers</p>	<p>be circulated to relevant groups</p> <p><b>January '04</b> – Supporting People page in Strategic Housing Newsletter</p> <p><b>November '04</b> – Revised representation by West Mercia Probation at the Commissioning Body</p> <p><b>January '04</b> – initiate meetings / workshops</p> <p><b>November '03</b> – Testing encryption software with selected provider</p> <p><b>January '04</b> – implement electronic transfer of data</p>	<p>SP Lead Officer</p> <p>Chair of CB</p> <p>SP Lead Officer</p> <p>SP Team</p> <p>SP Team</p>
4.	<p><b>Ensure ongoing resources to maintain an effective Supporting People programme</b></p>	<p>i. Complete establishment of 'steady state' Supporting People function within the Strategic Housing Division</p> <p>ii. Prepare for the ongoing reduction in 04/05 and possible withdrawal of the Supporting People Administration Grant in April '06</p> <p>iii. Commissioning Body to negotiate greater investment by the PCT and Probation Service in the local Supporting People programme</p>	<p><b>December '03</b> – All staff will be in place by end of year</p> <p><b>December '04 &amp; December '06</b> – Commissioning Body to raise matter for consideration in partner's budget setting process</p> <p><b>December '03, December '04 &amp; December '06</b> –raise matter for consideration in partner's budget setting process</p>	<p>Head of Strategic Housing</p> <p>DMT</p> <p>CB / DMT</p>
5.	<p><b>Leadership of the Supporting People programme</b></p>	<p>i. Commissioning Body will develop and sponsor a Supporting People Improvement Plan to increase the scope and effectiveness of the local Supporting People programme</p>	<p><b>November '03</b></p>	<p>CB</p>

Herefordshire Supporting People Commissioning Body Agreed Improvement Plan / November 2003

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		<p>ii. Commissioning Body will agree Local Performance Indicators (LPIs) linked to existing and new locally set targets for providers</p> <p>iii. Commissioning Body, in partnership with the Social Care &amp; Strategic Housing Directorate Management Team, to set performance indicators to monitor the management of the Supporting People programme</p> <p>iv. Map which existing Key Performance Indicators or Local Performance Agreement targets for Housing, Social Care or Finance can be linked to the local Supporting People programme</p> <p>v. Extend Business Analysis Practice to encompass all Supporting People Business Activities</p>	<p><b>January '04</b></p> <p><b>January '04</b></p> <p><b>January '04</b></p> <p><b>March '04</b></p>	<p>CB</p> <p>CB / DMT</p> <p>SP Team</p> <p>SP Team / CB to agree in April '04</p>
<p><b>6.</b></p>	<p><b>Making the link between Housing Benefit and the 'steady state' Supporting People programme</b></p>	<p>i. Agree and implement an information sharing protocol with the Housing Benefit Team</p> <p>ii. Agree and implement effective data protection protocols that conform with the Data Protection Act and the Council's information security policies</p>	<p><b>February '03</b> – Information sharing protocol agreed and implemented with Housing Benefit</p> <p><b>November '03</b> – revise data fields in protocol</p> <p><b>February '03</b> – Data security protocols agreed and implemented</p> <p><b>November '03</b> – Set up a formal agreement for Housing Benefit team to report weekly to the Supporting People team</p>	<p>SP Team</p> <p>SP Team</p> <p>SP Team</p> <p>SP Team / Housing Benefit Manager</p>



## **PROGRESS REPORT ON THE JOINT REVIEW ACTION PLAN- JULY 2003 AND THE DIRECTORATE SERVICE PLAN 2003-04**

**Report By: Director of Social Care and Strategic Housing**

### **Wards Affected**

County-wide

### **Purpose**

1. To advise the Committee on the progress being made on priorities this year and to give opportunity for comment on the detail of the improvement achieved.

### **Financial Implications**

2. The financial impact of the action plan is outlined in the text.

### **Joint Review Action Plan**

3. This Plan as agreed as a draft by Cabinet on 10th July, 2003 and amended following further consultation and discussion with local partners and the Lead Reviewer, Social Services Inspectorate Business Link Inspector and District Audit. A copy is attached.
4. An update on the timetable means that :-
  - The Child Concern Model action is on target.
  - Hillside Intermediate Care Centre is open.
  - Transfer of residential homes to SHAW is on target.
  - The integrated service model for children with disabilities is agreed.
  - The mental health integrated service action is completed.
  - The Older People Business Case - the report is on this Scrutiny Committee agenda and goes to Cabinet on 29th January, 2004.
  - The IT improvements are delayed but still progressing.

### **Directorate Service Plan**

5. This is a performance management document which outlines the Directorate's direction and priorities. A copy is attached. This format will be reshaped for 2004-05 onwards as part of the Council's revised performance management framework.
6. The Service Priorities are being progressed as can be seen by the Joint Review Action Plan.

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Further information on the subject of this report is available from Sue Fiennes, Director of Social Care and Strategic Housing on 01432 260048

7. The strategic priorities locally and the national agenda for older people take the Directorate beyond 2004, so there is a longer period in which to achieve some of the targets.
8. The current position on Older People's Services is outlined in a separate report on this agenda.
9. The strategic housing function has been established.
10. The pooled budgets for the integration services are now on a more solid foundation.
11. The Directorate is managing the money better.
12. The response to the Green Paper/Every Child Matters requires wider consideration following legislation.

## **RECOMMENDATION**

**THAT the Committee note the progress on both plans.**

## **BACKGROUND PAPERS**

- None



**DIRECTORATE OF SOCIAL CARE AND STRATEGIC HOUSING**

**JOINT REVIEW**

**PROPOSED ACTION PLAN 2003**

## **JOINT REVIEW ACTION PLAN: CONTEXT**

The Joint Review of Herefordshire Social Care took place in the Autumn of 2002. The Review was carried out by a joint team from the Social Services Inspectorate and the Audit Commission. It was extensive, covering all areas of activity, including the integrated services and the Primary Care Trust. The Review focussed on the direct experience of service users and carers, on the assessment and care management arrangements, on the design and shaping of services, and on the use of resources in achieving best value for the residents of Herefordshire.

At the end of the fieldwork inspection process, the Review Inspectors produced a detailed report. This acknowledged service strengths, and identified areas for improvement. From the 'Priorities for Action' section of this report, Herefordshire have developed an Action Plan, which develops those actions that can be achieved in the short-term for performance assessment.

The actions detailed in this plan have been cross-referenced with the Delivery Plan 2003/04 for the Directorate and the priorities agreed therein, as well as National Standards, and the Social Services Inspectorate document 'Standards and Criteria'.

The priorities for action that we have identified include:

- Developing home support – older people
- Improving assessment practice and quality – adults and children
- Improving resources for children with disabilities
- Improve records management and data quality
- Ensuring the integrated services have the right pooled budget
- 'Getting the best from the money'
- Manage risk well
- Having an organisation and culture which focuses on supporting best practice...and 'doing what we say we are going to do'

Alongside these priorities, there are clear challenges that we face, however. These include:

- Keeping vulnerable people and services safe
- Capacity to develop new services for older people
- Help reducing hospital discharge delays
- Keeping partnerships real and healthy
- Having capital for supported and affordable housing

The following Action Plan is guided by the priorities and faces these challenges. It gives more detail on the actions to be taken and the outcomes expected from these actions. It also clarifies the lead officer that is taking responsibility for it, the timescale within which the action should be completed, and the resource implications that it has. Progress against the Action Plan will be monitored throughout the year, and formally reviewed within a year of publication.

**Sue Fiennes**  
**Director of Social Care and Strategic Housing**

October 2003

## Making sure people can understand what they can expect:

AREA FOR IMPROVEMENT	ACTION	LEAD OFFICER	TIMESCALE	RESOURCES	OUTCOMES/PERFORMANCE MEASURE
<p><b>ACCESS TO SERVICES</b></p>	<ul style="list-style-type: none"> <li>The Council is engaged in a wide-scale Service Improvement Project. This is examining customer service and how the citizens of Herefordshire access services. The work includes ensuring that there is integration with the one-stop shops.</li> </ul>	<p>Sue Alexander</p>	<p>April 2004</p>	<p>Within existing resources</p>	<ul style="list-style-type: none"> <li>A clear route for the citizens of Herefordshire in making contact with Council services (including Social Care).</li> </ul> <p><b>Reports on Progress to Chief Executive's management team</b></p>
	<ul style="list-style-type: none"> <li>In the Service Improvement Project workplan, the second tranche of individual services to be examined includes services to Older People. This will involve applying Business Process Re-engineering to the processes of Screening, Assessment, generating a Care Plan, and Review. It will particularly focus on the access channels available to the public, specifically the duty system.</li> </ul>	<p>Sue Alexander / Stephanie Canham</p>	<p>Business Process Re-engineering: Jan – March 2004; Service Delivery: April – June 2004</p>	<p>Within existing resources</p>	<ul style="list-style-type: none"> <li>Simpler access and more efficient service delivery</li> </ul> <p><b>Reference Autumn DIS 3501 – 3506</b></p> <p><b>PAF E49/E50/D40/D39</b></p>
	<ul style="list-style-type: none"> <li>Public Information leaflets will be provided detailing the Children's Services and Adult Services Eligibility Criteria. These will be made available to the public at the Council access points, as well as at the premises of our partners.</li> </ul>	<p>Sue Alexander</p>	<p>October 2003</p>	<p>Within existing resources</p>	<ul style="list-style-type: none"> <li>Clear and transparent for service users, carers and staff.</li> </ul> <p><b>Leaflets produced</b></p>

	<ul style="list-style-type: none"> <li>Information Leaflets are at all access points</li> </ul>	Sue Alexander	Already achieved	Within existing resources	<ul style="list-style-type: none"> <li>Service users know how to comment or complain. <b>Achieved</b></li> </ul>
	<ul style="list-style-type: none"> <li>Leaflets on complaints, compliments and comments will be given to users and carers at reviews.</li> </ul>	Stephanie Canham / Henry Lewis	October 2003	Within existing resources	<ul style="list-style-type: none"> <li>Service users know how to comment or complain <b>Changes in monitoring information</b></li> </ul>
<p style="text-align: center;"><b>SERVICE THRESHOLDS / ELIGIBILITY CRITERIA</b></p>	<ul style="list-style-type: none"> <li>An inter-agency group on Service Thresholds for Children and Families designed a comprehensive 3-band model, which gives clear descriptors of the nature of need, which will result in a service being provided by Social Care. It also details the processes which will be followed by other agencies for children and families which do not meet these thresholds. This process has been 'owned' by all of the agencies involved and the Child Concern model will be ratified and then training arranged before the launch.</li> <li>A 'Fair Access to Care Services' Policy has been agreed. Awareness and training sessions have been held for the Adult Services staff groups and the policy has now been implemented. An audit of its operational effectiveness will be carried out in November 2003.</li> </ul>	Henry Lewis  Stephanie Canham	ACPC October 2003  Cabinet / PEC and other boards ratification December 2003  Planned Launch April 2004  November 2003	Within existing resources	<ul style="list-style-type: none"> <li>Children and families, which do not come within the child protection procedures, are nevertheless adequately discussed, and that appropriate responses are made to meet their needs.  Herefordshire child concern model is accepted by all agencies and ensures appropriate safe responses to children and families, including information sharing.  <b>Reference Objectives 1 and 2 as monitored in DIS Reference 1103 – 1112, PAF A1, D35, B7, C22, C23, QPi, 1111, and DIS 1202 – 1208, PAF A3, C21, C20, QPii</b></li> <li>That the eligibility criteria for Adult Services are clear to service users, carers, the public, staff and our partners. That these criteria are applied consistently and equitably across the service, including risk assessment.  <b>Report on operational effectiveness to DMT</b></li> </ul>

## Improve the Standard and Consistency of Assessment Care Planning and Reviewing:

AREA FOR IMPROVEMENT	ACTION	LEAD OFFICER	TIMESCALE	RESOURCES	OUTCOMES/PERFORMANCE MEASURE
<p><b>ASSESSMENT &amp; CARE PLANNING</b></p>	<ul style="list-style-type: none"> <li>Children's Services are commissioning an independent audit of the quality of their assessments of need. Relevant training will be commissioned to address any needs identified.</li> </ul>	<p>Henry Lewis</p>	<p>Audit: September 2003 – January 2004; Training January – April 2004</p>	<p>Within existing resources</p>	<ul style="list-style-type: none"> <li>To ensure assessments of children in need and their families is of a high and consistent quality <b>Audit will report to DMT</b> <b>Also see page 4 re DIS/PAF references.</b></li> </ul>
	<ul style="list-style-type: none"> <li>Children's Services are revising standardised models and approaches to assessment. using research. This will be linked to the quality audit outcomes.</li> </ul>	<p>Henry Lewis</p>	<p>December 2003; Training as required January – March 2004</p>	<p>Within existing resources</p>	<ul style="list-style-type: none"> <li>A more standardised approach to assessments. Evidence suggests that this creates greater clarity for parents, in turn resulting in a stronger engagement and partnership. <b>Audit will report to DMT</b> <b>Objective 7 DIS reference 1702 – 1706, Qpiv(7.1), Qpiv(7.2), Qpv.(7.3) Qpv. (7.4)</b></li> </ul>
	<ul style="list-style-type: none"> <li>New Senior Practitioner posts within Older People/Physically Disabilities Locality Teams and Department of Mental Health Older People (DMHOP) have been agreed as being additional posts, enabling an increased focus on best practice including risk assessment programme.</li> </ul>	<p>Stephanie Canham</p>	<p>Already achieved</p>	<p>£100,000 allocated to 2003/04 budget from Access and Systems Grant.</p>	<ul style="list-style-type: none"> <li>Enhanced staff supervision and strengthened audit and quality assurance function. <b>Supervision monitoring in place to assess effectiveness</b></li> </ul>

	<ul style="list-style-type: none"> <li>▪ A Practice Support Programme has begun to improve assessment; Care Planning; Review; and Case Recording. Whilst this work is across Social Care, the particular focus will be on the Older People/Physical Disability Service. Quality monitored through senior practitioner role including file audits. The Practice Support Programme will monitor and develop the quantity and quality of Care Plans drawn up; Reviews carried out; and Case Recording done, ensuring that an Outcome Focus is maintained in each area.</li> </ul>	Stephanie Canham	Completed by March 2004	Within existing resources	<ul style="list-style-type: none"> <li>• Consistent outcome based assessment. <b>DIS Reference 2160 – 2164, PAF D39, D40.</b></li> </ul>
64	<ul style="list-style-type: none"> <li>▪ Administrative staff roles are being re-examined to provide customer care/practice support to social work teams. They will become an integral part of the teams, including the transfer of budgets.</li> </ul>	Sue Alexander	December 2003	Within existing resources	<ul style="list-style-type: none"> <li>• A stronger support base for social work practice. <b>Report on implementation to DMT</b></li> </ul>
<b>WORKLOAD PRESSURES PEOPLE WITH HEARING IMPAIRMENT</b>	<ul style="list-style-type: none"> <li>• Assess the workload pressures in the services for people with hearing impairment.</li> </ul>	Stephanie Canham	March 2004	Within existing resources	<ul style="list-style-type: none"> <li>• A baseline for service capacity review. <b>Supervision Monitoring</b></li> </ul>



<p><b>REDUCING DELAYED DISCHARGES FROM HOSPITAL</b></p>	<ul style="list-style-type: none"> <li>• A Team of Older People's Service social workers is now based at the County Hospital, co-located with NHS discharge colleagues.</li> <li>• Review effectiveness of new arrangements with NHS colleagues</li> </ul>	<p>Stephanie Canham</p> <p>Stephanie Canham</p>	<p>Already achieved</p> <p>December 2004</p>	<p>£75,000</p>	<ul style="list-style-type: none"> <li>• Referral and assessment processes are carried out in a timely manner. <b>DIS Reference 2198/2199/2120/2121 SITREPS</b></li> <li>• Referral and assessment processes are carried out in a timely manner <b>DIS Reference 2129/30/31 PAF D41</b></li> </ul>
<p><b>REDUCING DELAYED DISCHARGES FROM HOSPITAL</b></p>	<ul style="list-style-type: none"> <li>▪ A multi-agency reimbursement group working to the capacity planning group will examine in detail reasons for delays and propose use of the grant.</li> <li>• Work with colleagues on the Joint Action plan for Improvement, developed with the National Change Agent team, following their advice visit to Herefordshire.</li> </ul>	<p>Stephanie Canham</p> <p>Stephanie Canham and Capacity Planning Group</p>	<p>Established</p>	<p>Reimbursement Grant £172,000</p> <p>Resources to be determined</p>	<ul style="list-style-type: none"> <li>• Minimise the causes of delayed transfers of care and minimise the financial impact on the Council. <b>See above SITREPS</b></li> </ul> <p>Improved systems and practice</p> <p><b>Progress on Action Plan monitored by Capacity Planning group</b></p>
<p><b>TRANSITIONS FROM CHILDREN'S TO ADULT SERVICES</b></p>	<ul style="list-style-type: none"> <li>▪ A new transitions policy is to be ratified and implemented. This policy to then be rolled out to all operational teams.</li> </ul>	<p>Henry Lewis</p>	<p>February 2004</p>	<p>Within existing resources</p>	<ul style="list-style-type: none"> <li>• A clearer and smoother transition for those service users moving from Children's Services to Adult Services support. <b>DIS reference 1603 – Objective 6</b></li> </ul>

<p><b>SERVICES TO CARERS</b></p>	<ul style="list-style-type: none"> <li>▪ The practice support programme will include continued focus on carers' needs and the identification and implementation of data recording requirements</li> </ul>	<p>Stephanie Canham</p>	<p>December 2003</p>	<p>Within existing resources</p>	<ul style="list-style-type: none"> <li>• Carers' assessments are identified and recorded correctly. <b>PAF D42</b></li> </ul>
<p><b>BLACK AND MINORITY ETHNIC ISSUES</b></p>	<ul style="list-style-type: none"> <li>▪ To undertake research into minority ethnic residents within Herefordshire. The Council is in negotiation with a research agency.</li> </ul>	<p>Alan Blundell</p>	<p>March 2004</p>	<p>Within existing resources</p>	<ul style="list-style-type: none"> <li>• An understanding of the spread of minority ethnic residents in Herefordshire. <b>PAF E47/E48</b></li> </ul>
<p><b>BLACK AND MINORITY ETHNIC ISSUES</b></p>	<ul style="list-style-type: none"> <li>▪ ACPC members have received training in diversity issues.</li> </ul>	<p>Henry Lewis</p>	<p>Already achieved</p>	<p>Within existing resources</p>	<ul style="list-style-type: none"> <li>• A greater awareness of diversity issues for ACPC members. <b>ACPC Annual Report</b></li> </ul>
<p><b>BLACK AND MINORITY ETHNIC ISSUES</b></p>	<ul style="list-style-type: none"> <li>▪ To develop Quality Assurance methods that ensure that Care Planning is culturally sensitive.</li> </ul>	<p>Henry Lewis Stephanie Canham</p>	<p>March 2004</p>	<p>Within existing resources</p>	<ul style="list-style-type: none"> <li>• Culturally sensitive Care Planning <b>PAF E47/E48</b></li> </ul>

## Supporting People to Maintain Independence, Participate in the Life of the Community and Enjoy a Better Quality of Life:

AREA FOR IMPROVEMENT	ACTION	LEAD OFFICER	TIMESCALE	RESOURCES	OUTCOMES/PERFORMANCE MEASURE
<b>PROVISION IN PHYSICAL DISABILITY SERVICES</b>	<ul style="list-style-type: none"> <li>▪ Progress the Best Value Review by identifying a lead officer and review team.</li> </ul>	Stephanie Canham	December 2004	Funding for Best Value review lead officer	<ul style="list-style-type: none"> <li>• Service developed based on a Best Value Review. <b>DIS reference 2316/2317 Scrutiny Committee</b></li> </ul>
<b>FAMILY SUPPORT STRATEGY</b>	<ul style="list-style-type: none"> <li>▪ Produce a family support strategy with partner agencies via existing Joint Agency Childrens Partnerships.</li> </ul>	Henry Lewis	December 2003	Within existing resources	<ul style="list-style-type: none"> <li>• Clarity on the gaps in service across the spectrum of need and make plans to respond. <b>Agreed Strategy Via Herefordshire Childrens Partnership</b></li> </ul>
<b>YOUNG PEOPLE IN CUSTODY</b>	<ul style="list-style-type: none"> <li>▪ Agree action with relevant agencies to reduce the high numbers of young people in custody.</li> </ul>	Henry Lewis	December 2003	Within existing resources	<ul style="list-style-type: none"> <li>• Reduce the use of custody as a response to youth offending. <b>Chief Officers Youth Offending Service Group Report</b></li> </ul>
<b>OLDER PEOPLE'S SERVICE DEVELOPMENT &amp; BUDGET</b>	<ul style="list-style-type: none"> <li>▪ The development plans for the seven council residential homes are progressing (see Outcomes boxes).</li> </ul>	Stephanie Canham	Project plan proceeding to timetable to open November 2003	Capital and revenue resources allocated	<ul style="list-style-type: none"> <li>• One of the establishments is being converted to an Intermediate Care facility. This will reduce delayed discharges. The service will be available from November 2003.</li> </ul>
			Project plan being developed	To be agreed	<ul style="list-style-type: none"> <li>• A second will be converted into a resource centre for Older People with mental health needs. Currently in a design, cost analysis stage.</li> </ul>

			<p>Cabinet Report November 2003</p>	<p>Within existing financial envelope</p>	<ul style="list-style-type: none"> <li>The plan for the remaining five is that they are run by a 'not-for-profit' organisation, under a partnership arrangement, resulting in best value being achieved in the placement and care of older people and the development of future services. Costed plans are currently being negotiated with the preferred provider. <b>Service development DIS reference 2004</b></li> </ul>
	<ul style="list-style-type: none"> <li>The recommendations of the Best Value Review on the Home Care Service are being implemented. This entails the Council developing and retaining a Reablement Home Support Service. Private or Voluntary Sector providers will be sought to supply 'maintenance' type home care services across the county.</li> </ul>	<p>Stephanie Canham</p>	<p>Pilot project started; roll out during 2004</p>	<p>Business case being developed for 2004 budget. During 2003/04 performance fund assisting service redesign</p>	<ul style="list-style-type: none"> <li>An enhanced reablement home support service will provide the right service, at the right time, in the right place, for older people. It will also appropriately divert older people from hospital or residential care, allowing them to retain their independence. The amount of intensive home care provided is expected to rise significantly.</li> <li>Contracting with a private or voluntary sector home care provider will allow the Directorate to move to new purchasing arrangements aimed at providing stability in the market. This will enable the achievement of best value; the provision of services in geographical areas which have traditionally been difficult to cover; and the development and monitoring of quality standards across the sector. <b>PAFS B11, C28, C29, C30, C31, C32.</b></li> </ul>

	<ul style="list-style-type: none"> <li>▪ Following significant budget pressures on the Older People's Service in 2002/03, the Council allocated additional resources to the 2003/04 social care budget of £1.3 million, with £300,000 specifically earmarked to assist with delayed discharges. The extra money comes on top of £100,000 funding agreed by the Primary Care Trust, and £530,000 to be accessed from the new 'Access and Systems Grant'.</li> </ul>	Stephanie Canham	Agreement with PCT June 2003	Additional budget allocation as indicated	<ul style="list-style-type: none"> <li>• These additional finances will assist in developing increased provision of services, placements and intensive home support, for older people, and a balanced budget for 2003/04. <b>PAFS as above</b></li> </ul>
<p><b>CHILDREN WITH DISABILITIES</b></p>	<ul style="list-style-type: none"> <li>▪ The Council and the PCT have agreed a direction in developing an integrated service.</li> </ul>	Henry Lewis	June – Oct 2003 Action Plan	Partnership Fund allocation	<ul style="list-style-type: none"> <li>• Agreed way of joint working with PCT.</li> <li>• Seamless service to users and carers. <b>Objective 6, DIS reference 1603</b></li> </ul>
<p><b>DAY OPPORTUNITIES FOR PEOPLE WITH LEARNING DISABILITIES</b></p>	<ul style="list-style-type: none"> <li>• Complete changes to the day opportunity services for people with a learning disability by agreeing changes with the Steering group at Widemarsh.</li> </ul>	Stephanie Canham	December 2004	Within existing resources and European / DWP funding	<ul style="list-style-type: none"> <li>• Increase employment training and education opportunities. <b>Agreed Services Change Report to Learning Disabilities Board</b></li> </ul>
<p><b>DIRECT PAYMENTS</b></p>	<ul style="list-style-type: none"> <li>▪ Successful application for DOH grant with Herefordshire Centre for Independent Living to support change in care management practice to increase take-up of direct payments for eligible groups.</li> </ul>	Stephanie Canham Herefordshire Centre for Independent Living	September 2004 / 2005	£100,000	<ul style="list-style-type: none"> <li>• Increase in take-up of direct payments by eligible groups. <b>DIS Reference 3328 - 3336</b></li> </ul>

<p><b>OUT-OF-HOURS SERVICES FOR VULNERABLE PEOPLE</b></p>	<ul style="list-style-type: none"> <li>• Replace current EDT arrangements and begin the development of a range of out-of-hours services to support vulnerable people at evenings and weekends.</li> </ul>	<p>Stephanie Canham Henry Lewis Mike Thomas</p>	<p>March 2004</p>	<p>Within existing resources</p>	<ul style="list-style-type: none"> <li>• Improved service delivery to vulnerable children and adults in Herefordshire. <b>DIS Reference 3501 - 3506</b></li> </ul>
<p><b>TO CONSOLIDATE THE PROGRESS MADE IN INTEGRATING THE MENTAL HEALTH SERVICES AND LEARNING DISABILITY SERVICES.</b></p>	<ul style="list-style-type: none"> <li>▪ Agreement to be reached with the PCT on realistic and sustainable contributions to the pooled budget.</li> </ul>	<p>Stephanie Canham</p>	<p>October 2003</p>	<p>To be agreed</p>	<ul style="list-style-type: none"> <li>• A manageable budget contribution is established to ensure appropriate care arrangements are in place. <b>Agreement By Partnership Board</b></li> </ul>
	<ul style="list-style-type: none"> <li>▪ Additional Social Work post for Department of Mental Health Older People (DMHOP).</li> </ul>	<p>Stephanie Canham</p>	<p>October 2003</p>	<p>£20,000</p>	<ul style="list-style-type: none"> <li>• Improved assessment response and service development. <b>Completed</b></li> </ul>
	<ul style="list-style-type: none"> <li>▪ Agreement on changes in the management arrangements to ensure social care emphasis.</li> </ul>	<p>Stephanie Canham</p>	<p>March 2004</p>	<p>£20,000 Access and Systems Grant</p>	<ul style="list-style-type: none"> <li>• Appropriate social care professional leadership is maintained. <b>Agreement By Partnership Board</b></li> </ul>
	<ul style="list-style-type: none"> <li>• Ensure Management Boards are working effectively.</li> </ul>	<p>Stephanie Canham / Trish Jay (PCT)</p>	<p>Ongoing</p>	<p>Within pooled budgets</p>	<ul style="list-style-type: none"> <li>• Tackling difficult issues and developing integration further. <b>Agreement By Partnership Board</b></li> </ul>
	<ul style="list-style-type: none"> <li>▪ A review of the roles of posts held within the Community Team (Learning Disability). The process of integration will deepen by ensuring that the right skills mix exists within the Community Team.</li> </ul>	<p>Stephanie Canham</p>	<p>Review completed September 2003</p>	<p>Within existing resources</p>	<ul style="list-style-type: none"> <li>• Improved service response. <b>Service Monitoring</b></li> </ul>

	<ul style="list-style-type: none"> <li>▪ The creation of holistic, multi-skilled assessment process. (Learning Disability)</li> </ul>	Stephanie Canham	September 2003	Within existing resources	<ul style="list-style-type: none"> <li>• Assessments carried out by the most appropriate person, resulting in the best use of resources, more satisfactory outcomes for service users, and the prevention of duplication.</li> </ul> <p><b>Service Monitoring</b></p>
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<p><b>SUPPORTED HOUSING</b></p>	<p>Through a partnership approach, the Council has delivered and implemented a comprehensive Supporting People Strategy, rated as 'good' by the ODPM. This includes:</p> <ul style="list-style-type: none"> <li>• The start of a detailed review programme of all supported housing</li> <li>• Excellent ICT and business infrastructure</li> <li>• A planned and costed revenue development programme, fully integrated with the Council's housing capital development programme</li> </ul> <p>In 2003/4 this will deliver the following new services:</p> <ul style="list-style-type: none"> <li>• 21 units of intensively supported temporary housing for homeless people</li> <li>• 6 units of transitional housing for people with serious and enduring mental illness</li> <li>• 5+ units of shared ownership housing for people with learning disabilities</li> <li>• 6+ units of supported housing for people recovering from alcohol misuse</li> <li>• 8 units of transitional housing for women and their children escaping domestic violence.</li> </ul>	<p>Richard Gabb</p>	<p>Ongoing</p>	<p>Within the existing Supporting People budget</p>	<ul style="list-style-type: none"> <li>• An effective, diverse and sustainable supported housing sector that integrates meeting the needs of vulnerable individuals with furthering the Council's wider strategic objectives in health, housing and social care.</li> <li>• Effective services to meet specific housing and support needs.</li> </ul> <p>Home Improvement – DIS Reference 2192 – 2194</p> <p>Supporting People Inspection</p> <p>DIS Reference 2181/2182</p> <p>Supporting People Commissioning Body Reports</p>
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	<p>In 2004/5 this will deliver approximately 80 units of extra care housing.</p>	<p>Richard Gabb</p>	<p>Ongoing</p>	<p>DoH bid Budget Business case for 2004/5 capital funds</p>	
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## Improve Longer-Term Planning and Commissioning Arrangements:

AREA FOR IMPROVEMENT	ACTION	LEAD OFFICER	TIMESCALE	RESOURCES	OUTCOMES/PERFORMANCE MEASURE
<b>SERVICE USER AND CARER INVOLVEMENT</b>	<ul style="list-style-type: none"> <li>▪ 'Voices' user group for Looked After Children has been established.</li> </ul>	Henry Lewis	Already achieved	Within 2003/04 budget	<ul style="list-style-type: none"> <li>• Improved feedback and challenge from service users. <b>Objective 8 – DIS Reference 1803</b></li> </ul>
	<ul style="list-style-type: none"> <li>▪ The Service Improvement Reference Group is established.</li> </ul>	Sue Alexander	Ongoing	£1400 per annum	<ul style="list-style-type: none"> <li>• A credible voice from service users, carers and staff. <b>Reports to DMT from group</b></li> </ul>
<b>OLDER PEOPLE'S SERVICE BUSINESS CASE</b>	<ul style="list-style-type: none"> <li>▪ An outline Business Case for the Older People's Service was placed before Cabinet on 19<sup>th</sup> June 2003.</li> </ul>	Stephanie Canham	Full Business Case to Cabinet October 2003	To be determined	<ul style="list-style-type: none"> <li>• A changed, improved and strengthened service to be provided to older people and their carers. <b>PAF C26,C28, C32, B11</b></li> </ul>

<b>COMMISSIONING / PURCHASING</b>	<ul style="list-style-type: none"> <li>▪ Roll out of Home Care Best Value review. A pilot project based on a locality will test the refocus of in-house homecare to reablement.</li> </ul>	Stephanie Canham	August 2003	Performance fund £200,000	<ul style="list-style-type: none"> <li>• New commissioning/contracting arrangements to improve service responses. <b>Refer Page 10</b></li> </ul>
	<ul style="list-style-type: none"> <li>▪ Negotiated changes in contractual arrangements with care homes to move towards dependency based fee rates and volume purchasing of services.</li> </ul>	Stephanie Canham	March 2004	To be determined	<ul style="list-style-type: none"> <li>• Sufficient capacity of appropriate care home placements. <b>Care Home Forum Papers</b></li> </ul>
	<ul style="list-style-type: none"> <li>▪ The Health and Care Executive will focus on joint commissioning strategies.</li> </ul>	Stephanie Canham / Henry Lewis	March 2005	Within existing resources	<ul style="list-style-type: none"> <li>• More strategic and effective commissioning. <b>Health &amp; Care Executive Report</b></li> </ul>
	<ul style="list-style-type: none"> <li>▪ A joint commissioning approach for children with complex needs has been agreed</li> </ul>	Henry Lewis	Joint purchasing for individuals September 2003; Joint commissioning March 2004	Within existing resources	<ul style="list-style-type: none"> <li>• Improved service arrangements. <b>Joint Agency Meeting Outcomes</b></li> </ul>

<p><b>KNOWLEDGE OF UNMET NEED</b></p>	<ul style="list-style-type: none"> <li>▪ A Modernisation Group has been formed to ensure that gains are made in the capturing and use made of information gathered. Whilst a replacement for CLIX (Client Index System) will aid this process, other developments can be used to improve performance. These include FACS and the development of a Single Assessment Process. Better quality, needs led assessments within the parameters set by these developments will enable there to be evidence based descriptions of unmet need.</li> </ul>	<p>Sue Alexander</p>	<p>March 2004</p>	<p>Within existing resources</p>	<ul style="list-style-type: none"> <li>• Refocusing and redesign of services in order to better meet needs identified.</li> </ul> <p><b>Data Quality Reports</b></p>
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## Embed Good Practice within a Comprehensive Performance Management Framework:

AREA FOR IMPROVEMENT	ACTION	LEAD OFFICER	TIMESCALE	RESOURCES	OUTCOMES/PERFORMANCE MEASURE
ADULTS' SERVICES MANAGERS	<ul style="list-style-type: none"> <li>▪ Recruit senior practitioners as additional posts.</li> </ul>	Stephanie Canham	Already achieved	DOH Grant and existing resources	<ul style="list-style-type: none"> <li>• Sufficient managerial capacity. <b>Refer to page 5</b></li> </ul>
MANAGEMENT INFORMATION SYSTEM	<ul style="list-style-type: none"> <li>▪ Redesign of existing system.</li> </ul>	Sue Alexander	October 2003	To be determined	<ul style="list-style-type: none"> <li>• To monitor and analyse performance more accurately. <b>File Audit reports to DMT</b></li> </ul>
USER AND CARER INVOLVEMENT	<ul style="list-style-type: none"> <li>• Continue the Service Improvement Reference Group to ensure that users and carers are systematically asked for their views about current services and future</li> <li>• Continue the joint programme with the PCT on involvement.</li> </ul>	Henry Lewis Stephanie Canham Julie Thornby PCT	Ongoing	Within existing resources	<ul style="list-style-type: none"> <li>• Capturing user and carer views to inform service delivery <b>DIS reference 1803/2206</b> <b>Reports from Service Improvement Reference Group.</b></li> </ul>
SUPPORT FOR SERVICE USERS TO GIVE THEIR VIEWS	<ul style="list-style-type: none"> <li>• Further develop advocacy arrangements so that children, young people and vulnerable adults are supported in making their concerns known by reviewing priorities and capacity regarding advocacy in the Health and Care Partnership.</li> </ul>	Henry Lewis Stephanie Canham	March 2005	To be determined	<ul style="list-style-type: none"> <li>• Increased capacity to voice views and concerns. <b>See above and page 16.</b> <b>PAF D52/D53</b></li> </ul>

<p><b>CONTRACT MONITORING / QUALITY ASSURANCE</b></p>	<ul style="list-style-type: none"> <li>▪ To carry out an Options Appraisal of the most effective way to progress work on contracts monitoring and the assurance of the quality of services provided.</li> </ul>	<p>Stephanie Canham</p>	<p>June 2004</p>	<p>To be determined</p>	<ul style="list-style-type: none"> <li>• Improved monitoring of service quality and performance. <b>Reports To DMT</b></li> </ul>
<p><b>ROUTINE AUDIT AND QUALITY ASSURANCE SYSTEMS FOR ALL SERVICES</b></p>	<ul style="list-style-type: none"> <li>• Set up routine audit and quality assurance systems for all services whether they are in-house or externally purchased by developing systems linked to the corporate Performance Management Framework.</li> </ul>	<p>Sue Alexander</p>	<p>March 2005</p>	<p>To be determined</p>	<ul style="list-style-type: none"> <li>• Improved monitoring of service quality and performance. <b>Reports To DMT</b></li> </ul>
<p><b>COMPLAINTS, COMMENTS AND COMPLIMENTS</b></p>	<ul style="list-style-type: none"> <li>▪ Herefordshire Council has adopted a software system called ComTrac. This provides a consistent framework across the Council for the logging, recording and progress chasing of comments, compliments and complaints. Social Care and Strategic Housing appointed a Complaints Administrator specifically to operate this system within the Directorate and report on improvements needed. The administrator post has enabled there to be a faster response to complaints and to ensure that matters are resolved more quickly and the link to improvements is made</li> </ul>	<p>Henry Lewis</p>	<p>Achieved</p>	<p>Within 2002/03 budget</p>	<ul style="list-style-type: none"> <li>• A consistent and coherent approach to dealing with complaints. <b>Achieved</b></li> </ul>

	<ul style="list-style-type: none"> <li>▪ New ways of publicising the Social Care Compliments, Comments and Compliments System have been and are being developed. These include placing a complaints form on the Herefordshire Council website and advertising a dedicated email address: <a href="mailto:sshcompliments@herefordshire.gov.uk">sshcompliments@herefordshire.gov.uk</a></li> </ul>	Henry Lewis	Website and email achieved Leaflet distribution October 2003	Within existing resources	<ul style="list-style-type: none"> <li>• A more accurate reflection of service user and carer experience of our services. <b>Achieved</b></li> </ul>
	<ul style="list-style-type: none"> <li>▪ The Complaints Administrator is developing a training plan and is involved in the induction process for all new staff.</li> </ul>	Henry Lewis	Training Plan October 2003. Induction ongoing.	Within existing resources	<ul style="list-style-type: none"> <li>• An improved awareness of the Complaints, Comments and Compliments system. <b>Scrutiny Committee reports</b></li> </ul>

## Making the Most of Available Resources:

AREA FOR IMPROVEMENT	ACTION	LEAD OFFICER	TIMESCALE	RESOURCES	OUTCOMES/PERFORMANCE MEASURE
<b>ADDRESS BUDGET DEVELOPMENT AND IMPROVEMENT</b>	<ul style="list-style-type: none"> <li>Identify budget pressures, via discussions with managers within the Directorate and the County Treasurer</li> </ul>	Sue Alexander	Already achieved	2003 / 2004 budgets	<ul style="list-style-type: none"> <li>By a corporate shared understanding of the budget pressures and key cost drivers, priorities will be agreed and budgets allocated against identified need. <b>Achieved</b></li> </ul>
	<ul style="list-style-type: none"> <li>Priorities, current service pressures and risks will be identified and assist decision making in a 4 year framework.</li> </ul>	Sue Alexander	October 2003	Within existing resources	<ul style="list-style-type: none"> <li>Improved longer term service planning and Supporting Best Value.. <b>Achieved</b></li> </ul>
	<ul style="list-style-type: none"> <li>Devolution of budgets will continue to be developed. Finance staff will work alongside operational managers to provide support.</li> </ul>	Sue Alexander	March 2004	Within existing resources	<ul style="list-style-type: none"> <li>Devolution of budgets will empower service managers and ensure ownership and understanding of the budget. <b>Monthly reports to DMT/County Treasurer/Cabinet member/Scrutiny Chair</b> <b>Quarterly reports to Cabinet, Scrutiny</b></li> </ul>
	<ul style="list-style-type: none"> <li>The Unit Cost guide for managers will continue to be developed. Finance staff will provide assistance and support to managers to build commissioning plans.</li> </ul>	Sue Alexander	March 2004	Within existing resources	<ul style="list-style-type: none"> <li>Supporting Best Value <b>Report To DMT</b></li> </ul>



<p><b>A PROJECT PLANNING APPROACH</b></p>	<ul style="list-style-type: none"> <li>▪ The Council has adopted the Prince2 project planning methodology as being the approach for the Authority. Key officers have been trained. Prince2 will assist in the continued development of performance management.</li> </ul>	<p>Sue Alexander</p>	<p>Ongoing</p>	<p>Within existing resources</p>	<ul style="list-style-type: none"> <li>• Improved management of change and performance. <b>Training Schedule</b></li> </ul>
<p><b>PROPOSALS TO UPGRADE THE DIRECTORATE'S COMPUTER SYSTEM</b></p>	<ul style="list-style-type: none"> <li>• Financial and technical resources to be identified to support the proposal to upgrade the directorate's computer system via council wide developments and other partner agencies..</li> <li>• Clear specification for the new system to be completed via project management time allocated from corporate resources.</li> <li>• Senior Management leadership of the project to be identified</li> </ul>	<p>Sue Alexander</p> <p>Sue Alexander</p> <p>Sue Alexander</p>	<p>October 2003</p> <p>October 2003</p> <p>Already Achieved</p>	<p>To be determined</p> <p>To be determined</p> <p>Within Existing Resources</p>	<ul style="list-style-type: none"> <li>• Monitor and analyse performance more accurately. <b>Data Quality Reports</b> <b>Reports To DMT</b></li> </ul>

<p><b>USE BEST VALUE TO DRIVE IMPROVEMENTS</b></p>	<ul style="list-style-type: none"> <li>Review capacity required to deliver Best Value reviews, by regular reporting to Directorate Management team, Cabinet member and the Social Care and Housing Scrutiny Committee</li> </ul>	<p>Sue Alexander</p>	<p>Ongoing</p>	<p>Within Existing Resources</p>	<ul style="list-style-type: none"> <li>Taking a more rigorous approach to Best Value.</li> </ul>
	<ul style="list-style-type: none"> <li>- Complete all outstanding Best Value reviews, - Carers, Physical Disability: Adoption and Fostering and Private Sector Housing</li> <li>-</li> </ul>	<p>Sue Alexander</p>	<p>All by December 2004</p>	<p>Within allocated resources</p>	<ul style="list-style-type: none"> <li>Refocus and redesign services</li> </ul> <p><b>Scrutiny Committee monitoring</b></p>
<p><b>WORKFORCE PLANNING LINKED TO SERVICE REQUIREMENTS</b></p>	<ul style="list-style-type: none"> <li>Complete base line audit of workforce</li> <li>Specifying current and future workforce requirements across services through senior management teams.</li> </ul>	<p>Sue Alexander Sue Alexander</p>	<p>Already achieved September 2004</p>	<p>Within Existing Resources Within Existing Resources</p>	<ul style="list-style-type: none"> <li>Baseline analysis to inform future workforce planning <b>DIS reference 3117/3118</b></li> <li>Will inform future workforce planning <b>Policy Developed on GSCC Requirements</b></li> </ul>
	<ul style="list-style-type: none"> <li>Achieve 100% completion of Staff Review and Development Interviews</li> <li>Complete training and skills audit through analysis of Staff Review and Development training and development planners</li> </ul>	<p>Sue Alexander Sue Alexander</p>	<p>July 2004 August 2004</p>	<p>Within Existing Resources Within Existing Resources</p>	<ul style="list-style-type: none"> <li>Will inform analysis of training and skills audit. <b>HR Strategy performance indicator 100%</b></li> <li>Will inform training and development plan <b>HR Strategy target for % of individual development plans agreed in past 12 months</b></li> </ul>

	<ul style="list-style-type: none"> <li>• Analyse rates of sickness absence and staff turnover in order to identify actual and potential problem areas.</li> <li>• Introduce exit interviews across the Directorate building on recent good practice.</li> <li>▪ The Training and Development Team has been strengthened by the recruitment of a further Training and Development Advisor.</li> </ul>	<p>Sue Alexander</p> <p>All of DMT</p> <p>Sue Alexander</p>	<p>Already achieved</p> <p>Ongoing</p> <p>Already achieved</p>	<p>Within existing resources</p> <p>Within existing resources</p> <p>£30,000 per annum funded from Training Grant</p>	<ul style="list-style-type: none"> <li>• Improve staff capacity. Reports to Consultative Meeting HR Strategy targets on % of sickness absence returns analysed HR Strategy target on reduction in working days lost to be average of 6 per FTE.  DIS Reference 3117/3118/3119</li> <li>• Improved information for workforce planning and development. HR Strategy target 100% exit interviews carried out on all leavers by end 2005 Staff Opinion Survey</li> <li>• Raise practice standards and improved staff development opportunities. As Above and Staff Opinion Survey</li> <li>• Enhanced practice and decision making.  Continue Supervision monitoring Staff Opinion Survey</li> </ul>
<ul style="list-style-type: none"> <li>▪ An audit of staff supervision practice was carried out in March 2003. This indicated strong practice across the majority of Social Care, but highlighted areas for improvement. Supervisors will now complete annual supervision plans against which performance will be monitored. A further full audit will be carried out in March 2004.</li> </ul>	<p>Sue Alexander</p>	<p>Audit: Already achieved.</p> <p>Supervision Plans by October 2003.</p>	<p>Within existing resources</p>		



**SOCIAL CARE AND STRATEGIC HOUSING**  
**DELIVERY/BUSINESS PLAN 2003-04**

**Vision**

“to achieve excellence in services, in partnership with users, carers, local communities and external organisations”.

**Direction Ambition & Culture**

We want to achieve excellent practice and services, and have a better and more affordable accommodation and housing.

The focus is on improving the experience of older people so we can move to a 2 star position on adults in 2004-05 for Social Care, building on the good Supporting People Strategy as it affects older people and joining up work on Disabled Facilities Grants, adaptations, community equipment, Home Improvement Agencies and appropriate housing.

The culture will be **supporting best practice** and **doing what we say we are going to do**.

The total resources available for this focus are:-

£1,215,340 for strategic housing

1,155 staff

£33,262,950 for support and care

The critical success factors for change and improvement include leadership by behaviour and example, and getting the best from staff by focus on practice and supporting practice.

**Service Priorities**

- developing home support, home care and intensive home care - particularly for older people;
- improving assessment practice funding senior practitioners for older people's services and a practice support project across children and adults;
- improving resources for Children with Disabilities - assessment and family respite services - developing the integration agenda with the Primary Care Trust;
- improving records management and data quality;

The Older People agenda for Herefordshire set nationally is:-

### **Expanded Services and Increased Choices for Older People**

<ul style="list-style-type: none"><li>• faster assessment - by the end of 2004 first contact by social services will be made within 48 hours and the assessment completed within one month. All equipment needed will be in place within a week.</li></ul>
<ul style="list-style-type: none"><li>• stabilising care home sector - local authorities will be able to pay higher fees to care homes, £70 million to pay for better training for social care staff, and amended environmental standards.</li></ul>
<ul style="list-style-type: none"><li>• expanded range of services - double the amount of intensive home care packages by 2005 compared to 1995, 70,000 more rehabilitation packages and a 50% increase in the number of extra care housing places.</li></ul>
<ul style="list-style-type: none"><li>• easier access to community equipment - half a million more pieces of free community equipment benefitting an estimated 250,000 people. This will include handrails, hoists and ramps.</li></ul>
<ul style="list-style-type: none"><li>• increased choices for older people - following assessment of care needs all councils will be obliged to offer direct payments to all older people allowing them to make their own decisions about the care they need.</li></ul>
<ul style="list-style-type: none"><li>• more support for carers - doubling of carers grant to £185 million by 2006. This will provide respite care and breaks to a further 136,000 carers.</li></ul>

### **Strategic Priorities**

- create a sustainable contribution to the integrated services via the pooled budgets;
- to create a robust strategic housing function.
- to respond to the Green Paper - Children at Risk

### **Risk Management Priority**

To manage and change our activity to match the allocated budgets.

### **Development and Improvement Priorities**

- to improve and develop older people's services
- to move to performance management and support as a function and relate it to practice/routine work.
- to develop practitioners, staff and managers.
- to refocus all our efforts following the outcomes of job evaluation and single status.
- to share best practice and focus on quality.
- to integrate the EFQM plan into the delivery plan.
- to integrate the Joint Review action plan into the delivery plan.

**SUE FIENNES,  
DIRECTOR OF SOCIAL CARE AND STRATEGIC HOUSING  
July 2003**

## **OLDER PEOPLE'S BUSINESS CASE**

**Report By: Director of Social Care and Strategic Housing**

### **Wards Affected**

County-wide

### **Purpose**

1. To advise the Committee of the scope of the challenge in Herefordshire, to describe the needs, improvement and service development required and invite comment on the proposed way forward.

### **Financial Implications**

2. The financial implications are outlined in full in the attached report.

### **Background**

3. The outline business case was presented to Cabinet on 19th June, 2003. The attached report and appendices describe in detail the work needed to bring Herefordshire Council closer to meeting the reasonable expectations of users and carers and thereby move the performance assessment for adults from "uncertain" capacity for improvement to "promising" capacity for improvement. "All Our Tomorrows" is a national discussion document launched in October 2003 to push the agenda for Older People into a modern setting.
4. The task is considerable and this report will inform the focus of the theme of work being recommended for the Scrutiny Work Programme in the separate item on this agenda.

### **RECOMMENDATION**

**THAT the Scrutiny Committee support the direction and scope of the work outlined in the report and decide on any comments they would want to refer to the Cabinet Member (Social Care and Strategic Housing) for consideration.**

### **BACKGROUND PAPERS**

- None





## **A business case for the development of Older People's Services**

***“ The authority needs to urgently review the level of funding committed to this service area and push ahead with planned changes to the service that will help to resolve the identified service deficiencies”***

*(The report of the Joint Review of Social Services in Herefordshire Council)*

It is without doubt that Herefordshire is a county with a fast growing population of Older People. This demographic change means that the demands upon services for this user group will increase and the Herefordshire Council's Directorate of Social Care and Strategic Housing needs to change in order to be able to meet these demands.

This document describes where Social Care in Herefordshire stands with regard to Older People's Services. It will illustrate what changes will impact upon development and what the Council's responses should be.

The evidence provided offers the basis for a long-term strategic view for the future of services for Older People area.



## Business Case for Older People's Services

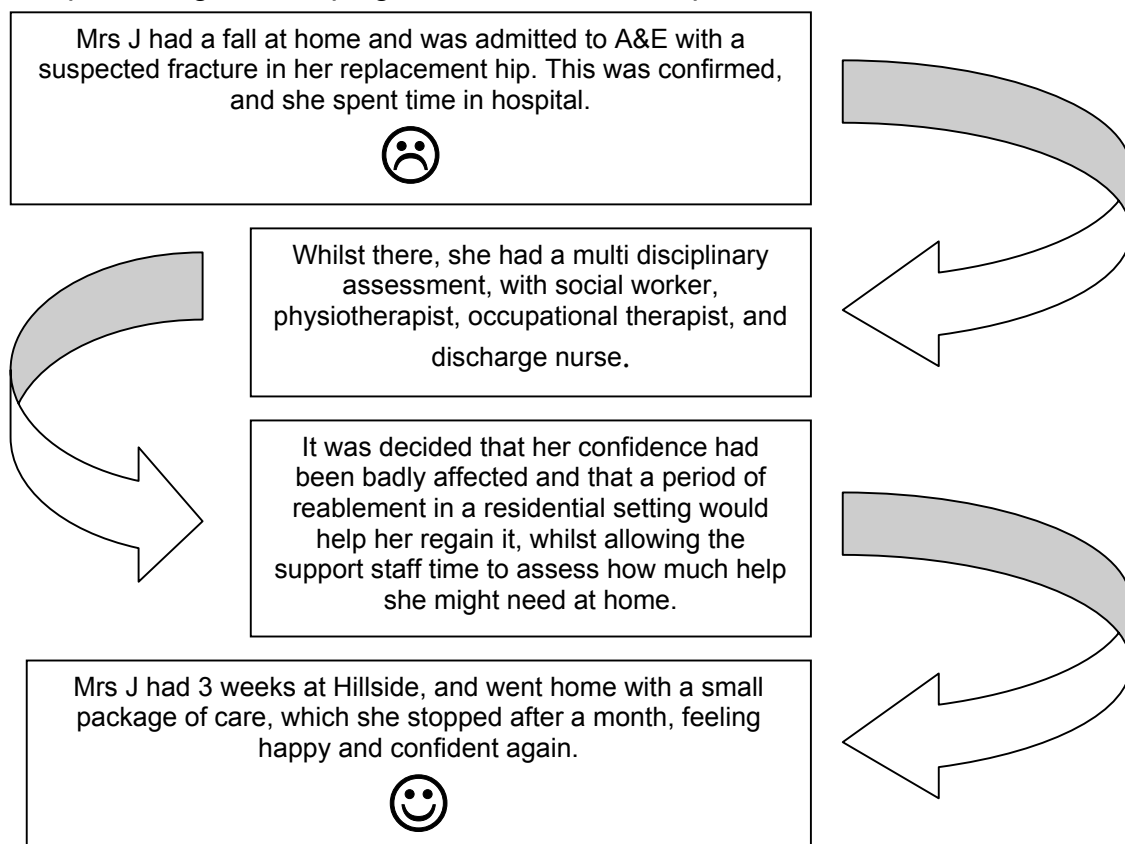
### 1. Introduction

In response to Herefordshire Council's Joint Review by the Social Services Inspectorate, the National Service Framework for Older People<sup>1</sup> and the acknowledged low funding base for older people's services within Herefordshire, this document is a business case for the future policy framework within which the Social Care and Strategic Housing Directorate alongside its partners will approach Older People's Services.

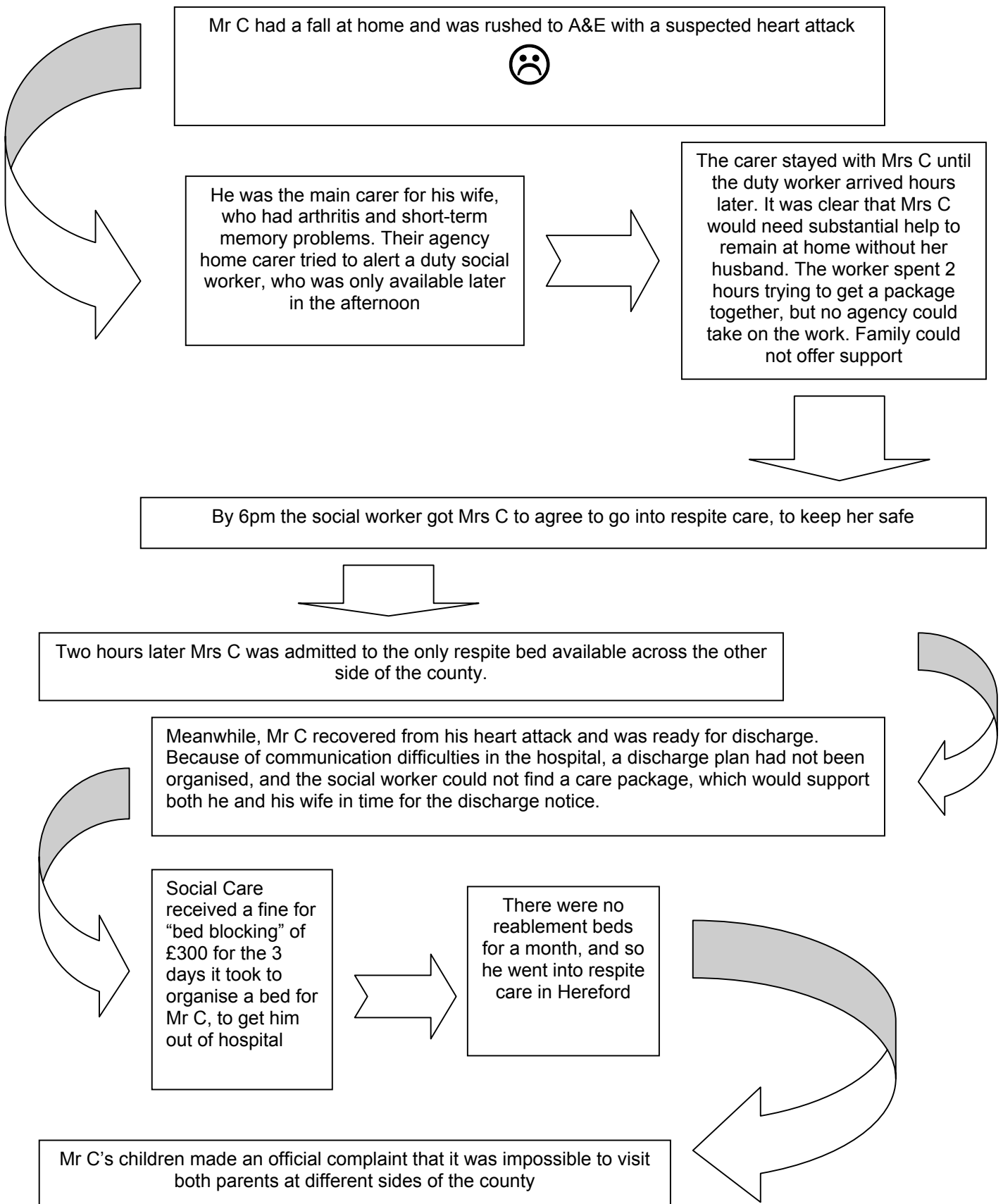
The following information will illustrate Herefordshire Council's present position recognising the areas where it needs to improve. It will set out how the Directorate intends to improve its service provision through its current resources and propose how the above challenges may be met through additional funding, adopting new approaches and developing current good practice.

### 2. Care pathways

Care Pathways are examples of what happens when people need help when in difficulties. Here are some examples of how the systems for delivering care can help or hinder peoples' recovery from those difficulties. This demonstrates how we as a service provider can make a real difference to the lives of Older People through developing the services that we provide.

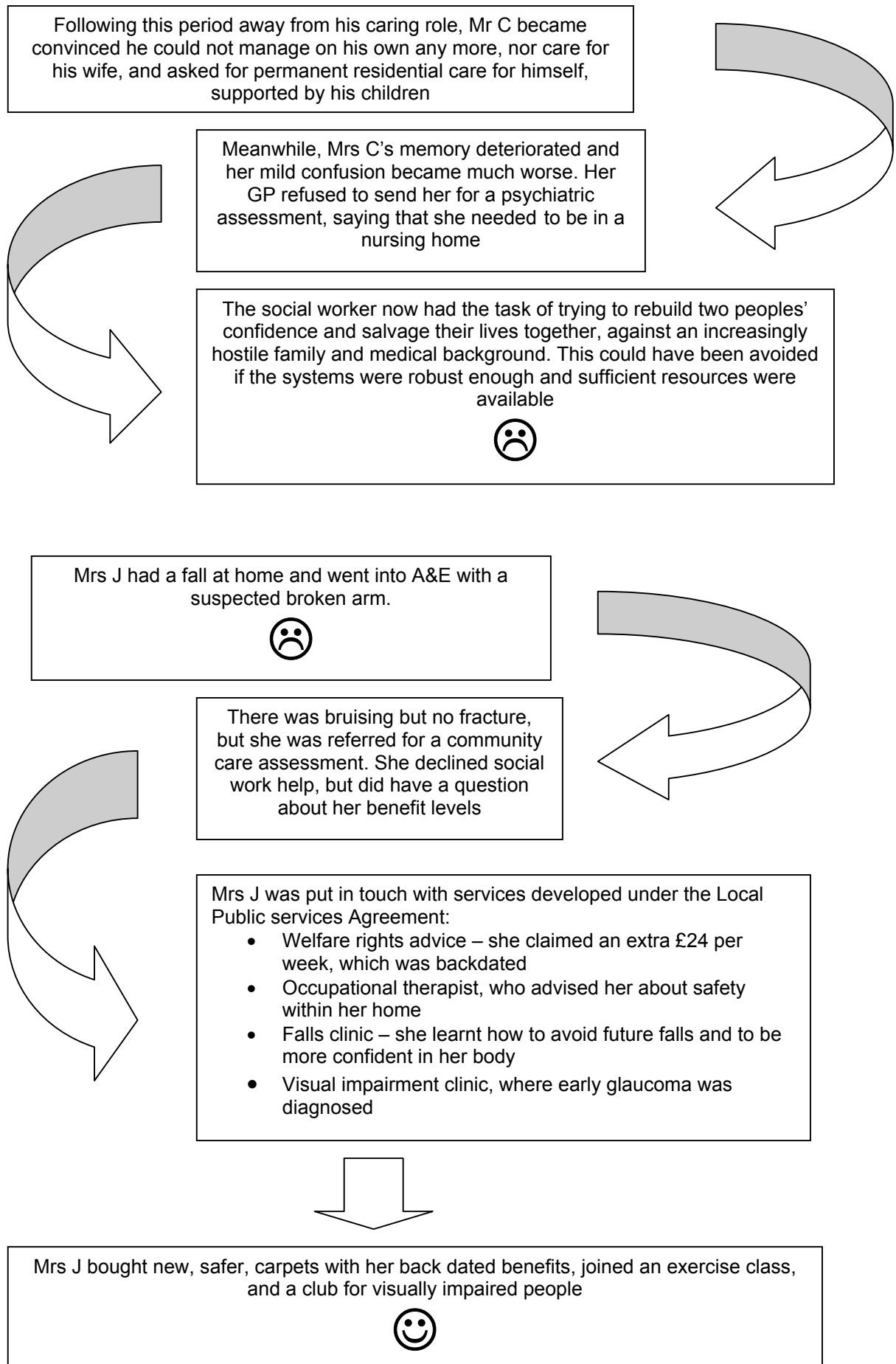


<sup>1</sup> Department of Health



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Older People's Business Case  
October 2003



### **3.0 National context**

Services for Older People are driven on a national level by a number of different factors, which must be used to shape policy direction locally. The following issues should act as a guide.

*1. National service framework for Older People*

Published in 2001, the National Service Framework for Older People provides clear national standards for the provision of care, treatment and services. The following should be pivotal in the development of Older People's Services.

*2. Rooting out age discrimination*

Social services will not use age in their eligibility criteria

*3. Person-centred care*

NHS and social care services treat older people as individuals and enable them to make choices about their own care.

*4. Intermediate care*

Older people will have access to a new range of intermediate care services at home or in designated care settings to promote their independence.

*5. General hospital care*

*6. Stroke*

People who are thought to have had a stroke should have access to diagnostic services, be treated appropriately by a specialist stroke service, and subsequently, with their carers, participate in a multidisciplinary programme of secondary prevention and rehabilitation.

*7. Falls*

The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people.

*8. Mental health in older people*

Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers.

*9. The promotion of health and active life in older age*

The health and well being of older people is promoted through a coordinated programme of action led by the NHS with support from councils.

*10. "All our Tomorrows, Inverting the triangle of care"*

This document was launched at the Social Care Conference, October 2003. This joint discussion paper details the progress made so far in building better services for older people and sets out a positive vision for the future. (appendix 2)

### **4.0 Targets set by the Audit Commission**

















The following indicators are the ones pertaining to Older People's Services, which are used to assess Social Services Departments under the Performance Assessment Framework. This is based on 2001/2002 outcomes.

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The 2002/03 indicators will not be published until later this year.

Indicator	Ref	Herefordshire Council	England Average	Performance	Blobs
Of households receiving intensive home care and supported residents the percentage receiving intensive home care	B11	12.5%	22.7%	☹	👉👉
Average gross weekly expenditure per person on supporting adults and older people in residential and nursing care and providing intensive home care	B12	£392.3	£419.3	☹	👉👉👉
Average gross weekly expenditure per person on supporting older people in residential and nursing care	B13	£325.3	£350.0	☺	👉👉👉👉
Average gross hourly cost for home help/care	B17	£18.5	£11.9	☹	👉👉
Supported admissions of older people to residential and nursing care per 10,000 population aged 65 and over	C26	82.4	109.4	☺	👉👉👉👉👉
Households receiving homecare per 1000 population	C28	3.6	9.9	☹	👉👉
Older people helped to live at home per 1,000 population aged 65 or over	C32	82.6	84.7	☹	👉👉👉
Admissions to hospital of people aged 75 or over due to hypothermia or injury caused by a fall per 1,000 head of population aged 75 or over	C33	24.7	20.8	☹	👉👉👉
The percentage of survey respondents asked "Arranging or receiving help or services: Did you get the help quickly after a decision was made to provide services?" answering "yes"	D36	73.0%	83.3%	☹	👉👉👉

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Indicator	Ref	Herefordshire Council	England Average	Performance	Blobs
Percentage of single adults and older people going into residential and nursing care who were allocated single rooms	D37	83.0%	90.0%		
Percentage of items of equipment costing less than £1000 delivered within 3 weeks	D38	88.7%	90.0%		
Percentage of adults and older people receiving a statement of their needs and how they will be met	D39	66.1%	83.7%		
Adult and older clients receiving a review as a percentage of those receiving a service	D40	25.4%	47.3%		
The number of informal carers receiving an assessment as a percentage of the total number of clients and carers receiving assessments	D42	6.5	23.4		
The percentage of new clients during the year for whom length of time from first contact to first service was more than six weeks	D43	4.1%	33.8%		
The percentage of survey respondents asked "Assessing your needs: Did social services staff take note of any important matters relating to your race, culture or religion?" answering "yes"	E46	31.6%	39.3%		
The number of assessments of older service users per 1,000 population aged 65 or over	E49	66.1	112.74		



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Indicator	Ref	Herefordshire Council	England Average	Performance	
The percentage of assessments which lead to service being provided	E50	69.8%	68.2%	☺	👎👎👎👎👎

☺ - Performance= Better than England Average

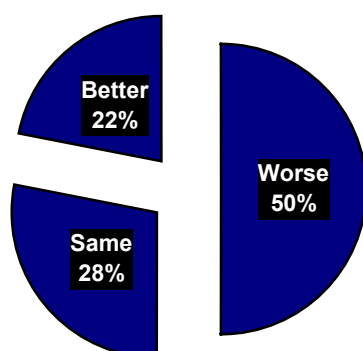
☹ - Performance= Same as England Average

☹ - Performance= Worse than England Average

*(B12, B13 and B17 assume that lower spending and higher cost indicates worse performance)*

- 👎 Investigate Urgently
- 👎👎 Ask questions about performance
- 👎👎👎 Acceptable but possible room for improvement
- 👎👎👎👎 Good
- 👎👎👎👎👎 Very good

Using only the above indicators, the following chart is a crude snapshot of our performance in comparison to the England Average:



### 5.0 Timescales for delivering services

Central Government recognise Older People as a key focus when implementing service change.

The National Priorities and Planning framework 2003/2006 set strategic targets for Older People as increasing the number of individuals supported at home to 30% of the total supported by Social Services at home or in residential care, by March 2006.

In addition, by December 2004 all assessments of Older People must begin within 48 hours of first contact with Social Services and be completed within 4 weeks. All services must be provided within 4 weeks and equipment should be provided within 7 working days.

This provides a challenging backdrop to development work around Older People's Services.

### **6.0 Delays to the system**

Herefordshire's aim is *"to ensure that Older People and all those connected with their care are able to access high quality and cost effective services that are conveniently located, available at appropriate times, enable independent living and offer choice."*<sup>2</sup>

To translate this into service delivery terms this means that there is a need to reduce the number of people going into care early by increasing the level of service provision that is available at home. At present there is a shortage of provision in the external homecare sector and pressures on the budget for homecare services, which lead to delays in people receiving packages of care.

When there is an identified need for residential or nursing care patients are transferred from Herefordshire Hospital Trust to a community hospital. Once in a community hospital in order to ensure sufficient capacity in HHT for those who need acute care, it can be several weeks before funding can be released for their transfer on to be arranged. This leads to a relatively high number of delayed discharges, which led to the Joint Review Team referring to Older People's Services as *"Seriously under pressure"*.<sup>3</sup>

Delays are sufficiently important in Herefordshire for the involvement of the national Change Agent Team in an advice visit and report. In addition, the Primary Care Trust has contributed to joint investment in service provision and helping with delays. The Primary Care Trust and Hereford Hospitals Trust have raised their extreme concerns about the position formally with the Council. It is therefore imperative that we take off the pressure in this area so that we can concentrate on developments, which provide for the "right care, right place, right time."

### **7.0 Service User and Carer Expectations**

The 1995 Carers (recognition and services) Act was a major step in recognising the legal status of carers and awarding them new rights. People providing regular and substantial care now have the power to ask for an assessment of their ability to care when the person that they care for is being assessed for community care services. The needs of the carer must also be considered when care services for an individual are being provided, particularly when discharging an older person from hospital. This is important work, which demands time and skill.

Direction from Central Government tells us that Service User trends look towards the development of a home care model *"People generally want to live in their own homes if they can, and admission to institutional care (whether in*

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<sup>2</sup> Report to Cabinet 19<sup>th</sup> June 2003 "Business case for investment in services for Older People"

<sup>3</sup> A report of the Joint Review of Social Services in Herefordshire Council

*hospital or in residential care or nursing homes) can lead to lower self-confidence and a decline in activity.*"<sup>4</sup>

Furthermore, it has been realised that services that suit the provider rather than the user are often the least effective ones. *"If people are not getting the service that would most suit them, and the cost to local taxpayers is higher than it should be, then everyone is losing."* Therefore the development of services that can be individually tailored to user needs should be the aim.

### **8.0 Changing demand**

On a national level, a number of changes in demand are predicted as impacting upon the balance between residential homecare and extra care housing<sup>5</sup>.

- Demography
- Increase in the number of people over the age of 75
- Reduction in numbers of young people
- Changing patterns of informal care
- Changes in health of people over the age of 75
- Split and reconstituted families leading to diffuse responsibility
- Changing expectations of older people

These factors relate directly to Herefordshire as evidence on local drivers included further on in this document highlight.

### **9.0 Choice Directives**

Policy direction from central Government focuses heavily on the issue of choice for service users.<sup>6</sup>

Within the NHS, movement towards greater choice has already commenced with targets around elective surgery being set. Within Social Care the availability of Direct Payments instead of a traditional Care Package is increasing. These early signs and the current consultation mean that the issue of user involvement and choice is one that must be central to all policy development.

Guidance published in early October requires councils to ensure sufficient choice of care home places at the Council's usual cost must be made available. "Top-ups" (ie: where a third party contributes towards the cost of care) of fees should be rare if there are sufficient places at the usual cost. Currently it is more likely than not that a third party top up will be required for a nursing home place.<sup>7</sup> In 2003/04 there are currently 271 service users paying third party top-ups. The full year cost of these contributions is £240, 000.

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<sup>4</sup> "Modernising Social Services Promoting independence, Improving protection, Raising standards" White Paper, November 1998

<sup>5</sup> "The developing role of Local Authorities" A presentation by David Behan President of Association of Directors of Social Services

<sup>6</sup> "Fair for all- Choice, responsiveness and equity in Social Care and the NHS. A National Consultation." The Department of Health

<sup>7</sup> Guidance on National Assistance Act 1948 (Choice of Accommodation) Directions 1992

### **10.0 Emphasis on commissioning by Local Authorities**

The lack of a commissioning strategy was pointed out during the Joint Review and has been noted as an area for improvement. In order to provide a range of services, which respond to the assessed needs of local population and offer choice to the individual, a robust commissioning strategy is required.

### **11.0 Local Drivers**

Although the agenda for policy development is set nationally, when shaping Herefordshire's future framework, consideration of the local context is imperative.

#### **1) Joint Review**

The work of Herefordshire Council's Social Care and Strategic Housing Directorate was reviewed by the Social Service's Inspectorate between October and December 2002. It was concluded that some people are being served well and there are promising prospects for improvement.

This judgement affirms that the Organisation is moving in the right direction with regard to Social Care, however its ability to continue to do so is dependent upon the outcome of this business case.

The need to prioritise the development of Older People's services is summarised in the Joint Review report thus<sup>8</sup>:

*"For Older People, there is insufficient intermediate care and home support provision to assist people in remaining at home or return home from hospital. Along with funding problems, this is seriously affecting the Authority's capacity to provide for people ready to leave hospital and is affecting relations with Health. The Authority needs to urgently review the level of funding committed to this service area and push ahead with planned changes to the service that will help to resolve the identified service deficiencies. These changes include investment in intermediate care services in partnership with Health, and reshaping the home support service to provide better-focussed support in partnership with the independent sector."*

#### **2) Population Projections**

Information about Herefordshire's demography indicates that service planning for Older People must take into account a sharp increase in service demand over the next decade. It is imperative that these necessities are taken into account when considering this business case.

At present, Herefordshire has more citizens over the age of 65 than the national average. Nationally 16% of the population are aged 65 plus. In Herefordshire this is **19.2%**.<sup>9</sup> Nationally the number of people aged over 65 will grow by 10% by 2011. In Herefordshire, it is predicted to grow by **27%**.<sup>10</sup>

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<sup>8</sup> "A report of the Joint Review of Social Services in Herefordshire Council"

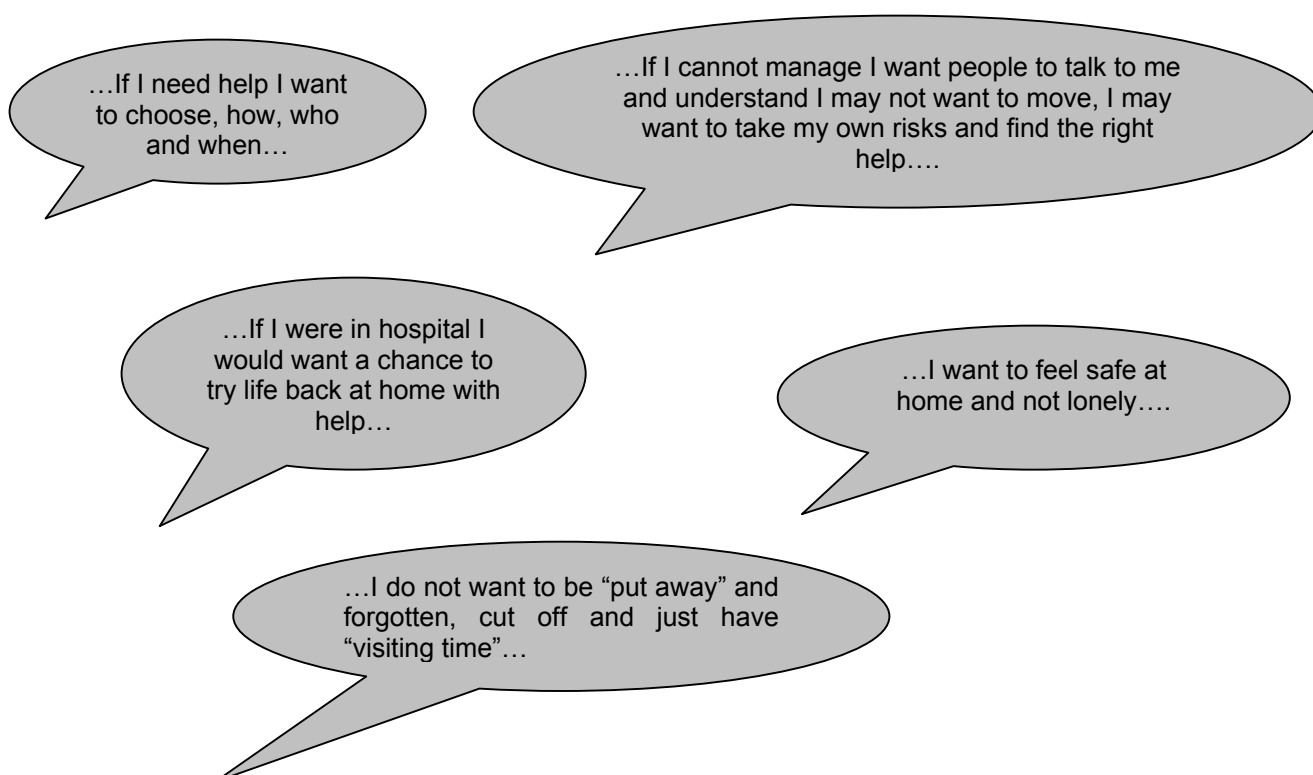
<sup>9</sup> 2001 Census statistics (Crown Copyright)

<sup>10</sup> Herefordshire Council Research Team

This has huge implications for Older People's services. At present **46%** of people aged over 65 consider that they have poor health or limiting long-term illness.<sup>11</sup> There will be an additional **4,500** individuals over the age of 65 with poor health or limiting long-term illness. Based on the current demands for services, this means that numbers of older people supported by the authority could potentially rise by 30%.

### **3) Local opinions and feedback from public/service users**

The wishes voiced by Older People in a range of consultations are summarised as:



As part of the Joint Review a postal survey was undertaken with service users in Herefordshire. Out of the all the authorities that have been reviewed to date Herefordshire came out in the lower quartile in five areas:

- Note being taken of illness or disability
- Involvement in deciding what help or service should be given
- Written details of the help or services that would be provided for them
- Being told how to complain
- Satisfaction with the way that a complaint is handled

Reviewers also interviewed groups of users and carers. General satisfaction was noted although the reviewers observed that the groups had "*low expectations*" and accepted "*that resource constraints limit service delivery*".

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<sup>11</sup> 2001 Census statistics (Crown Copyright)

Presentations were made to the Carers Best Value Review Group, which highlighted many of the concerns felt by carers about Social Care provision.

#### **4) Housing Needs User Survey**

In 1999, consultation was undertaken to ascertain the over 55s views on Health and Housing in Herefordshire. Results indicated that the most important issue for older people was that they retained their independence, mostly by being able to stay in their own home.

Further to this, in August 2001 a group of older delegates at the Tenant Participation Advisory Service for England drew up a charter of Older People's Housing Rights. The main points of which were:

- A home for life
- Self contained housing with no shared facilities
- Prompt adaptations when necessary
- A secure home and neighbouring environment
- Safe, simple to operate features
- Care and repair services that are easy to take up

Within the Shadow Supporting People Strategy 2003/2004 four areas for Older People were identified as having a high priority:

1. Services that promote independence
2. Services that prevent premature breakdown of health
3. Service that provide Security
4. Support that reduces isolation

It is acknowledged that Herefordshire Council is already moving in this direction through planning on extra-care housing and the work that is being done by the Supporting People Team. However this progress must be sustained via wider policy development and the allocation of specific resources accordingly.

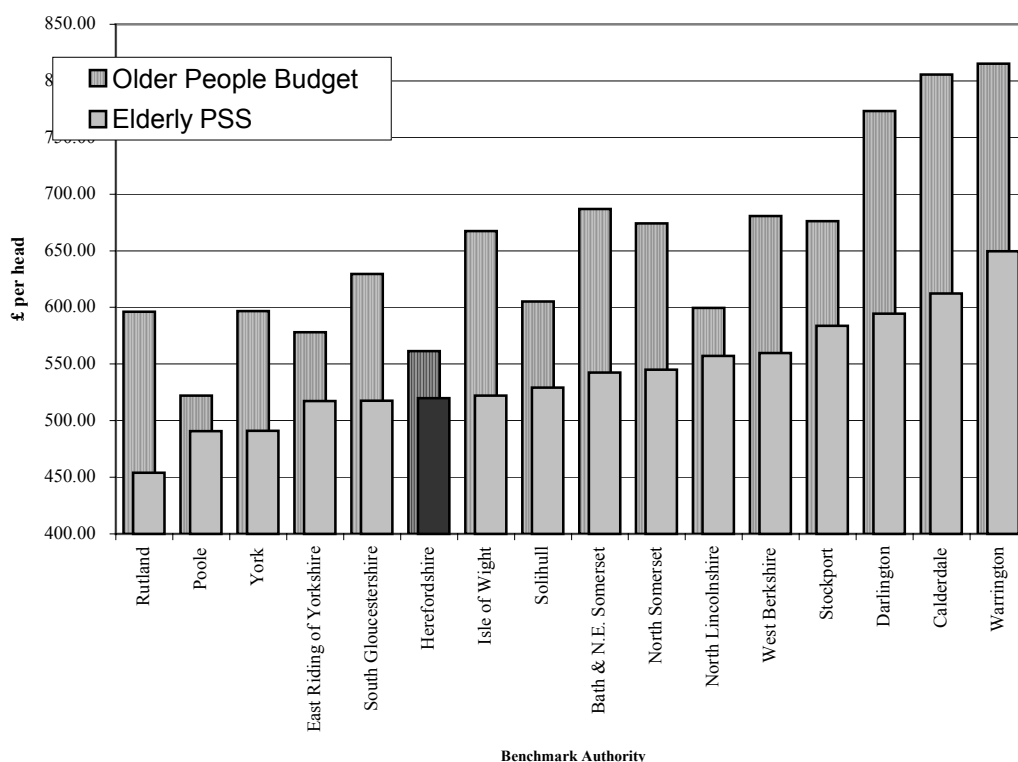
#### **5) Performance Indicators**

In comparison to the England Average Herefordshire's performance requires improvement. Further analysis of the locality shows that Herefordshire Council performs poorly in comparison to other authorities with similar benchmarking profiles

The Government's annual settlement through the Personal Social Services (PSS) block of the Formula Spending Share (FSS) (the new funding regime from 2003/04) assessed Herefordshire, in comparison with its benchmark authorities, as shown in the table below. This demonstrates that Herefordshire remains to be one of the poorly funded authorities for the over 65's.

Although additional investment was made in older peoples services in 2003/04, a comparison of older peoples budget still shows that Herefordshire in one of the lowest spending authorities.

**Elderly PSS FSS -v- Older People Budget  
per household & supported resident aged 65 & over (2003/2004)**



### 5. Budgetary resource

The budget for Older People's Services (which includes older people with mental health needs) is as follows:

Net Expenditure	£11,789,000
Grants	£ 2,409,000
Income	£ 4,410,000
<b>Gross Expenditure</b>	<b>£18,608,000</b>

There are service and financial risks linked to this service area. These are:

- Free Nursing Care
- Fairer charging
- Residential Allowances
- Preserved Rights Grants
- Delayed discharges and waiting for access to service
- Supporting People grant income
- Workforce availability
- Care home fees
- Fines

### **12.0 Extra money**

The Joint Review highlights the under-funding of Older Peoples' Services:  
*"The Social Care and Strategic Housing Directorate currently faces a serious financial situation that threatens its capacity to respond to assessed needs and also puts pressure on its relationship with health. The service most affected is that for older people, where there are waits for the release of funding in order to leave hospital. The Directorate has taken tight control of resources and has put a recovery plan in place, and together these measures are reducing the level of overspending. However, the authority should address the budget pressures within the Directorate, particularly in services for older people. It also needs to review its system of devolved resource management in order to encourage the development of wider financial responsibility by frontline staff and first-line managers"*

The national and local information shows clearly that older peoples services are under pressure at present, and that the demands upon the service will increase with a rapidly ageing population and tighter government targets. It is imperative that Older Peoples Services are equipped to deal with increasing demand in order to apply for extra government funding and to serve the people of Herefordshire as they would want.

With both national and local drivers taken into account, it is possible to identify the areas in which Herefordshire Council needs to concentrate its policy objectives and development.

### **13.0 Service Improvement Strategy**

The performance in relation to Older People's assessment, review information for performance assessment and commissioning and contracting has been described as deficient.

While improved practice can to some extent be achieved within existing resources, the new targets for timely and quality assessments and the local standards for service mean that additional resources will be needed to achieve service improvement.

In addition, the imperatives of speeding up the processes to enable no delays in the system and obtaining as much income as possible, require resourcing. This "screening" function is part of the assessment service and needs a skilled customer focussed approach.

Currently there are unacceptable delays in our processes and we need to resource the following areas in order to reach an acceptable standard.

<b>Assessment</b>	
5 Assessment Officers	£132,000
<b>Customer service</b>	
2 Customer service officers	£32,000
<b>Review</b>	
3 Reviewing Officers	£79,000
<b>Performance Support</b>	
4 Performance Support Officers	£59,000
<b>Financial Assessment</b>	
2 Financial Assessors	£34,000
<b>Total</b>	<b>£336,000</b>



#### **14.0 Commissioning Strategy**

The services for older people need to develop in range and choice and at a level which is cost effective.

The direction of travel is clear. Home support and supported or Extra Care housing, alongside carer support, intermediate care and longer term nursing care.

The widest possible partnership is needed to achieve this. This means that extra value has to be realised across the Council, the Primary Care Trust, the voluntary and independent sector.

There are already some excellent examples of such partnerships in Herefordshire:

- Hillside Intermediate Care Service, Hereford
- Kington Community Care Centre
- STARRS, Leominster (short term re-ablement)
- Home Improvement Agency/Anchor Staying Put, Herefordshire

There are partnership plans to be realised:

- SHAW and the Council partnership
- Across Herefordshire residential homes and future service development
- Extra Care housing partnership
- Extra Care Charitable Trust, the Council and a Registered Social Landlord
- Supporting People
- Home Care developments
- Direct Payments, in partnership with Herefordshire Centre for Independent Living
- Voluntary Sector COMPACT – the Herefordshire Community Care Alliance and its' priorities will be strengthened by a partnership COMPACT with Health and Social Care. The sector generally is financially fragile but will be sustained by strategic agreements for change and long term service contracts.

In order to meet the aspirations of older people and the needs predicted, it will be necessary to develop the services further:

<b>Service:</b> Intensive home care			
<b>Target/change:</b> 30% of Care should be at home by 2006			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
£350,000	£350,000	£350,000	£350,000

<b>Service:</b> Re-ablement support at home			
<b>Target/change:</b> Have re-ablement at home available throughout Herefordshire by 2006			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
Within existing resources due to Homecare Best Value Improvement Plan			

<b>Service:</b> The right workforce and training and development			
<b>Target/change:</b> To achieve a more qualified workforce			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
£20,000	£20,000	£20,000	£20,000

<b>Service:</b> Sustainable fees for the care home sector			
<b>Target/change:</b> Reasonable Care Home Costs and new guidance requirements			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
£570,000	£300,000	£200,000	/

<b>Service:</b> Community equipment/adaptations/alarms/care and repair			
<b>Target/change:</b> Support people to stay at home or return home quickly			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
£150,000	£150,000	£150,000	£150,000

<b>Service:</b> Carers support services			
<b>Target/change:</b> To sustain and develop more support for carers			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
Within existing resources			

<b>Service:</b> Staff to ensure the change and development happens			
<b>Target/change:</b> Strategic commissioning performance to ensure all the other changes			
<b>Investment over the next 4 years</b>			
1 project manager		£31,000	
1 commissioning manager		£30,000	
1 contract monitoring officer		£30,000	
Year 1	Year 2	Year 3	Year 4
£91,000	/	/	/

<b>Service:</b> Stabilising and co-ordinating the voluntary sector			
<b>Target/change:</b> Maximise the voluntary sector contribution to older people			
Investment: within existing resources			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
Within existing resources			

<b>Service:</b> Contribute to easier access and information sources for older people			
<b>Target/change:</b> Have a prompt information and screening service			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
Already indicated in customer service on service improvement			

<b>Service:</b> Extra Care housing			
<b>Target/change:</b> 100 units of extra care housing with identified revenue care support			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
/	£150,000	/	/

<b>Service:</b> Responsive services 24/7			
<b>Target/change:</b> More responsive, easier accessible, out of hours service			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
£50,000	£25,000	/	/

<b>Service:</b> Improve care pathways with NHS and other partners			
<b>Target/change:</b> To improve access and assessment			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
Already indicated in service improvement			

### 15. Supporting Best Value

The service performance improvement and development outlined, based on need analysis, makes it necessary to identify resources to ensure it happens for local older people. This is inclusive of Older People with Mental Health Needs for service improvement and service development.

The Council needs to be satisfied that all efficiencies are implemented and existing resources make the best contribution possible to the investment needed.

As illustrated in the above tables, it is expected that changing the focus of existing resources will contribute 34% in 2004/05 toward the future improvement and development.

The performance improvement requires £336,000 for assessment, performance support staff.

The service development requires £1,231,000 for the development of the range of services, sustaining care availability, developing the workforce and supporting/ensuring the development in 2004/05.

In future years to sustain this level of service, additional further investment of £2,235,000 is required. This is a three to four year plan of building the services to the right standard and range.



## **Appendix one**

**The following document is a synopsis of all research around Herefordshire's demography, detailing Older People.**

**Probably the briefest summary of the findings is that the sector of the population who are currently eligible to access Older People's Services looks set to grow dramatically.**



## **Herefordshire Needs – Demographics**

Much of the information in this section has been extracted from various tables produced by the Office for National Statistics showing the results of the 2001 Census of Population. This Crown copyright material is reproduced with the permission of HMSO and the Queen's printer for Scotland. In order to protect individual confidentiality and to prevent data disclosure, the data in the tables are subject to random perturbations. This means that, although each table is internally consistent, there are discrepancies between total populations in each table. For example, the table on ethnic group has a total population of 33,558 Herefordshire residents aged 65+ but the table on living arrangements has a total population of 33,583 Herefordshire residents aged 65+.

### Current age structure

At the 2001 Census of Population, there were over 33,500 people aged 65 or over living in Herefordshire – representing nearly a fifth of the total population. Over 17,600 were in the “young retired” age group of 65-74, and nearly 16,000 were elderly or very elderly (aged 75 and over). This latter age group constituted about 9% of the total population. Females outnumber males in every age group of over 65's, reflecting the greater mortality rates for males at younger ages. The gender imbalance widens as age increases; females form just over half the 65-74 age group; by age 85 and over women outnumber men by more than 2:1.

**Table 1 – Age and Gender Structure**

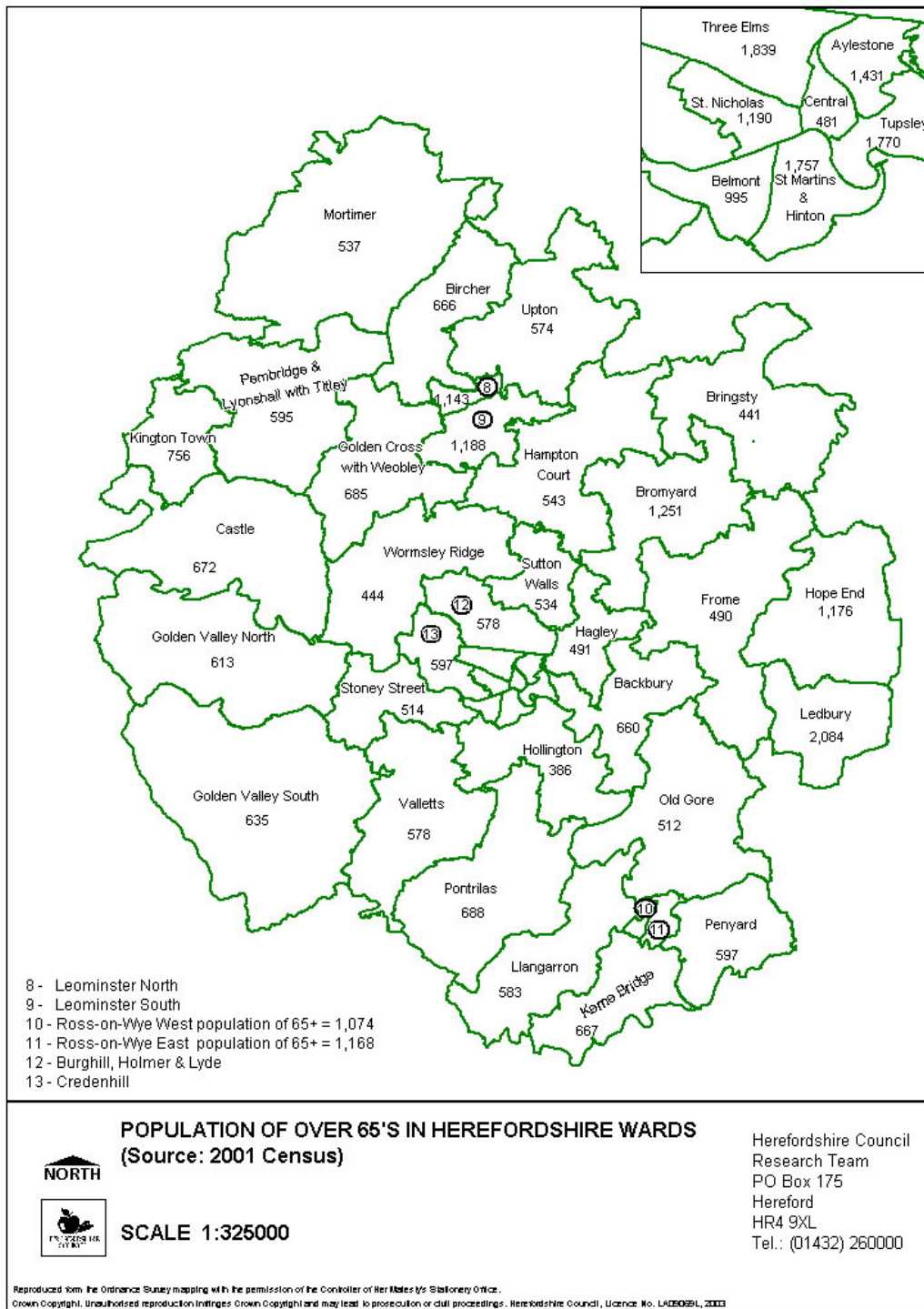
Age Group	Males	Females	People	Proportion of Total Population
0 - 64	70,889	83,601	141,281	81%
65 - 74	8,355	9,263	17,618	10%
75 - 84	4,874	7,135	12,009	7%
85 +	1,199	2,752	3,951	2%
<b>Total 65+</b>	<b>14,428</b>	<b>19,150</b>	<b>33,578</b>	<b>19%</b>
<b>All Ages</b>	<b>85,337</b>	<b>89,522</b>	<b>174,859</b>	<b>100%</b>

*Source: 2001 Census – Crown Copyright. Crown Copyright material is reproduced with the permission of HMSO and the Queen's Printer for Scotland.*

The distribution of older people across the County is shown in Figure 1. This map shows the number of Over 65's in each ward as at the 2001 Census. About 29% live in Hereford and a further 10% in rural areas within 8 miles of the City centre. The market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington are home to a further 26%, whilst the remaining 35% live in villages and rural parts of the County more remote from Hereford.

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Figure 1

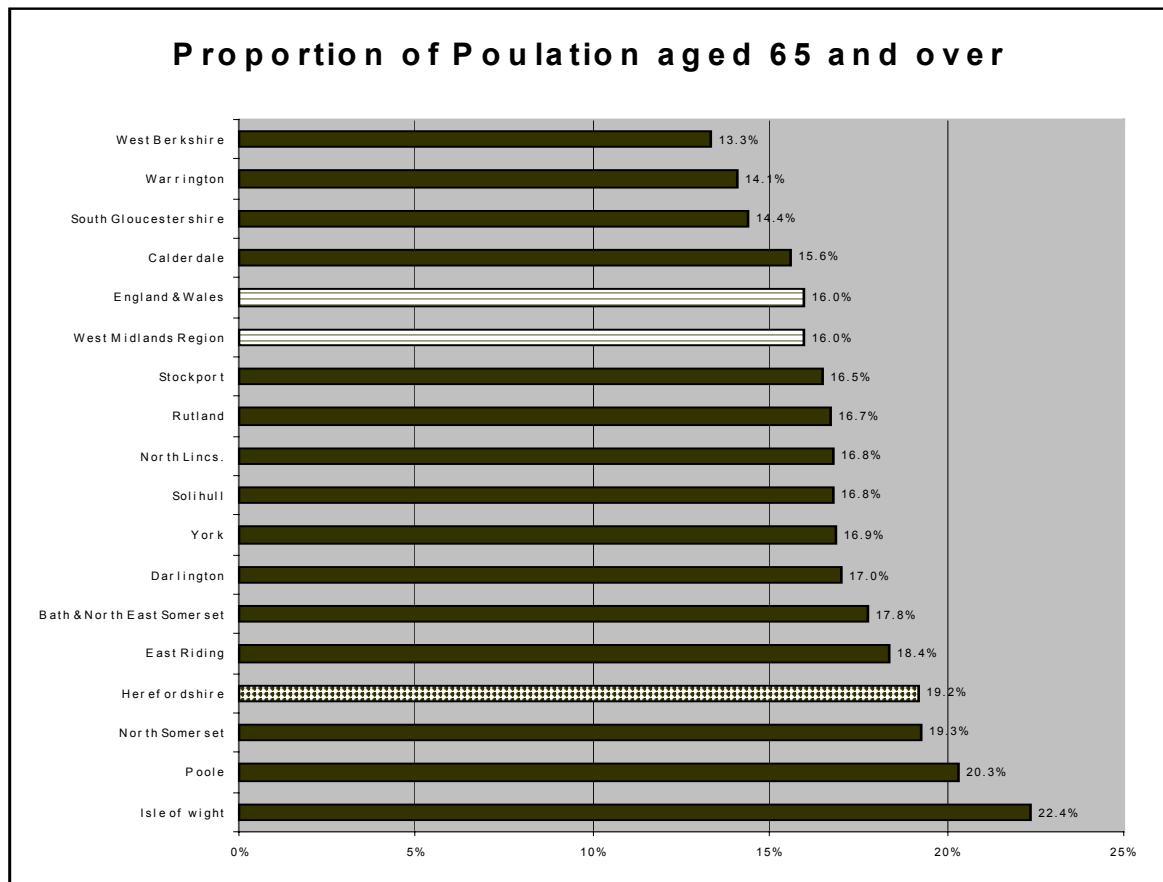




Comparison with Other Areas

Figure 2 shows the proportion of the population of older people compared with the total population in Herefordshire, compared with England & Wales, West Midlands Region and each of a group of 15 similar authorities in the benchmarking group.

Nationally and regionally, older people comprise 16% of the total population. In Herefordshire, older people form 19.2% of the total population. As would be expected, the comparator authorities, like Herefordshire, tend to have more older people than average over the country, but only the two coastal areas, Poole and the Isle of Wight, have significantly more older people than Herefordshire; 20.3% and 22.4% respectively.



Source: 2001 Census – Crown Copyright

Migration

The Office for National Statistics has not yet released any information from the census on migration and previously released data based on National Health Service patient registrations have been withdrawn. Consequently there are no officially sanctioned statistics currently available to support the following claim, but it can be assumed that Herefordshire is a net importer of retired people; the level is probably running at about 300 pa.

Projected Population Growth

The rapid population growth (about 9%) of Herefordshire's total population over the past decade is expected to fall to about 6% between 2001 and 2011, based on expected planned housing development.

Population projections have yet to be revised, both nationally and locally, in the light of the results of the 2001 census. However the figures in the table below, calculated using information available to the year 1999, are indicative of the scale of the growing problems of housing and care for the elderly in the County. Confidence in these figures is confirmed by the closeness between Herefordshire Council's forecast for the 2001 population of the over 65s and the results of the census.

**Table 2: Projected increase in population of Over 65s in Herefordshire**

Age Group	2001 Census Population	Herefordshire Council forecast for 2001 based on 1999 data	Projected Increase 2001 – 2011 (Numbers)	Projected Increase 2001 – 2011 (percentage)
65 – 74	17,168	17,330	4,100	24%
75 – 84	12,009	11,740	2,400	21%
85+	3,951	4,198	2,400	57%
All Ages	174,589	170,400	10,100	6%

Sources: *Herefordshire Council Research Team, 1999 based population forecast*  
*2001 Census – Crown Copyright*

Herefordshire's projected population growth over 2001-2011 of 6% is higher than the expected rate of growth of England's population over the same period, 4% (Government Actuary's Department, 2000). However, the elderly population in Herefordshire is expected to grow at double the national rate. The number of over 65's in Herefordshire is expected to grow by about 27% (Herefordshire Council Research Team) but by just under 10% nationally (Government Actuary's Department).

Both nationally and locally, the elderly population is growing at a faster rate than the total population – reflecting both historically low birth rates over the last 30 years and improved mortality rates.

Within the over 65 age group, the younger component, ie under 75, is growing at less than half the rate of the very elderly aged over 85.

Implications for the Voluntary Sector

It is unclear what the impact of these population changes will have on the provision of volunteer time and need within the County. The fact that the 85+ age group is likely to increase by 57% in the period 2001 – 2011 could lead to a rapid increase in need and put strain on the voluntary sector, particularly those organisations who provide a service to the very elderly. On the "supply side", the 1997 National Survey of Volunteering found that 45% of 65-74 year olds and 35% of the 75+ age group participated in some

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volunteering activity. These rates are lower than those for the younger age group but show an upward trend whereas the trends in volunteering in the working age group seem to be downwards.

Ethnicity

The following table gives the ethnic breakdown of Herefordshire residents aged 65 and over.

**Table 3: Ethnicity of the Herefordshire population aged 65 and over**

Ethnic Group	Number	Proportion
White	33,490	99.8%
Mixed	18	0.2%
Black	9	
Asian	18	
Chinese	14	
Other Ethnic Group	9	
Total Population	33,558	100%

*Source: 2001 census – Crown Copyright*

Herefordshire's largest ethnic minority is generally assumed to be Romani who do not feature as a separately identified ethnic group in census results.

Living Arrangements

Overall, 65% of the over 65s in Herefordshire live in a household with other people, while 31% live alone and about 4% live in communal establishments such as care homes. The proportion of the population living with other people declines with age; from 77% of the 65-74 age group to 34% of those over 85 years old. Conversely the proportion living alone rises from 22% to 47% as age increases from 65-74 to 85 and over. Similarly, the very elderly are more likely to live in residential homes and other communal establishments (19%) than those 20 years younger. A detailed analysis of living arrangements for the different age cohorts is shown in Table 4.

**Table 4: Living Arrangements of the Population of Herefordshire Aged 65 and Over**

Age Group	Living with Other People in a Household	Living Alone	Living in a Communal Establishment	All Living Arrangements
65 – 74	13,515	3,949	156	17,620
	77%	22%	1%	100%
75 – 84	6,856	4,665	488	12,009
	57%	39%	4%	100%
85 and Over	1,358	1,860	736	3,954
	34%	47%	19%	100%
65 and Over	21,729	10,474	1,380	33,583
	65%	31%	4%	100%

*Source: 2001 Census – Crown Copyright*

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Assuming that the current trends in living arrangements prevail throughout the decade, there are likely to be an extra 3,000 older people living alone in Herefordshire by 2011. This may be a conservative estimate; the trend towards single person households amongst younger age groups will eventually be manifested in the older cohorts and there will be an increasing prevalence of single person households amongst older people.

Health Problems

Nearly half (46%) of the residents living in households and aged 65 or above suffer from poor general health and / or have a limiting long term illness. In numerical terms, these constitute about 14,800 people. The proportion steadily increases from 37% of 65 - 74 year olds to 72% of the 85+ age group. Table 5 contains a detailed breakdown.

**Table 5: Over 65 population Resident in Households and Suffering from Poor Health and / or Limiting Long Term Illness**

Age Group	Resident in Households	Suffering from Poor Health and / or Limiting Long Term Illness	Proportion
65 - 74	17,464	6,444	37%
75 - 84	11,521	6,012	52%
85 and over	3,218	2,317	72%
65 and over	32,203	14,773	46%

*Source: 2001 Census – Crown Copyright*

Assuming these 2001 rates apply throughout the decade, there are likely to be another 4,500 older people in Herefordshire suffering poor health and / or limiting long term illness by 2011.

Particular conditions are especially prevalent amongst the elderly and lead to an increased need for support from carers, the voluntary sector and statutory agencies. Some indication of the extra resource implications due to the projected increase in the population of older people can be ascertained by looking at numbers of hospital admissions in recent years for certain conditions and, assuming current incidence rates prevail throughout the decade, making predictions as to the likely level by 2011.

Some specific conditions which give rise to hospital admissions are considered in Table 6. Assuming that the age specific incidence rates of these conditions prevails between 2001 and 2011, it is possible to predict the likely levels and increase over the ten year period.

**Table 6: Expected increase in Hospital Admissions of Older People for Particular Conditions**

Health Problem	Average Annual Admissions of Older People 1998 - 2001	Older People as a Proportion of all Hospital Admissions	Projected Annual Admissions of Older People 2011	Increase 2001 - 2011
Fractured hip & femur	248	85%	343	38%
All cancers	1,801	50%	2,260	25%
Coronary Heart Disease	503	59%	640	27%
Stroke	345	83%	450	30%
Chronic Lower Respiratory Disease	229	49%	290	27%

Source: *Information & Data Services, Herefordshire Health Informatics Research Team, Herefordshire Council*

Similarly, various chronic conditions are more prevalent in older people and lead to a demand in social care. For example, a 37% increase in the incidence of cognitive disability can be expected assuming current prevalence rates.

There will be more cases of chronic diseases which are more likely to occur in older people and which give rise to demands for social care. Given current prevalence rates of Parkinson's disease and conditions which mimic Parkinson's, over a 100 extra clients with these conditions can be expected by 2011. This is additional to the current work load. Similarly a rapid rise in the number of older people with diabetes can be expected due to the ageing population. On top of current levels of the disease in the elderly, another 1,150 – 1,200 older people may be affected by 2011.

## **Herefordshire Needs – Access to Services**

### Households with no Cars

27% of over 65s living in households do not have access to a car or van. The proportion increases from 16% of the 65-74 age group to 57% of people aged over 85.

**Table 6: Over 65 population Resident in Households without access to a car or van**

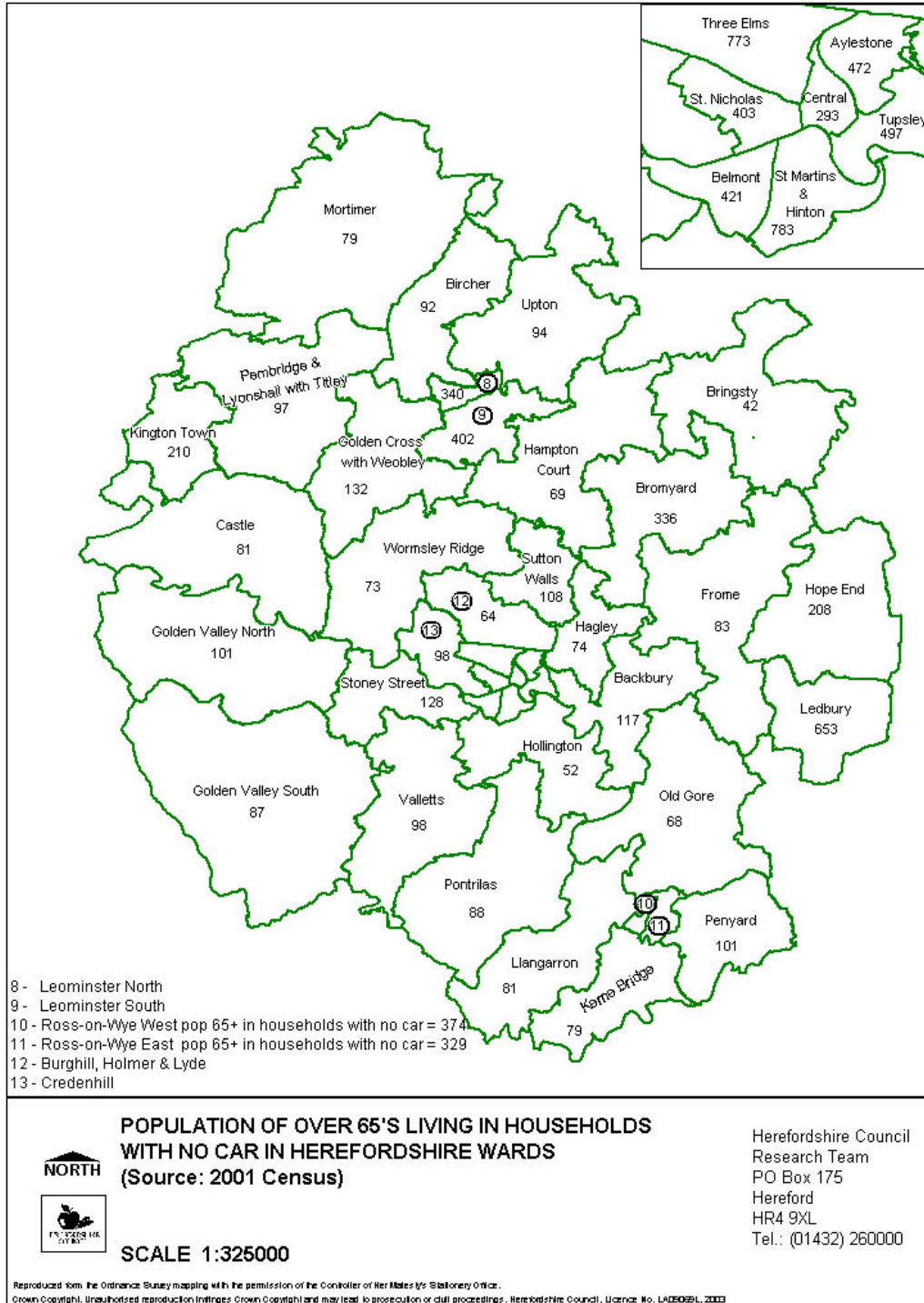
Age Group	Resident in Households	No car or van available	Proportion
65 - 74	17,464	2,769	16%
75 – 84	11,521	4,072	35%
85 and over	3,218	1,840	57%
65 and over	32,203	8,681	27%

Source: *2001 Census – Crown Copyright*

Figure 3 shows the distribution across the County of the 8,681 persons aged 65 and over living in households with no car.

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Figure 3



### Index of Multiple Deprivation

In December 1998, the then Department of the Environment, Transport and the Regions (DETR) commissioned the University of Oxford to produce an index of multiple deprivation by which the 8,414 wards in England were given a ranking according to the degree of deprivation. Six domains of deprivation were included: income, employment, health, housing, education and geographical access to services. Services included were post office, food shop, GP and a primary school. The methodology for ranking wards incorporated weighting for the number of people in receipt of means tested welfare benefits.

The ward areas used in the exercise were those prevailing in 1998. At that time, Herefordshire was divided into 44 wards. Twenty of these were in the most deprived 10% in England in terms of access to services.

### Sparsity

Although Herefordshire does not have the lowest population density of any shire in England, it has the most dispersed population. This is measured by the ward sparsity factor which incorporates (in a fairly complicated formula) the proportion of the population resident in wards of low population density (less than 4 per hectare). Herefordshire's sparsity allowance is the highest in England.

### Rural Assets, Services and Facilities

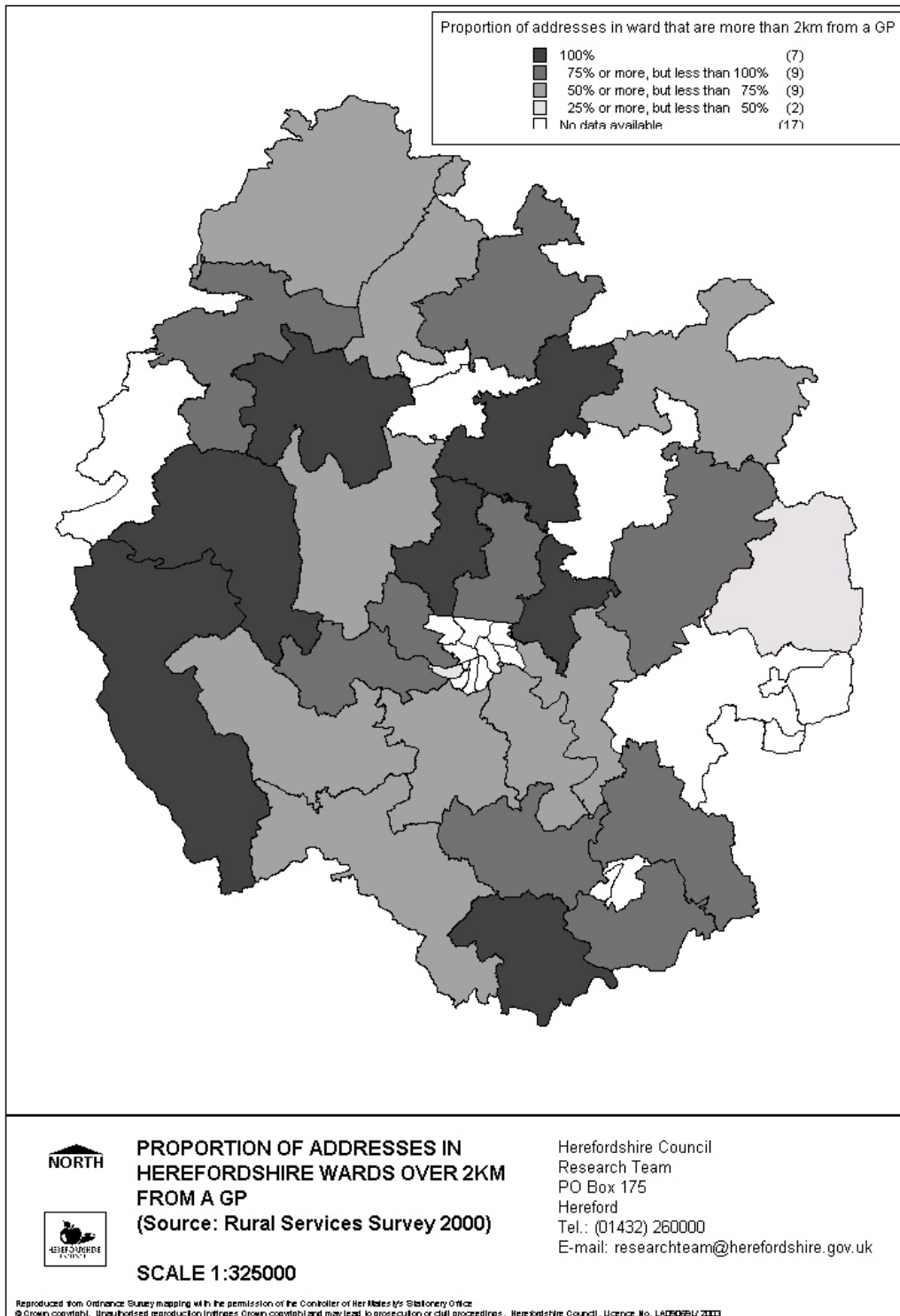
In 2000, the Countryside Agency did a survey of rural assets, services and facilities. The following data show the number of rural parishes, ie those with fewer than 10,000 residents, which lack the key facilities considered essential for the conduct of normal daily life in the villages and countryside:

- Bus service on 6 or 7 days a week – 49%
- Bus service on at least one day a week – 23%
- General store – 87%
- Post Office – 63%
- Public House – 52%
- Primary School – 71%
- Village hall or other meeting place – 38%

From the same survey, statistics have been produced on the distances of addresses in rural wards from GP surgeries and post offices. Figures 4 and 5 summarise the information.

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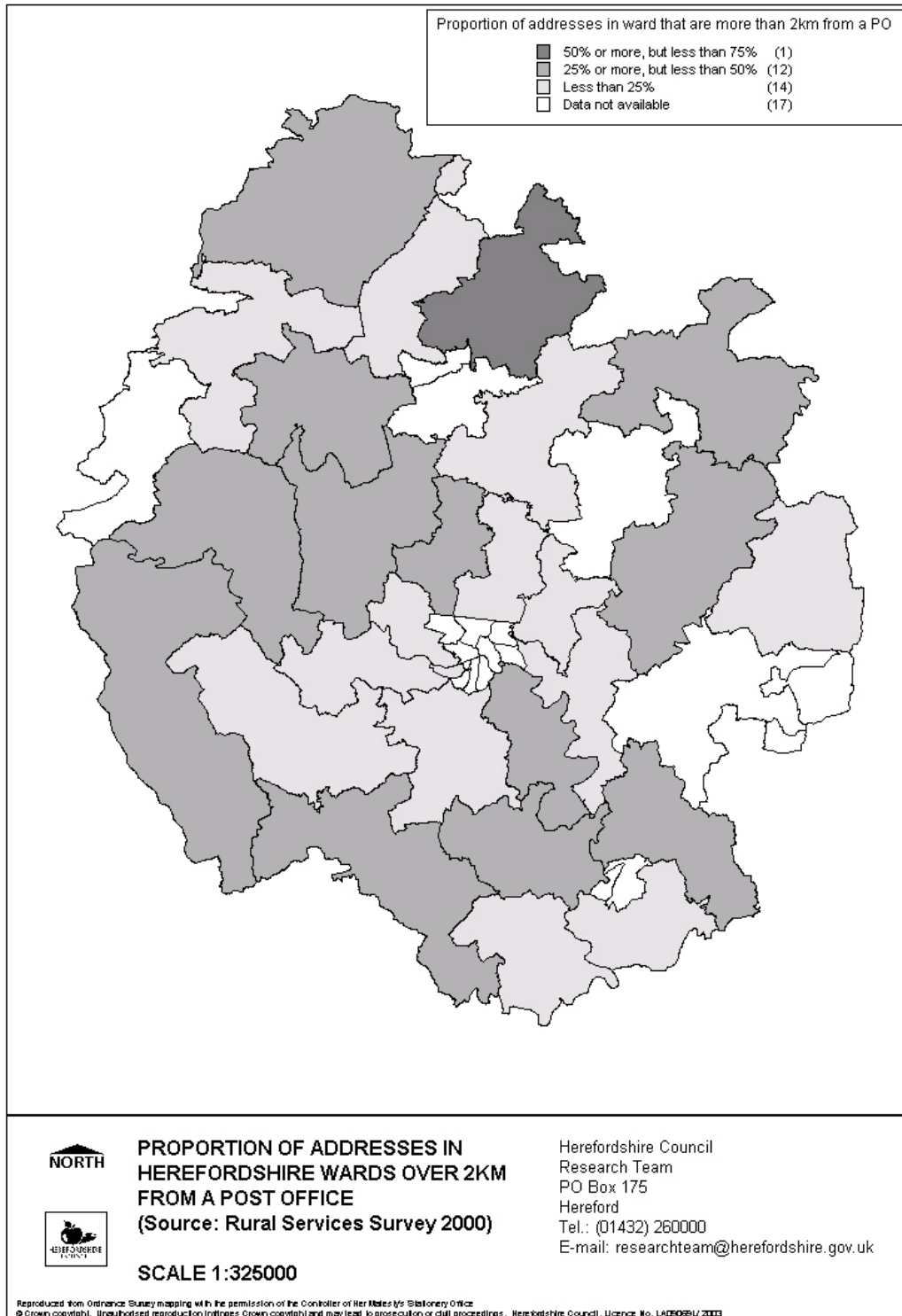
Figure 4





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Figure 5

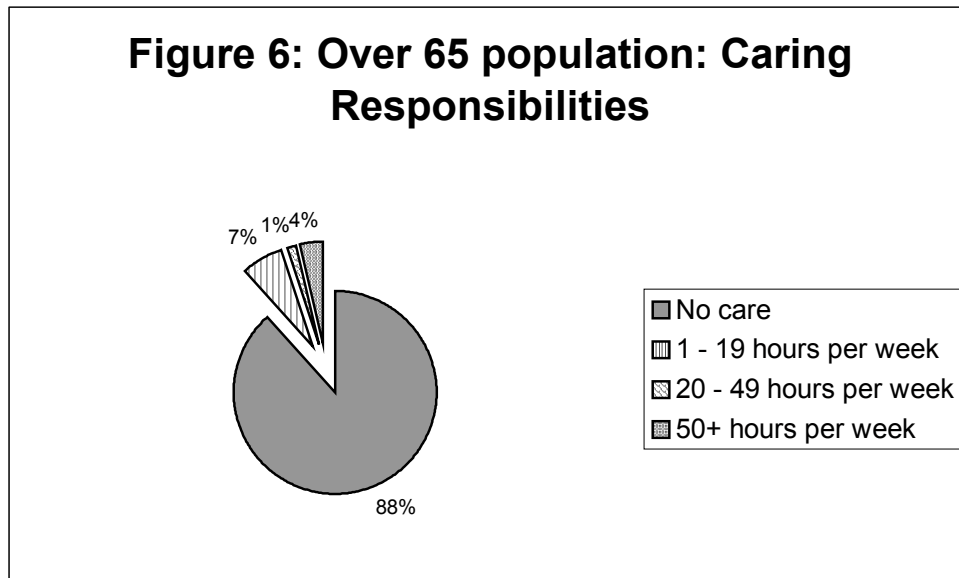


## Resources

### Older Carers

For the first time, the 2001 Census of population contained a question asking respondents whether they provided unpaid care, ie did they look after or help any family member, friend or neighbour who needed support because of long-term physical or mental ill-health or disability or problems related to old age. 17,558 residents in Herefordshire acted as unpaid carers. Of these 3,735 were aged 65 or over.

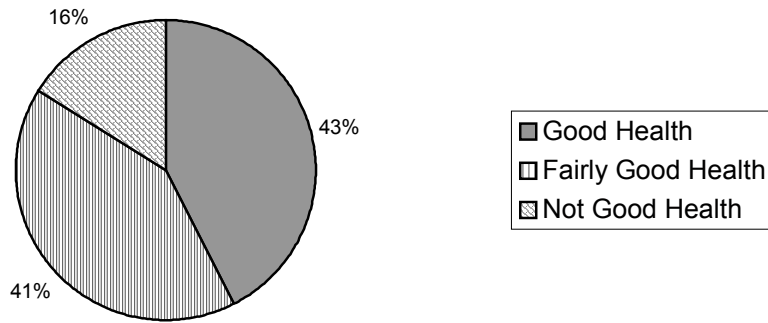
Figure 6 shows the amount of unofficial care provided by the 32,200 older people living in households. 88% do not provide any care, 7% (2,133) people give 1-19 hours per week; 1% (397 people) give somewhere between 20 and 49 hours care per week whilst 4%, about 1,200 people, provided in excess of 50 hours per week each on average.



Source: 2001 Census – Crown Copyright

The general health of older carers must be a cause for concern; in the event of a breakdown, the burden of care could well fall on statutory agencies. 1,584 (42%) of these older carers have good health and a further 1,547 (41%) have fairly good health. However, there are 604 older carers, 16% of all older carers, suffering from not good health, of whom 45% supply more than 50 hours per week of unpaid care. These figures are shown graphically in Figure 7 below.

**Figure 7: Over 65 Carers: General Health**



*Source: 2001 Census – Crown Copyright*

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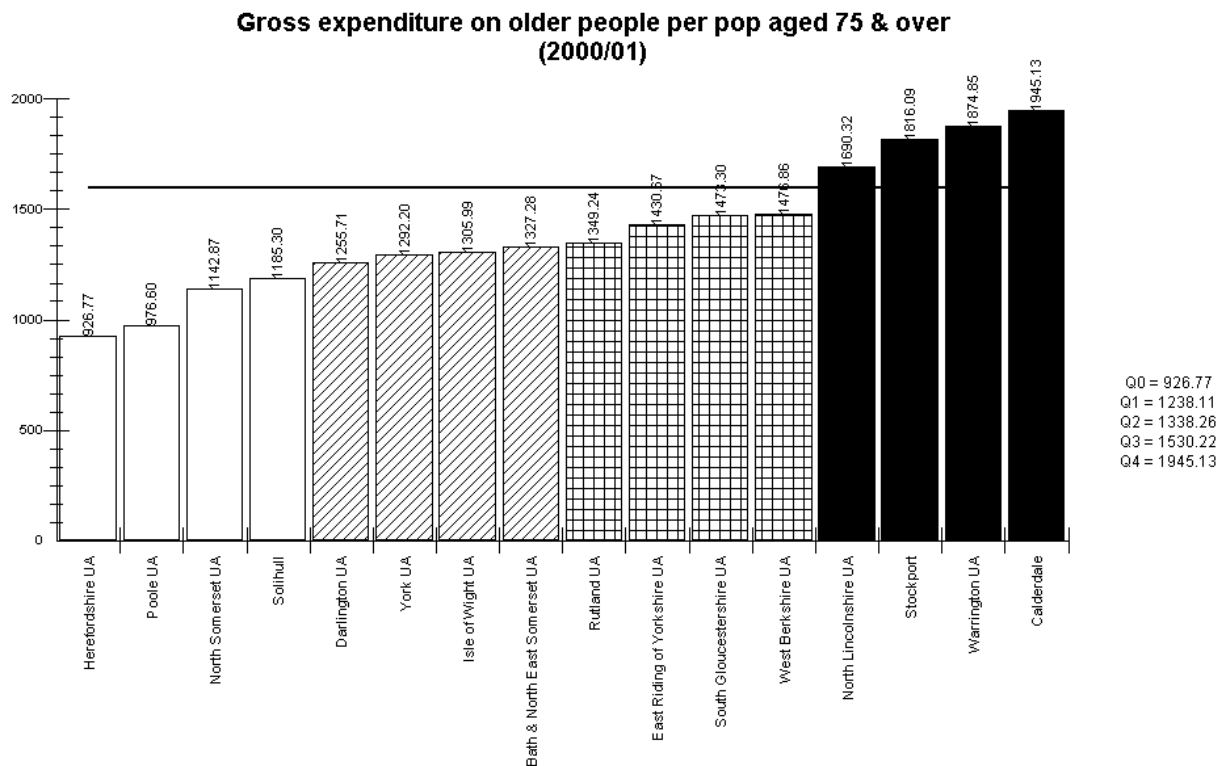
Expenditure on Older Care

A project by the Audit Commission, "*Whole system Health and Social Care for Older People – impact on hospital discharges*" considered some aspects of the funding of personal social services including older care.

A fairly crude analysis, comparing the expenditure on older people with that of other unitary authorities, suggests that Herefordshire is spending £11 million pa less than might be justified (2000-2001 figures). This figure includes an adjustment for lower deprivation levels in Herefordshire than other unitaries but makes no allowance for lower wage levels in Herefordshire which would tend to *reduce* necessary expenditure or of sparsity which would tend to *increase* necessary expenditure because of higher travel costs.

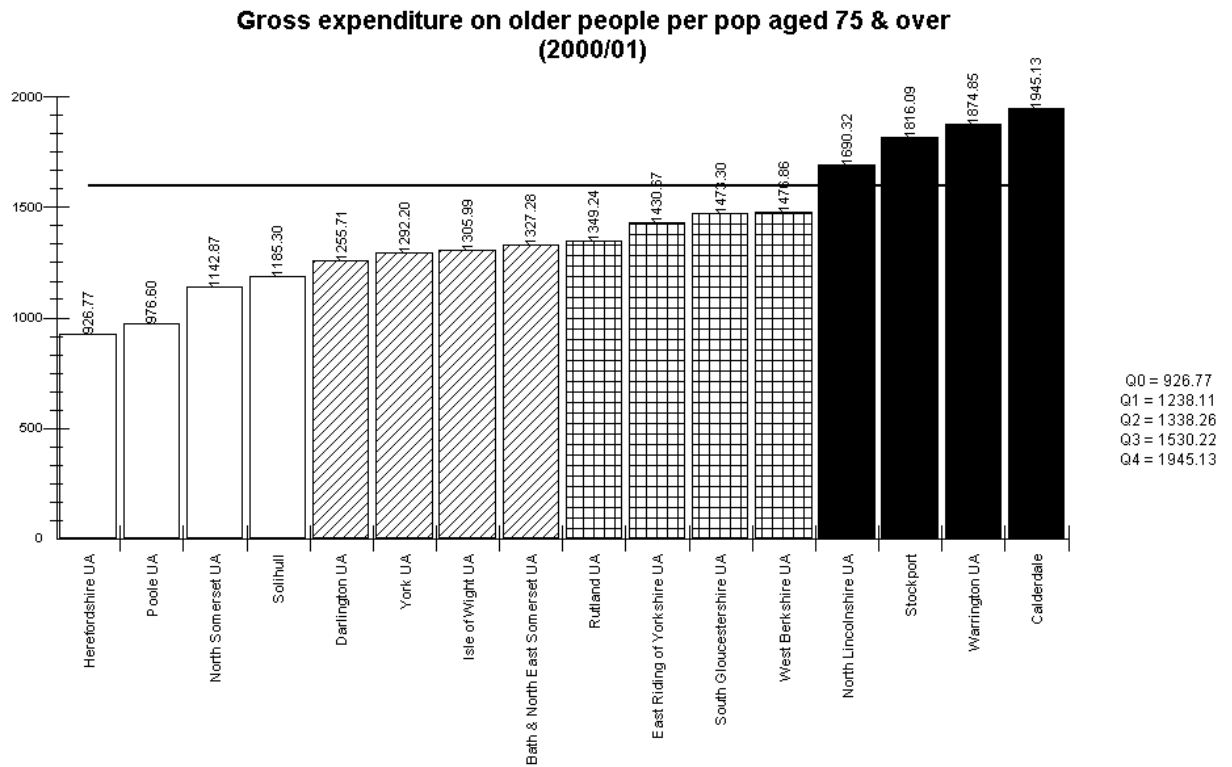
The effect of the low expenditure in Herefordshire is reflected in some of the KIGs:

- Supported admissions of elderly to residential and nursing care per 10,000 population aged 65+ (2001/02) = 82.41. This is the 3<sup>rd</sup> lowest figure in the benchmarking group of 16 unitary authorities most like Herefordshire.

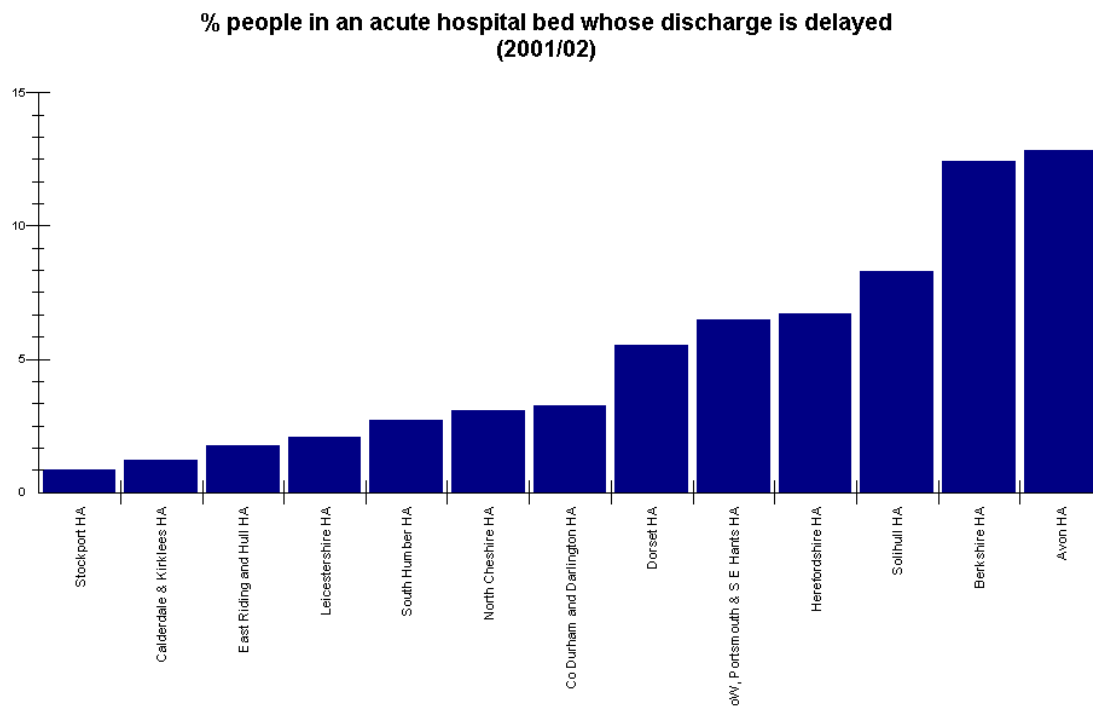


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- Gross expenditure on older people per population aged 75+ (2001/02) = £927. This is the lowest of any of the 16 unitary authorities in the benchmarking group.



- Percentage of people in an acute hospital bed whose discharge is delayed is 6.7%, the 4<sup>th</sup> highest in a group of 13 health authorities with similar socio-economic and demographic characteristics.



Staff Views on Training Needs / Resources

224 members of staff in Social care (adults) responded to the 2002 Herefordshire Council Staff Opinion Survey.

Respondents were also asked to consider whether they had adequate resources to carry out their jobs properly. Five statements covered this area and staff were asked to agree or disagree with them:-

"Usually, I have the resources to do my job properly."

"I have sufficient IT resources for my job"

"I believe it is possible for me to make improvements to my work within existing staffing levels"

"My workload is excessive"

"I regularly work late / take work home to keep up"

Amongst the lower paid employees, ie those earning £6.44 per hour, 20% felt they did not have the resources to do their job properly. A similar proportion, probably the same people, felt that their workload was excessive. Concerns about resources, IT, staffing levels and workloads were much greater amongst staff earning more than £6.44 per hour; 55% of these felt they did not have resources to do the job properly, 38% thought IT provision was insufficient, 60% did not think improvements were possible within current staffing levels, 66% agreed that their workloads were excessive and 59% regularly worked long hours or took work home.

It can be concluded that there are some issues on resources which worry senior staff but, from which, most lowly paid staff are protected.

The following are comments received on the above issues in the staff opinion survey.

***"Resources ie money or lack of does inevitably mean that we are less able to offer people a good level of service in terms of what they need"***

***"Over the past 12 years, resources have not increase, it has been 'cut cut cut' all the time."***

***"Access to a computer can be difficult."***

***"Inadequate staffing levels places additional workload and stress on others."***

***"Within social care very little funding, very few resources - not able to meet client need. ".....due to sickness and holidays we at times are under staffed"***

***"I feel that the council cannot provide the Home care section users what they need, when they do not have the resources or the staff to do this."***

***"Front line staff want to achieve more but are frustrated with lack of resources"***

***"We have no resources- we cannot carry out or achieve for our clients"***

***"Professional training for anything but IT has been negligible for 3 or more years for any social worker"***

***"I am very happy with the on going training."***

***"Resources and inadequate social work post in my team mean that we are constantly working at high pressure in emergency situations - hence opportunities for development work are squeezed out"***

***“Accessing relevant training opportunities to enhance professional development is complex time consuming and likely to result in lack of departmental support***

***“I need more training and updating with first aid.”***

***“Training within my directorate has greatly diminished lately.”***

***“Secondment for Dip SW needs to be made available.”***

***“My training has been ok but most of my skills I already had. I would like more opportunities to get even more skills.”***

***“I feel that the training opportunities offered are adequate and always related well to the job. I also feel that as carers, if training on anything specific is requested then the management is co-operative and usually manage to arrange this.”***

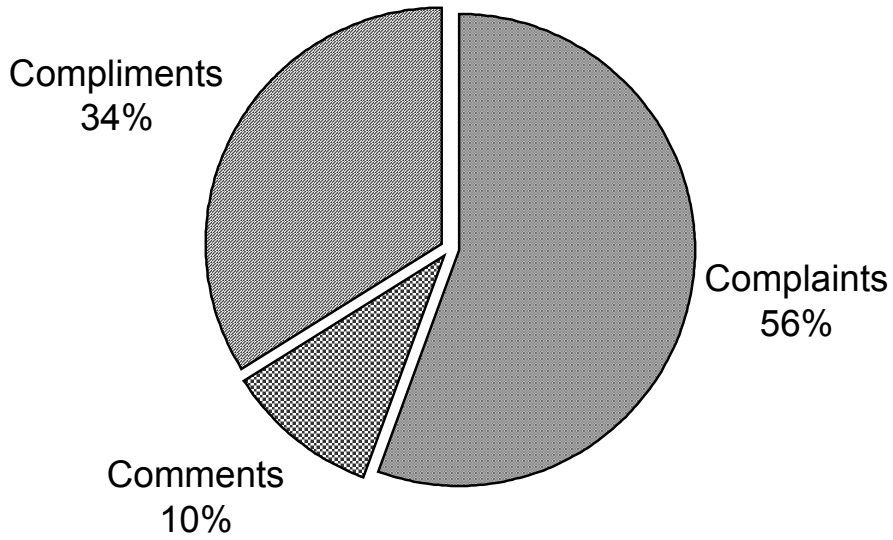
***“Due to the uniqueness of my role, any training re professional development is not available or appropriate within the local authority, for my professional development.”***

### **Public Perception of the Service provided by Social Care to Older People**

Over a period of nearly 18 months from April 2002 to mid-September 2003, 97 communications commenting on the service were received from either service users or their families or carers or others. The 54 complaints formed just over half these communications, compliments about a third and general comments the remainder. The following charts show a breakdown of these communications.

<b>Complaints</b>	<b>Comments</b>	<b>Compliments</b>
54	10	33

**Figure 8: Communications re Older Care April 2002 - Sept. 2003**

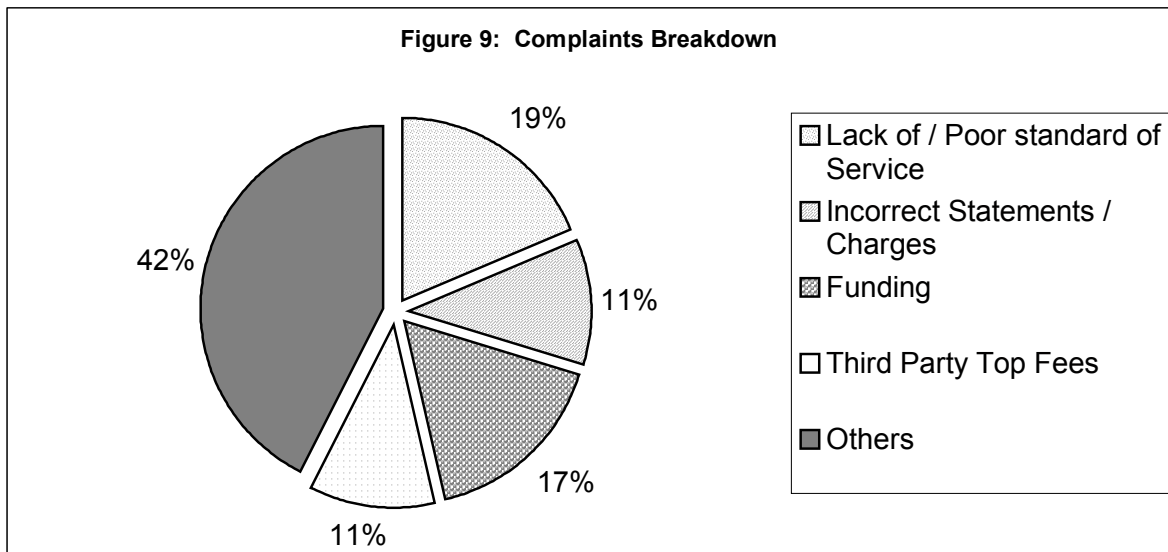


*Source: Herefordshire Council: Social Care & Strategic Housing Directorate*



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COMPLAINTS BREAKDOWN				
Lack of / Poor standard of Service	Incorrect Statements / Charges	Funding	Third Party Top Fees	Others
10	6	9	6	23



Source: Herefordshire Council: Social Care & Strategic Housing Directorate



## **Appendix two**

All Our Tomorrows- Inverting the Triangle of Care





# All Our Tomorrows

## Inverting the triangle of care



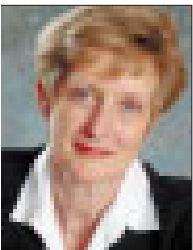
*Local Government Association*

A joint discussion document on the future of services for older people

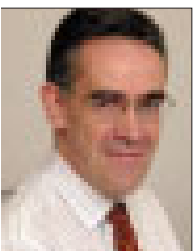
## Foreword



*David Behan,  
President, ADSS  
2002 - 2003*



*Alison King,  
Chair, LGA Social  
Affairs and Health  
Executive*



*Andrew Cozens,  
President, ADSS  
2003 - 2004*

**In 2002 central** and local governments agreed a number of shared priorities – one of which is improving the quality of life of older people

If we are to make real, significant and sustainable improvements in the quality of life of older people, we will need to take radical steps, rather than tinkering round the edges. Fundamental changes are needed in the way we think about ageing and older people. The way in which public services operate and are organised will need to be radically revised. The legislative underpinnings of services for older people need to be modernised to reflect a different vision for the future. We must do more to eradicate poverty and inequalities in health and wellbeing. The interface between the public sector and the private, voluntary and community sectors still needs to be improved and the value of informal carers better recognised.

The public sector needs to ensure that it is responsive to the needs of older people. The national aspirations for better services for older people is clear in the national service framework and the NHS Plan and the new investments in health and social care reinforce this. The social services community is fully committed to the principles of opposing ageism, developing person centred care, working in partnership with users and carers and the development of inclusive services. However, for local government, social services and the social care community and for the NHS, creating robust and responsive services which will meet the needs of today's and tomorrow's older people poses significant challenges and many new opportunities. This document looks at what some of these might be.

The framework of thinking is based on the fundamental principles of public sector reform.

We are committed to the engagement of older

people in the development of services and believe that older people should be empowered to be full partners in ensuring that there is a greater range of flexible services which give them a greater choice in care.

We are committed to working within a framework of clear national standards and accountability and believe this is essential to provide older people with confidence in public services.

We believe that older people want local services delivered locally. We therefore support the movement to devolve power to the front line and believe this will result in more flexible and appropriate local services. This is one of the major themes of this document.

We believe we will need to work in partnership with other public and independent organisations to maximise our resources and promote an inclusive approach to responding to the needs of older people.

We believe that our workforce is our key resource and that investing in our staff and developing flexible new ways of working is essential to provide better services for older people.

This is a huge project for the nation and we recognise that we cannot tackle all the issues at once. Nevertheless, the speed at which our society is ageing means that this agenda is urgent now.

We hope that this document will promote a wide discussion that will help take forward a national debate about the future of social services for older people.

**David Behan**  
**Alison King**  
**Andrew Cozens**

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## Introduction

■ *We readily use the expression 'the elderly', setting us apart from each other simply because of age.*

■ *When we need specialist help we don't want to be faced with bureaucratic responses, or arguments about whose responsibility it is to help us.*

■ *Properties in poor condition are disproportionately occupied by older people and tend to be older and privately rented.*

■ *Older people are more likely to fear becoming victims of crime than younger people.*

### All Our Tomorrows Improving the Quality of Life of Older People

**This discussion paper** from the ADSS and the LGA details the progress made so far in building better services for older people and sets out a positive vision for the way forward. The first section highlights some of the major achievements so far, and some of the challenges we still face. The second section looks at how our services need to change in the future and how we need to adapt our policies and services to improve the lives of older people reflecting the needs of the ageing population.

It is well known that the population of the UK is getting older. People are living longer and expect much more from their lives and the services they use. In 1900 only 4 per cent of the population were aged over 60<sup>1</sup>. The latest figures for England from the Government Actuary<sup>2</sup> show that this had grown to 21 per cent by 2003, is expected to be 25 per cent in 2020 and will be 29 per cent by 2031. Year on year, this is rapidly increasing the demand by older people for services. Local authorities have a key role in responding to the needs of older people. This growth in demand is already having a major impact upon them.

Those who are younger often consider older people as a separate group. We readily use the expression 'the elderly', setting us apart from each other, simply because of age. Yet we would do well to remember that all of us age. Just because we are older, doesn't mean our fundamental needs change.

We want to be active partners in the decisions that affect our lives. We want to be treated equally with dignity and respect. We want to remain as healthy and as independent as possible for the rest of our lives. We need to be able to access the services that everyone else uses. When we need specialist help, we don't want to be faced with bureaucratic responses, or arguments about whose responsibility it is to help us. If we require specialist services, we want these to be tailored to our needs. Achieving this for older people presents a challenge.

Many older people believe their contributions are not valued as much as they should be, or as much as they are in many other societies. Such negative images can lead to age discrimination, social exclusion, isolation and poverty. Yet older people

have a wealth of knowledge, skills and experience that can enrich all of our lives.

An independent inquiry in 1998, under the chairmanship of Sir Donald Acheson<sup>3</sup> found that:

- Older people are more likely to be living in poverty, whether this is defined as below half-average income or the receipt of means-tested benefits,
- The poorest pensioners, who rely most on benefit, have experienced a relative deterioration in their income,
- Older people are at risk of fuel poverty,
- Properties in poor condition are disproportionately occupied by single older people, and tend to be older, privately rented properties,
- Older women are particularly likely to live alone,
- Older people experience lack of access to transport disproportionately,
- Older people are more likely to fear becoming victims of crime than younger people.

### So how can we respond to the challenge?

**We need to** confront ageism and other types of discrimination against older people. In particular we need to:

- Recognise the vital role that older people play in our society, and improve the participation and engagement of older people in policy and service issues,
- Encourage healthy lifestyles for older people; break down the barriers to employment, and ensure they can access the general services provided for all of us - all with the aim of promoting independence,
- Have a joined up partnership approach to how services are delivered and ensure integration of key services such as health, housing, social services, transport, leisure and lifelong learning, planning, regeneration and the environment,
- Ensure specialist services are responsive, flexible, integrated and of high quality.



# SECTION ONE

Choice and involvement, independence, growth in partnership working, shifting the focus...

## Emergence of Choice and Involvement for Older People

The **Community Care** Act 1993 placed a responsibility on local authorities to offer choice and involvement in the social services provided to older people. Although service focused in its approach, the legislation provided an impetus for involving older people in choices about their lives. Councils successfully managed the challenges of introducing fundamental changes to assessment, commissioning and procurement of social care services through the modernisation of management and professional practices alike.

The introduction of direct payments in 1996,<sup>4</sup> and further encouragement by the government in 2001<sup>5</sup> to use these for older people, has enabled councils to give individual older people a budget to purchase their own chosen services, following an agreed assessment of needs.

The Better Government for Older People initiative reports a whole range of innovative projects<sup>6</sup> by local government, the pension service and others, actively seeking new ways of involving older people in such things as employment, lifelong learning,<sup>7</sup> user friendly information, and designing a new learning and resource centre.

A number of initiatives, such as health action zones, have been introduced by the government to reduce inequalities in areas of greatest need. Many of these have recognised the importance of involving older people in their local communities. The national service framework for older people<sup>8</sup> also recognises the need to combat age discrimination. Councils are actively working with their health partners to achieve this.

## Emphasis on Independence

**Over recent years** councils have been changing the balance between home and residential care. Research into the changes in social care services since the mid 1980s<sup>9</sup> found that:

- Need related circumstances of users and carers are now the primary cause of admission to institutional care rather than supply side issues such as a shortage of domiciliary care,
- Care packages are now more efficiently meeting needs,

- Services are helping to realise a series of outcomes such as extending length of stay in the community.

The NHS Plan<sup>10</sup> recognised the need for ways of bridging the gap for older people as they move from dependence in hospital to independence at home. Joint health and social services intermediate care teams have been established, providing rapid response to emergencies, intensive rehabilitation and recuperation. Inspections of 23 councils in 2001/2 found a wide range of new innovative services promoting independence particularly in the area of intermediate care.<sup>11</sup>

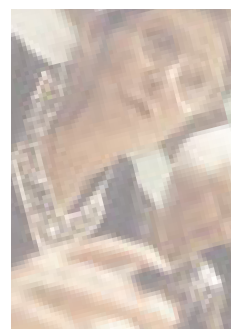
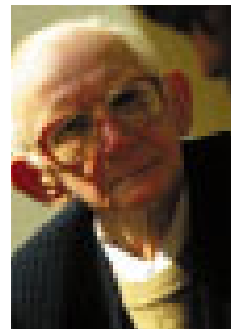
In recognition of the fact that an older person's home can have a marked affect on their quality of life,<sup>12</sup> especially their independence, councils, in partnership with others, have developed schemes to facilitate adaptations and repairs so that older people can remain in their existing homes. They are continuing to develop smarter forms of equipment to support mobility and monitoring.

Private and public housing providers have developed supported housing. This includes the development of 'extra care' supported housing, and large scale, mixed tenure villages which support independence by building any specialist services required around the needs of a person living there.

In addition to subsidised public transport for older people, imaginative transport schemes have been developed locally, which enhance the mobility of people outside their homes. Examples include 'dial-a-ride' and 'shopmobility' services, and rural transport schemes.

## Growth in Partnership Working

**Arising out of** the Local Government Act 2000, which placed a responsibility on local authorities to improve the social, economic and environmental wellbeing of their area, local strategic partnerships have now been established almost everywhere. Led by councils, these bring together into one partnership public, private, voluntary and community sectors with the aim of reducing health inequalities and social deprivation by better local co-ordination. This has begun to shift the focus towards service outcomes being about securing wellbeing for all.



## Integrated teams, improving specialist services, support to carers, social exclusion...

■ *Inspections in 2002 demonstrated that SSDs have actively started to implement the national service framework.*

■ *In 1997, 35% of residential care and 70% of home care was directly provided. In 2002 this had fallen to 20% and 44%.*

■ *Older people are often still excluded from universal services in the community - ones that we would all expect to use.*

■ *A survey found that train and bus operators think of older people as a nuisance, or as potentially reducing profits.*

Planning has consequently become much more integrated. The recent NHS led local health delivery plans have involved a number of key stakeholders across the whole local community including older people and social services.

The Health Acts of 1999 and 2001<sup>13</sup> have encouraged health and social services to pool budgets leading to more jointly commissioned services reducing the gaps for service users. The supporting people initiative<sup>14</sup> has similarly brought together housing, social services and health on a local basis to commission the support element for supported housing.

At the service level, local partners are busily establishing integrated teams. Staff are drawn from across the agencies, particularly health and social services, with the objective of facilitating seamless services. In some cases these teams are being located in easily accessed 'one stop shops'.

Some of these developments involve national government services. For example, the pensions service have partnerships with a number of councils for joint financial assessment. Benefits teams offer a single route into the pensions service, social services and the supporting people initiative.

In 2002, the chief inspector of social services reported that inspections demonstrated social services departments had actively started to implement the national services framework in co-operation with the NHS and other stakeholders including users and carers.<sup>15</sup>

Partnership with the independent sector has been embraced by social services. Directly provided specialist services now account for well below half of those procured. Illustrating the change: in 1997 35 per cent of residential care and 70 per cent of home care was directly provided. In 2002 this had fallen to 20 per cent and 44 per cent respectively.<sup>16</sup>

### Improving the Quality of Specialist Services

At the end of March 2002, there were about 203,500 older people in England being supported by social services in residential/nursing care. Community based services such as home care, day care and meals were being provided to approximately 683,000 older people.<sup>17</sup>

Despite well publicised exceptions, research shows high levels of satisfaction by service users. In one home care service study, a staggering 97 per cent of older people agreed or strongly agreed that care workers make sure they are comfortable, describing care staff as 'friendly, cheerful, discreet, thorough, obliging and gentle'.<sup>18</sup> When comparing changes since the mid 1980s another study found that 'services benefit a wider range of people' and 'they are more proactive in achieving outcomes highly valued by users, carers and policy makers'.<sup>19</sup> Department of Health inspections in 2002 also found that older people generally indicated they were satisfied with the services they received'.<sup>20</sup>

### Improving Support to Carers

**The Carers Act;**<sup>21</sup> subsequent legislation, guidance, and the carers' grant have emphasised the importance of support to informal carers. Although problems still do remain, councils have responded positively to the Act. A government report<sup>22</sup> concluded that the implementation of the Act had brought a greater focus on carers' needs and noted that in some cases carers are offered very sensitive, practical and emotional support.

## Current Challenges Social Exclusion and Older People

**Older people are** often still excluded from universal services in the community, ones that we would all expect to use.

The ability to travel from our homes is critical for meeting our basic needs such as shopping, contact with others and full participation in community life. Research<sup>23</sup> has established that good access to transport is associated with quality of life for older people. And yet, according to a survey,<sup>24</sup> over one million UK citizens over 65 feel acutely isolated in their own homes. The same survey found that train and bus operators think of older people as a nuisance or as potentially reducing profits, because of demands for free access.

Having a suitable home is crucial to our wellbeing and yet the Housing Corporation points to a lack of understanding of ageing in relation to housing design and planning. A view exists that just a few categories of specialist housing will meet the needs

## Assessing health care, joined up commissioning, governance, flexibilities and seamless services...

of all older people. This is an example of fitting people into services rather than designing services around the needs of people. It results in such examples as older people having insufficient room within their homes to entertain others. There is often also a failure to respond to older people living in general housing who, without enough support, can be socially isolated.<sup>25</sup>

None of us could easily maintain our independence if we were unable to access health care services when we needed them. Ageing does bring a greater risk of needing health care<sup>26/27</sup> and yet older people are often seen as a burden rather than the major age group of adults who legitimately require services. A 1998 Inquiry<sup>28</sup> found that poor older people may be less likely to receive some health care services and have poorer health outcomes after receiving these services. Age Concern reported a survey of GPs finding that 77 per cent confirmed that age based rationing occurred.<sup>29</sup> None of us would easily maintain our dignity if we were regarded as a burden, just because we shared a health condition with a huge number of other people. This ought to be an argument for more help rather than less.

It is likely that this picture would be repeated in other universal services such as leisure and education. The challenge is to find ways of integrating older people into their own communities, utilising the universal services we all require.

### Uncoordinated Commissioning

While local strategic partnerships have a key role in promoting wellbeing, there is no effective mechanism to support the local strategic partnership to coordinate commissioning from the viewpoint of older people.

Joined up commissioning between partner agencies for specialist services used by older people is developing. However, challenges remain. Differing targets, priorities, planning systems, commissioning and governance arrangements, work force roles, budgetary constraints, delivery, and performance monitoring make it difficult to deliver services that are coherent and joined up. The national service framework, while giving much needed and welcomed attention to older people, is far too narrowly focused on health. It is clear that if the gaps in services for

older people are to be closed and services better coordinated, then improved forms of joined up planning and commissioning are required.

The challenge is to find ways of commissioning universal services on a joined up community wide basis and specialist services on a system wide joint agency basis.

### Disjointed Governance

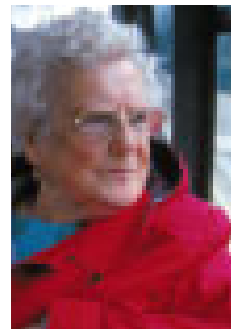
Joined up commissioning requires joined up governance. The NHS Plan<sup>30</sup> suggests either joint or lead commissioning across health and social services but this does not cover other key partners. The planning for the implementation of the national service framework for older people and the local health delivery plans led by primary care trusts has encouraged wider participation, but largely from a health perspective. The duty of wellbeing in the Local Government Act 2000 resulted in local authorities leading community strategies, and a national agreement has been reached for capacity planning involving all partners including the independent sector. However, there is no consistent governance framework in which commissioning can operate across all needs and all partners.

The key objective for a governance framework is to secure seamless journeys for service users and their carers when utilising both universal and specialist services, while holding partners to account for their individual contributions.

Recent Health Acts<sup>31</sup> have introduced flexibilities that ease the way for joined up governance, including creating a care trust. However, although in some cases this can be helpful, it focuses attention primarily on the specialist services provided by health and social services. Mechanisms still need to be found to include all the other community services.

A study by the Audit Commission<sup>32</sup> concluded that some areas had achieved high levels of integration with a minimum of structural change while others had adopted care trust status. They suggested that the level of organisational change necessary to deliver integrated care is likely to be different in each community; one model does not fit all.

This presents a challenge to each community. Services must work together if they are to make the



## Inequalities, carers, assessment and better opportunities, staff and workforce issues...

■ *Poorer older people are less able to bear the additional costs of disability.*

maximum difference to the lives of older people. Every community needs to establish the appropriate governance arrangements for their locality in order to make this a reality.

### Pressures on the Delivery of Services

**Apart from the** issues for older people accessing universal services identified above, similar problems exist for social services. The independent Inquiry into inequalities<sup>33</sup> found that:

- Levels of domiciliary support are insufficient to counter an increasing trend for more older people to enter residential care.
- Where demand for services exceeds supply those in the poorest groups are protected through means testing. However charging for essential support services can disadvantage those with average incomes, while those with small savings feel penalised.
- Poorer older people are less able to bear the additional costs of disability such as the additional laundry costs associated with incontinence.

Inequalities are likely to worsen unless action is taken. People are living longer: two per cent of the population in 2003 were over 85 years, but it is anticipated that this will grow to 2.5 per cent by 2020 and 3.2 per cent by 2031. It is a much higher proportion of people over 85 years who require specialist support from social services.

When support is required, informal carers currently provide a very significant share of this. This is often without the direct involvement of outside agencies. There are six million carers in Great Britain with one in eight adults giving informal care.<sup>34</sup> Informal carers are often crucial to older people and help to avoid dependence on specialist services.

However, a government report<sup>35</sup> in 1998 noted that the quality and type of support that carers receive remains a matter of chance. In some cases, carers received no information about what might be available and they were not assessed. A survey of carers in 2003<sup>36</sup> by Carers UK reported only slight improvement.

Alongside this, the population in the ages who traditionally provide this informal support (35 to 60

years) is set to fall. There were three people aged 35 – 60 for every older person aged 70 and over in 2003, this is projected to fall by 35 per cent to two people for every older person by 2031.

The challenges are to improve the delivery of social services to service users and carers while expanding opportunities for choice and responding to the population-driven increase in demand.

### Modernising the Workforce

**Modern services require** a modern workforce. However, social services struggle to recruit and retain staff and their roles don't cover the new tasks required. In some cases the prescribed roles are restrictive.

Traditionally social care has had a poor image<sup>37</sup> and for many posts, low pay. A national report<sup>38</sup> in 2002 showed that the numbers working in social services departments fell overall by three per cent over one year. This was particularly marked within services associated with older people: domiciliary care by 7.5 per cent and residential care by 4.3 per cent. Turnover for home care employees was a high 16.1 per cent.

A similar survey<sup>39</sup> of independent care providers revealed, in residential care, vacancies of 7.1 per cent and 8.5 per cent for care workers and nurses, and turn over rates of 24.9 per cent and 15.3 per cent respectively. Fifty per cent of respondents reported severe difficulties in recruitment, citing attractiveness of pay as the most common reason. The turnover of home care workers in the independent sector was a massive 35.8 per cent (50 per cent in London), the main reasons given being low pay and nature of the work.

A national report concluded that there are shortages of qualified staff and competition with other sectors for unqualified staff.<sup>40</sup> This is exacerbated by national shortages in the NHS of GPs, community nurses and other staff.

Many of the traditional roles and skills of staff need to change. Tasks such as rehabilitative work for people with disability, including older people, are shared between different professional groups and can include occupational therapists, social workers, care staff and nurses. What is required are new roles, which bring together a number of the skills related to

■ *In some cases, carers receive no information about what might be available, and they are not assessed.*

■ *Modern services require a modern workforce. However, social services struggle to recruit and retain staff.*

■ *There are shortages of qualified staff and competition with other sectors for unqualified staff.*

■ *What is required is new roles which bring together a number of the skills related to rehabilitation and reablement.*

## Workforce imbalances, inadequate pensions, means-testing, eligibility, perverse incentives...

rehabilitation and reablement. We also need to develop the role of community development with professionals becoming facilitators and catalysts for change.

A related workforce issue is the need to change the traditional ways staff work across agency boundaries. Collaborative working requires training to understand the roles of other agencies' staff and in the particular skills of referring across the system to get services delivered. Staff from partner agencies across the public and independent sector may need similar skills, yet joint recruitment, training and cadet schemes are largely absent.

Traditionally social services for older people have been staffed with people less trained and qualified than the remainder of social services. The 2001 workforce survey<sup>41</sup> showed that in residential care 39 per cent of managers of older people's establishments held relevant qualifications. However for managers of children's establishments the figures were 67 per cent. In the home care service only 9 per cent of managers possess a relevant qualification.

The numbers of field professional social workers show a similar imbalance. The number of social workers in the older people's and children and family services are roughly equal<sup>42</sup> and yet the volume of work is significantly higher in services for older people: the proportion of expenditure by social services on children being 23 per cent and for older people 45 per cent.<sup>43</sup>

National action is being given to the appropriate training and qualifications of the workforce but the challenge is to give continued attention to these issues, and speed up the pace of implementation.

### Investment Issues

**An adequate income** is the prerequisite for meeting our needs. Essential items such as nutritious food, heating, mobility, independence, autonomy, choice, participation in the community and thus dignity, often depend on being able to afford them. This makes pensions one of the most crucial services for older people.

However, the minimum income guaranteed for an older single person is only £5,104 per year and £7,790 for a couple.<sup>44</sup> As a proportion of UK average

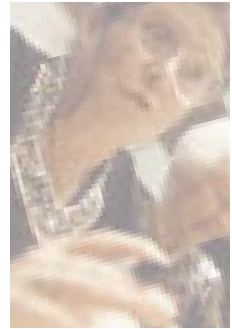
earnings, this is 15 per cent.<sup>45</sup> Considering all pensioners, even the mean net income after housing costs, is only £8,216 for a single male and £6,656 for a single female.<sup>46</sup> Additionally, many pensioners have not taken up all the benefits to which they are entitled. In 1999/2000 between £930 million and £1,860 million in entitlements went unclaimed by pensioners<sup>47</sup> despite sustained attention by central and local government and the voluntary sector.

A very recent national survey concluded that 45 per cent of older people surveyed remain in poverty, lacking two or more basic items or activities that they could not afford to purchase.<sup>48</sup> Successive governments have encouraged individuals to prepare for their retirement through occupational and private pensions, but recently employers have moved away from final salary schemes, leaving future pensioners dependent on the vagaries of the stock market.

Having sufficient resources can also be an issue when needing specialist services. NHS services are free but social services are means tested. In the case of local authority supported residential care, residents make a significant financial contribution to the costs. In the case of NHS continuing health care services are free. Despite a commendable joint approach by the government and local authorities to create a common framework for all councils in setting eligibility criteria,<sup>49</sup> the distinction is not always clear. This opens up fault lines between the two services, with significant financial consequences for the service user, and both services riding on the result.

A similar situation occurs for specialist housing and social services for people in their own homes, where charges are also made. Consequently it matters financially who is visiting a service user e.g. the community nurse who is free or the home carer where a charge is made. Yet the boundaries between personal care and nursing care are increasingly blurred.

Charging for services also places a perverse incentive on social services departments struggling to juggle resources. Where older people have high levels of needs, even if the gross costs are greater, it is often cheaper to place someone in residential care. This is because the charge a local authority can realistically make to the service user for domiciliary care is significantly less than for residential care.



## Outdated legislation, the 'welfare net', mainstream services and reviewing the law...

■ *The focus on the 'welfare net' for older people has reduced the focus on how services can contribute to meeting older persons' needs.*

■ *Services for older people are not just about social care or health - they cover the wide range of services we all need now.*

■ *Older people will soon make up 25% of the population and we need to plan changes now if we are to respond to these issues.*

■ *How do all the key agencies and the wider community work together to improve the commissioning of services?*

The challenges are to ensure older people have sufficient resources to access the services they need and that there are no perverse incentives that distort the pattern of specialist services.

### Modernising the Legislation

**Almost ten years** after the implementation of the community care reforms,<sup>50</sup> a government report identified that the number of households receiving home care from social services<sup>51</sup> reduced by 18 per cent from 1999 to 2002, and yet the number of hours of care provided increased by 14 per cent over the same period.<sup>52</sup>

This trend reflects the enormous effort made by social services to concentrate resources on those people with higher levels of need and dependency. The intention is to avoid the use of residential care for those people where intensive support can enable them to remain at home. Given budget constraints this means that older people with lower levels of need receive less help. The investment has also been at the expense of preventative or promotional 'lower level' services. This is an unintended consequence of the changes made in the community care reforms.

This is perhaps unsurprising. Although the 1993 changes were radical in many respects, they still relied heavily upon concepts rooted in the Poor Law. Like the legislation that preceded them such as the National Assistance Act 1948 and the Chronically Sick and Disabled Persons Act 1970, the emphasis is upon public services providing a 'welfare net' to catch those who either experience the severest difficulties and/or who have not been able to make provision for themselves.

This has led to narrow definitions of entitlement linked to a rigorous assessment of the needs and means of individuals who request services. It contrasts with an approach seeking to promote the health and wellbeing of older people through the use of mainstream universally accessible services. The focus on the 'welfare net' for older people has reduced the focus on considering how services, such as transport, supply of food, housing, education, leisure, can contribute to meeting the needs of this major age group of citizens.

The challenge is to review whether today's legislation is appropriate for meeting tomorrow's needs.

### The Key Issues

**Services for older** people are not just about social care or health. They cover the wide range of services we all need. Yet older people are more likely to experience poverty and find it difficult to afford basic necessities. Where social care is required, local government has developed extensive specialist services, often of a very high quality. This is in response to the continual efforts made by the government to improve the lives of older people. However, this has been at the expense of 'low level maintenance' or preventative services. This deficit is exacerbated when universal services such as transport and housing are not tailored to the needs of older people.

Older people will soon make up 25 per cent of the population and we need to plan changes now if we are to respond to these issues.

- How can older people better engage with the community and its universal services?
- How do we tackle discrimination against older people?
- How do all the key agencies and the wider community, including older people, work together to improve the commissioning of services?
- How does each community establish joined up governance arrangements?
- How do agencies rise to the challenges of developing a responsive and skilled workforce?
- How will social services deliver high quality services to older people and carers alike?
- How do we tackle poverty for older people?
- How do we develop the right legislative framework?

# SECTION TWO

## A Future Vision for Older People

### Setting the Outcomes

The United Nations *Principles for Older People* emphasise the importance of independence, participation, care, self fulfilment and dignity as we age. Building on these principles, the ADSS and the LGA propose that we should seek to achieve the following outcomes for older people:

- **Living longer and healthier lives** – including protection from abuse and exploitation.
- **Better quality of life, enhanced lifestyles** – better access to leisure, social activities and lifelong learning.
- **Further opportunities for employment** – more older people having the opportunity to work or having access to other income-generating opportunities.
- **Reduced poverty** – elimination of poverty in old age and greater financial independence.
- **More independence and interdependence** – relationships based on reciprocity rather than dependence.
- **Better informed** – increased access to information and advice so that older people can take action for themselves.
- **More involved in decision making** – fully able to influence the development of key policy areas including the governance, implementation and shaping of services and to exercise their democratic rights as citizens of their communities.
- **Greater control and autonomy** – more choice and control over the services provided to them.
- **No discrimination** – Ageism, stereotyping and other types of discrimination against older people confronted and stopped.

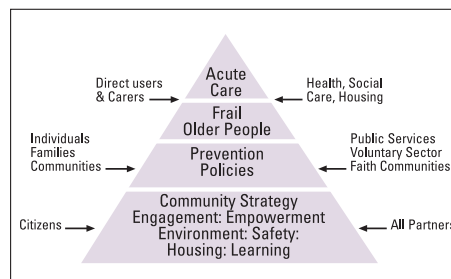
How we set a new direction to achieve these outcomes is the theme for the remainder of this document.

### Shifting the Balance

**Currently we focus** most resources for older people on those with the most severe needs. In Figure 1, statutory services are concentrated at the very tip of the triangle. This focus on acute care and the most

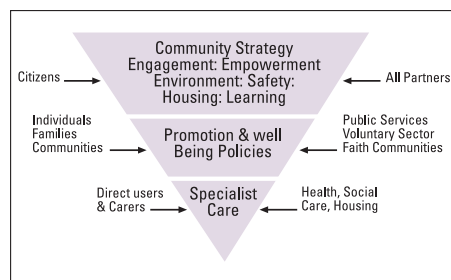
frail older people has been emphasised even more, by the drive to reduce delayed discharges from hospital.

**Support for Older People Today** Figure 1



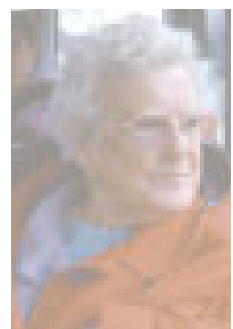
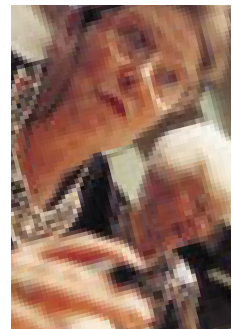
Future services need to reverse this trend by inverting the triangle so that the community strategy and promotion of the wellbeing of older people is at the top of the triangle and the extension of universal services for all older people is seen as crucial to all agencies, see Figure 2.

**Support for Older People Tomorrow** Figure 2



Key features of this approach are:

- Community members, including older people, and agencies working together, taking collective responsibility for promoting the wellbeing of older people and setting priorities.
- Agencies focusing jointly on what needs to be achieved and how each will contribute to this, rather than a preoccupation with internal structures and boundaries.
- Professionals, while recognising their specific skills, being concerned with growing the capacity



## Prevention, outcome orientation, wellbeing, working across barriers, defining outcomes...

■ *Adults don't just seek to avoid dependence on others but are interdependent, enjoying equal relationships with others.*

■ *Focusing on outcomes needs to start from the perspective of what older people universally need.*

■ *National and local outcomes for older people need to be clearly expressed in language everyone understands.*

■ *Indicators need to be easy to collect, easy to benchmark, easily understandable by the general public*

■ *Local and central government need to take a proactive approach to revising the image of older people.*

and capability of universal services, becoming facilitators, catalysts, and enablers in developing services in the community.

- Universal services enabling people to be supported in the community more safely and for longer.
- Information, advice and other resources available to empower older people in accessing the services they need when they need them.

### Promotion of wellbeing

**Inverting the triangle** also turns the concept of prevention upon its head. Two broad definitions of prevention have been recognised.<sup>53</sup> these are:

- Services which prevent or delay the need for more costly intensive services,
- Strategies and approaches that promote the quality of life of older people and their engagement in the community.

The first of these definitions follows from the logic of figure 1 and has underpinned community care policies for many years. This form of prevention has been aimed at frail older people. The second definition follows from the logic of figure 2. Promotional policies aimed at all older people are necessary to promote wellbeing more effectively.

This revised definition of prevention focuses on citizenship, participation and partnership. A recent paper, *Living Well in Old Age*,<sup>54</sup> points out that 'older people are citizens of their community rather than mere consumers of health and social care organisations.'

The objectives behind preventative strategies need to change. The old definition is characterised by promoting choice and independence. While still important, we need to go beyond these to a more complete sense of empowerment. Adults not only exercise choice between the options they are given or face, they possess the much greater ability to control their lives and create their own options. Adults don't just seek to avoid dependence on others but are interdependent, enjoying equal relationships with others.

A further paper<sup>55</sup> highlighted that the extension of control and interdependence is fundamental to successful ageing. We should recognise and promote

ways in which older people are able to exercise more control over their lives if they are to be truly considered by us as adults. We should support the maintenance and development of new relationships, no longer based on dependency, but on an equal footing, contributing as well as receiving.

### Defining the Outcomes

**At present each** agency has their own set of goals and objectives. Many of these are not framed from the perspective of an older person in terms of desired outcomes. This focus on outcomes needs to start from the perspective of what older people universally need. The Audit Commission and Better Government for Older People in 2003<sup>56</sup> brought together information about what older people say are the key factors that would help them to live independent lives, and this should inform the development of a national set of wellbeing outcomes for older people.

As well as national wellbeing outcomes for older people, communities may wish to develop their own set of local outcomes that they want to see for all older people in their community. These may be related to particular needs of the community.

Both national and local outcomes for older people need to be clearly expressed in language that everyone understands such as healthier older people, older people who are better informed, more choice and power to make decisions, independence, better access to services, dying with dignity. As one resident said, 'the words need to speak to the people!'

Rather than each agency focusing on delivering service objectives and targets they should be required to say how they will contribute to delivering the national and local outcomes for older people and work across organisational barriers to achieve this. The aim will be to improve the wellbeing of older people rather than creating inward looking organisations focusing on agency processes or performance.

Progress against outcomes needs to be monitored. National indicators inform all stakeholders about the progress achieved in relation to agency objectives and targets. comprehensive performance assessments<sup>57</sup> provide a basis for monitoring services across councils and the star ratings for



# Tackling discrimination, universal and specialist services, the active community, priority issues...

health provide a similar approach for health trusts. However, both need to be revitalised if they are to provide whole system monitoring. Indicators are needed on a cross agency basis to monitor outcomes for older people.

Local communities will want to develop their own indicators to monitor whether they are achieving local outcomes for older people. Research carried out in America<sup>58</sup> highlighted the importance of the buy-in by the local community to local indicators. These indicators are known as 'town square' indicators and are owned and understood by everyone.

Indicators need to be easy to collect, easy to benchmark, easily understandable to the general citizen, few... But important.

## Tackling Age Discrimination

**None of this** will be achieved without tackling age discrimination. Negative images contribute to the poverty, social exclusion and isolation of older people. We must develop positive images of ageing if we are to ensure the active participation and engagement of older people in our communities. This means challenging and changing attitudes to older people. Local and central government need to take a proactive approach to revising the image for older people, and set an example by developing publication and media standards in all their documents to improve this image.

Having the right forums at national and local levels to represent and consult with older people will also put older people closer to the centre of setting national and local policies and help to tackle age discrimination.

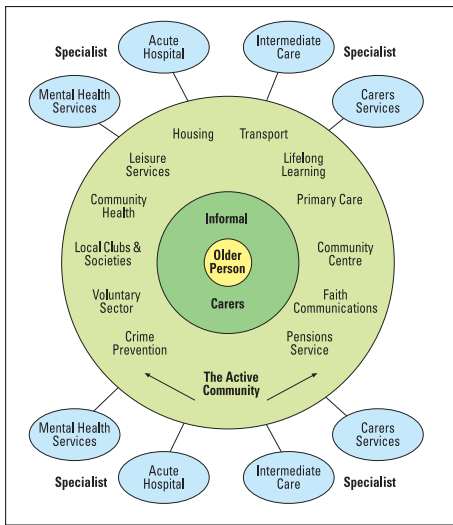
## Achieving the Vision

### Changing the Direction

**The vision, which** needs to be shared, demands a new way of looking at the networks of people and services in the community. This is illustrated in Figure 3. Older people and their immediate informal carers are in the centre interacting with universal services: the active community coloured light green. Specialist services are on the outside interacting with older people only when they are needed: the

specialist community coloured blue.

**A New Direction in the Community** Figure 3



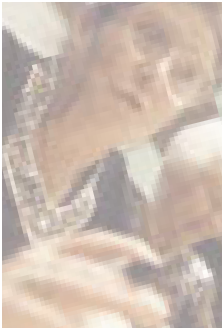
This model represents a much better connected local network than exists currently, ensuring better outcomes for access, choice and a seamless service.

The local authority would have a leadership role in achieving this by:

- Facilitating the development of this new direction,
- Ensuring that services within the 'active community' are accessible, and meet the needs of older people and their informal carers,
- Overseeing the development of comprehensive wellbeing strategies, not just focused on health and social care.

It will be important to have a dedicated staff team at a local level to sustain the momentum of implementing the new direction, sustain the partnerships and ensure strategies that cross agency boundaries are delivered.

Deciding the size of the active community will be a key issue for each council based on local issues. Active communities could be based around a particular local authority area, neighbourhood, primary care trust locality, or other areas that form a



## Strategic change, levels of commissioning, clear accountability and local strategies...

■ *Commissioning needs to accommodate the move to greater choice within services.*

■ *All key partners will need to work together to ensure they commission services delivering the agreed outcomes.*

■ *Some specialist services ... will have to be commissioned for a wider geographical area.*

■ *There needs to be a clear governance framework for ensuring joined up principles and processes ... across government.*

■ *Further work still needs to be carried out on governance and partnership locally.*

natural community. It could be along the lines of the approach taken by the community action network, which promotes social entrepreneurship in service delivery.

### Changing the Strategy

Each community, including older people, will need to undertake a community assessment of the key issues for older people in the community. This assessment will take time and resources, but research carried out in America<sup>59</sup> emphasises its importance because the end result is a strong community agenda. By undertaking such a process the wider community and all stakeholders feel ownership and responsibility. Older people need to be actively involved in the community assessment and be central to this process.

In essence, the assessment is about building a 'community portrait' on which to base the vision. The information will help determine the priorities to define the community outcomes in relation to older people, setting a community agenda.

Once agreement about the priority issues for improving outcomes for older people has been achieved, statutory and voluntary agencies, together with members of the community need to work to develop a shared strategy to achieve the desired outcomes. This should involve an understanding of 'what works' through looking at research and the use of the current evidence base. It should also involve developing an implementation plan, with interagency agreements to deliver the strategy. This will link into other key strategy documents, for example the local health delivery plan and the community plan.

In relation to local strategies, a recent discussion paper<sup>60</sup> identified nine key elements which need to be addressed when developing a local strategy. These are illustrated in Figure 4.

### Changing the Way Services are Commissioned

At present, whole systems commissioning and commissioning for the active community are not locked into a governance framework. It is important that this happens. We already have a tool to achieve

this through local health delivery plans, but these are very health focused, reflecting the focus of the national service framework and will need to be adapted taking on a comprehensive whole system focus. The power of local authorities to promote the economic, social and environmental wellbeing of their area under the Local Government Act 2000 offers another opportunity on which to build. However, a framework for 'whole systems' commissioning based on the needs of communities clearly needs to be developed further.

There are three levels of commissioning: at an **individual** level, at the **community** level, and commissioning for **specialist services**.

At an individual level commissioning needs to accommodate the move to greater choice within services and arise from the single assessment process. Increasing the use of direct payments will mean that more people will purchase and manage the delivery of services themselves, a shift away from commissioning by statutory agencies.

Some people may prefer others to assist or act on their behalf in purchasing services. To accommodate this an extension of resources for brokerage, advocacy and support will be necessary.

In the **community**, commissioning will arise from the local community strategy. Commissioning for the active community services coloured light green in Figure 3, needs to be locally led, engaging local community members including older people and their carers.

Commissioning for the more **specialist services** coloured blue in Figure 3 also needs to be informed

Developing a Local strategy Figure 4



## Changing the governance, consulting communities, a clear pathway for older people, a new model...

by the needs of older people in communities. All key partners will need to work together to ensure they commission services delivering the agreed outcomes for older people. This means that commissioning arising from the strategies contained in documents like the local delivery plan and the community plan will be whole system based and developed collaboratively, based on the needs of older people in communities.

Some specialist services, for reasons of size or capacity, will have to be commissioned for a wider geographical area.

All levels of commissioning need to be user led, with older people having much more control about what is commissioned.

### Changing the Way Services are Governed

**Building a governance** and partnership structure is required if we are to change direction, strategy and commissioning.

At a national level there has to be a greater focus on cross-government, cross-agency and cross-departmental activity. In particular, there needs to be a clear governance framework for ensuring joined up principles, strategies and processes for older people across government.

At a local level, clear accountability and responsibility for strategic developments and co-ordination of resources is also vital. Under the Local Government Act 2000, councils have the power to produce a community strategy setting out how they propose to promote the economic, social and environmental wellbeing of their area. The Health Acts allow local authorities and health bodies to pool resources and local partners have the option of establishing integrated care trusts. NHS primary care trusts were asked to ensure the involvement of all partners when establishing their local development plans.

Local strategic partnerships have already become the mechanism for preparing community strategies and in many cases have been the catalyst for establishing relationships across all partners, making a whole system approach to local health development plans easier. However further work still needs to be carried out in relation to governance and

partnership arrangements at a local level if we are to improve services for older people.

The local strategic partnerships should provide a local governance framework for older people. Such a framework is important, as the partnership needs to encompass all relevant agencies. Within the framework, an older people's partnership board, similar to those for children, should be established for each local authority.

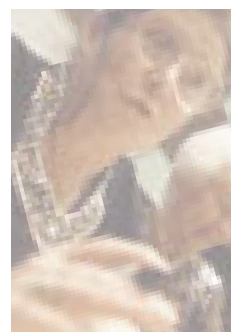
The older people's partnership board will:

- Provide a forum for multiple partners to work in,
- Create agreement on the priorities to be addressed,
- Be a focal point for bringing together policies, processes, and resources,
- Develop and coordinate the implementation of the strategy for older people by acting as convenor, problem solver,
- Ensure there is a focus on improved outcomes for older people and monitor progress against agreed objectives and targets,
- Provide leadership, motivating and inspiring people to change their ways of working,
- Be a catalyst for shaping new ways of working.

The older people's partnership board will need to take overall responsibility for the commissioning process in respect of older people, with a group of key staff drawn from the partners to prepare and implement the details. However, many of the promotional strategies will be universal, relevant to all people, young and old alike. The local strategic partnership will consequently need to coordinate strategies from the older people partnership board and all other partnerships.

Consulting with community members, including older people, about services is not enough. They need to be actively involved in making decisions about the priorities, strategies and financing of services and should be appropriately represented on the older people's partnership board.

Membership should also reflect the range of agencies involved, including people who have sufficient seniority to make decisions about strategies and resources. This will need to apply to foundation trusts once they are established.



## New skills and knowledge, whole systems workforce, promoting wellbeing...

■ *Jobs will need to be reviewed and revised with a view to amalgamating and reshaping tasks and responsibilities.*

■ *A whole systems workforce plan will be required for older people's services to focus on the local community.*

■ *Modernising the workforce and implementing the changes requires managers to possess high levels of leadership, business and finance skills.*

■ *Further attention needs to be given to the basic pension to maximise people's ability to maintain their independence.*

■ *The promotion of wellbeing ... should be accompanied by a clearly identified budget.*

### Changing the Way Services are Delivered

**To be effective**, services that older people and their informal carers use need to be user driven, based around communities and have real accountability. The older people's partnership boards will be the mechanism for pulling together all local services so that accountability for the outcomes for older people is clear. Whether services are universal or targeted, generic or specialist, through the older people's partnership board they should form a coherent whole.

Access to the active community (see figure 3) will be direct by older people and their informal carers. It is important that an easily accessible information service is located in the locality, to help older people know what is available within the 'active community' and how to access the universal services.

A clear pathway as to how an older person will move from the universal services to the specialist services is essential. Access to the 'specialist community' should be through a multi-disciplinary team of local professionals who will carry out the initial single assessments, and then commission or deliver specialist services, when older people require them. One option will be to base this multi-disciplinary team in community resource centres, alongside specialist integrated teams who possess a wide spectrum of other skills appropriate to the needs of older people.

Informal carers are often the key supporters and advocates of older people when they are unable to act without help. The same approach to the delivery of services therefore applies to carers. It is important that services within the active community are available to support their needs.

Key features of this new service model are that they will be:

- **Person-centred** – flexible services, designed around the individual needs of older people,
- **Easily accessible** – twenty four hour, seven day a week services,
- **Delivered in partnership** – through integrated teams. The partnership will include health, housing and social services, community

members, the independent and the voluntary sector,

- **Community based** – locally determined and locally delivered, but within a national framework.

### Changing the Workforce

**Developing a workforce** that has the new skills required to deliver the changes presents many challenges, not least in engaging staff with a modernising, performance and cost driven agenda.

Key features of the future workforce for older people will be a multi-disciplinary interagency workforce, which is based within local communities and is jointly responsible for supporting individuals in their own home, promoting independence and delivering the outcomes for older people. Wherever possible, the staff group will be representative of the community in which they serve. They will work to agreed competencies and follow agreed protocols set locally by the partnership and nationally by the government.

It is unlikely that in the future, there will be a workforce to deliver the level of services required, as a result of the decreases in the population mentioned in section one. We will therefore need to develop the use of paid and unpaid volunteers further, and change the status and image of volunteers. More older people will also be actively encouraged to become part of the social care workforce.

The workforce will develop new types of skills and knowledge. A report prepared for the ADSS,<sup>61</sup> stated that local authorities and partners will need to enhance or establish workers who can effectively map the environment, bid for funding and rigorously contract with independent and directly managed providers of older people's services. For many people this will require new and different skills.

There will also be new roles and jobs developed. This could include brokerage roles, and generic care workers. Jobs will need to be reviewed and revised with a view to amalgamating some jobs and reshaping tasks and responsibilities.

Shared induction and training across public and independent sector agencies will need to be developed. All front line staff will need a shared set of knowledge and skills so that they are able to give

## Funding arrangements, Health Act powers, rethinking the policy, establishing the vision...

appropriate information and advice to older people, whichever service they work in. All staff and managers will require training in key areas such as ensuring independence, developing an enabling culture in organisations, person centred planning, and how the use of technology can enhance services.

A whole systems workforce plan will be required for older people's services, to focus on the local community, while linking into regional plans. This will address the issues of training, qualifications, career progression and recruitment. It will also establish agreed positions about employment for local people.

Modernising the workforce and implementing the changes will require managers to possess high levels of leadership, business and finance skills. Leadership programmes to develop these skills will need to be established.

### Changing the Investment in Older People

**If we are** to support the change in direction, central and local government need to look more closely at funding arrangements.

#### At a national level:

Further attention needs to be given to the basic pension to maximise people's ability to maintain their independence, and to ensure essential items like nutritious food, heating, mobility and participation in the community are affordable.

The promotion of wellbeing for older people should be seen as a core function for all agencies. It should be accompanied by a clearly identified budget seen as part of mainstream funding. There needs to be a distinction between funding of priorities for targeted services such as social services, linked to risk and vulnerability factors for older people, and funding to support the promotion of successful ageing. The latter needs to be recognised in its own right.

In addition, Government funding in relation to older people needs to be reviewed. Systems of funding should be based on the following principles:

- **Equity** – by definition this will include some losers and some gainers.
- **Sustainability** – people need to make long term

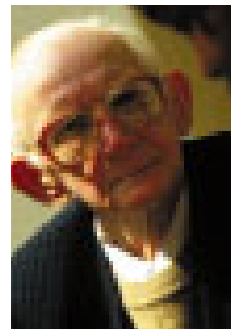
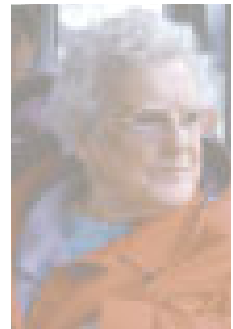
plans about their retirement, and thus a framework for developing sustainable funding will be important.

- **Minimum standards** – a new system of charging should ensure that care is provided to at least minimum standards. Service users may wish to top up their care package at extra cost, to provide a wider range of services not covered by the minimum standard. The funding of care should be sufficient to allow for adequate care to be purchased anywhere in the UK without a 'top up'.
- **Work incentives** – any system of charging should enable service users to benefit from employment.
- **Single approach to payments** – both the Department of Work and Pensions and social services departments are involved in payments for care. For example, the Department of Work and Pensions pays minimum income guarantee, in addition to attendance allowance and retirement pension. The social services department makes a social care assessment and then a financial assessment to 'top up' the benefit payment to pay for care. Even with the best liaison and cooperation, this involves a degree of duplication. The process for payments for care therefore needs to be streamlined, avoiding duplication.

#### At a local level:

As older people's partnership boards develop strategies to achieve desired outcomes, they will need to develop a financial component to support the change. This should include both revenue and capital streams, with capital funding directly linked to supporting the local commissioning plans of the board. When developing the financial plans there is also a need to look at what resources already exist. Resourcing the strategy is not just about cash, it is also about all the non cash resources that could contribute to the strategy – for example, staff, equipment, and services.

Agencies also need to develop further the use of their powers under the Health Act 1999 and the Local Government Act 2000 to pool budgets and develop more flexible funding arrangements to promote outcomes for older people.



## Changing the law. Recommendations...

■ *Make resources available to implement, monitor and review the strategy for older people.*

■ *Tackle discrimination and promote an enhanced image, and raise the profile, of older people.*

■ *Ensure locally-based commissioning, built around communities.*

■ *Encourage local government and the voluntary sector to provide incentives for older people to participate in their communities.*

■ *There should be better co-ordination across government of services for older people.*

### Changing Legislation and Regulation

**The existing legislative** framework for older people is based on concepts rooted in the poor law and focuses on a narrow definition of entitlement linked to need.

The changes in direction envisaged in this report focus on the wider expectation of wellbeing, rights, choice and protection. The promotion of successful ageing should be part of the mainstream function of all agencies. There should be a focus on good accessible housing for older people; good access to health care; safe communities; good public transport; appropriate life long learning, and other services that sustain social interaction in communities.

As services are commissioned differently, involving an ever greater mixed economy of providers and types of service, it may be necessary to change the regulation of services. For example, the strengthening of regulation looking at the promotion of wellbeing and the protection of vulnerable adults.

Universal products and services, such as transport, retail and financial services, should be produced to standards that take account of the needs of older people, particularly those with disabilities.

All this involves looking closely at the current legislation and rethinking the policy and regulation framework that will be required to support the ageing population. The ADSS and the LGA would welcome an opportunity to engage in a wider debate on the legislative and regulatory framework underpinning social services' work with older people.

### Recommendations

#### Establishing the vision and changing the direction

**The future vision** requires that the balance is shifted from focusing on acute care and the most frail elderly to focusing on promoting the wellbeing of all older people. This needs to be underpinned by clear wellbeing outcomes and indicators to monitor progress in achieving them. It requires a broadening of the approach to prevention and the development of universal services to support this.

- *There should be a national set of wellbeing outcomes for older people, which are linked to the vision and strategy.*
- *There should be a set of local outcomes for older people linked to the vision and strategy and the needs of the local community.*
- *There is a need to develop cross agency performance indicators which reflect outcomes at both a national and local level and against which national and local strategies should be measured.*
- *Comprehensive performance assessment and health star rating frameworks should be revitalised on a whole system basis.*
- *Performance indicators should be few but important, easy to collect, and easy to benchmark. Local performance indicators should be owned, understood and easily recognised by the local community.*
- *Information systems across agencies need to be built, so that performance indicators from different agencies and other sources can be collated and analysed.*
- *The importance of local authorities taking a whole systems approach to promoting the needs of older people within communities should be reinforced through legislation, policy and guidance.*
- *Resources need to be made available at a local level, to develop a dedicated team of people to implement, monitor and review the strategy for older people, ensure that resources are spent according to the principles of best value, and facilitate partnership working.*

#### Tackling age discrimination

**Continuing to tackle** discrimination against older people and developing positive images of ageing will involve challenging and changing attitudes to older people in the wider community, beyond the NSF targets for health and social services.

- *Standards of good practice for publication and media work should be established by the government, in consultation with stakeholders, to promote an enhanced image of, and raise the profile of older people. Further consideration should be given to anti-discrimination legislation.*

## Recommendations...

### Changing the way services are commissioned

**There is a** need to develop a community based whole systems framework for commissioning universal and specialist services involving community members and a range of organisations – for example social services, health, housing, leisure, education, the independent sector and voluntary agencies.

- *We need to change the way services are commissioned to ensure that there is locally based commissioning built around communities. Commissioning needs to be carried out with a range of key stakeholders, including local communities and older people.*
- *There should be a requirement that the local health delivery plan should be jointly developed with social services in conjunction with older people, other statutory partners and the voluntary sector. This would result in the establishment of joint health and wellbeing delivery plans for older citizens, which in turn would be linked to the community plan.*

### Changing the way services are governed

**It is important** that there is a coherent framework for decision making and accountability, at a national and local level.

- *There should be better co-ordination across government departments.*
- *An older people's partnership board should be established by each local authority, to ensure that there is clear accountability and responsibility for strategic developments and co-ordination of resources. This older people's partnership board would be accountable to the local strategic partnership.*
- *Local government and the voluntary sector should be encouraged to provide active incentives for older people to participate in their communities, and share their knowledge and experience.*

### Changing the way services are delivered

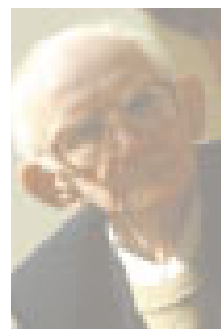
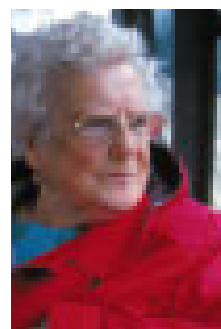
**Services in future** need to be user driven, delivered in partnership with others, integrated, community based, flexible and easily accessible. There must be different kinds of services to meet the needs of older people and their informal carers. This would include a reduction in residential and nursing home care, and an expansion of community services.

- *Universal services need to be reviewed by the older people's partnership board, ensuring they meet the needs of older people and their carers and that new services are developed.*
- *The Department for Education and Skills and local councils should examine how older people can better access lifelong learning including basic skills.*
- *We need to develop a clear framework to allow agencies, communities and individuals to complement each other's efforts rather than compete with them. Services need to be delivered based on community needs.*
- *We need to review fundamentally the direction of travel in relation to the types of social care services currently available to older people, and those that will be needed in the future to address the 'balance of care'. This would involve looking at the need and availability of long term residential and nursing home care, the expansion of community services, and the development of extra care housing.*

### Changing the workforce

**If we are** to develop a more integrated approach to tackling priorities and providing a catalyst for joint strategies we must build partnerships and networks across a range of agencies. The workforce needs to be multi-skilled and multi-disciplinary, and there needs to be a greater understanding and appreciation of each other's roles and responsibilities. This has major implications for induction, training and workforce planning.

- *A whole systems workforce plan for older people's services should be developed, addressing the workforce issues identified in the report, to create a multi-skilled workforce. It should also take account of sustainable careers, employment of older people, increased use of*



## Recommendations...

■ *Rethink modern social policy to reflect the social model of disability and family support services.*

■ *A National Charter for Older People should be developed detailing national standards.*

■ *We need to find natural leaders at all levels .. and support the leadership skills of older people.*

■ *Real change occurs by sustaining a focus on key priorities.*

*volunteers on a paid or unpaid basis, the importance of improving the status and image of volunteers, and the implications of direct payments on the workforce.*

- *All front line staff working in services for older people should have a core set of knowledge and skills to give appropriate advice and information to older people. This will involve whole systems induction programmes and shared professional training.*
- *Older people should have the opportunity to work or have access to other income generating opportunities. The Government should support the recruitment and retention of older people in employment, help more older people to set up their own businesses, and ensure the implementation of legislation to tackle discrimination of employment on the grounds of age.*
- *The development of new skills for older people should be encouraged, with the removal of barriers to learning and improved access to learning opportunities.*
- *Funding for leadership programmes, based around communities, should be made available bringing together managers across agencies to enhance partnership working, develop joined up strategies, and pool skills and experience. Such opportunities should be open to older people.*

### Changing the investment in older people

**Different ways of funding services for older people should be considered and these should be based on the principles of equity, sustainability, the provision of minimum standards, work incentives and incentives to provide community care.**

- *An adequate income is a prerequisite for meeting our needs. Further attention needs to be given to the basic pension, particularly for the over-80s, to maximise people's ability to maintain their independence and address the issue that many older people currently live in poverty.*
- *The promotion of wellbeing and the development of preventative services for older people should be seen as a core function of all agencies. There should therefore be a clearly identified budget for this core function, which should be determined at a national level.*

- *Agencies need to develop further the use of their powers under the Health Act 1999 and the Local Government Act 2000 to pool budgets and develop more flexible funding arrangements to promote successful ageing and to more effectively commission specialist services.*
- *Government and key stakeholders should enter into a dialogue to re-think the funding system for the social care of older people. This funding system should demonstrate a clear approach to the option of entitlement, financial planning in old age, the responsibilities of the individual, and a variety of charging options drawn from tax credits, private insurance and charging systems.*

### Changing legislation and regulation

**The current legislative provision is based on Poor Law origins. Modern social policy should more clearly reflect the social model of disability and family support policies.**

- *We would wish to see the opening of a dialogue and discussion with government and key stakeholders in re-thinking a modern social policy framework to support the ageing population.*
- *Legislation should be introduced so that all agencies have a duty to ensure the protection of older people at greatest risk. An independent person should be appointed for those people who do not have active carers, but who have complex needs which put them particularly at risk of cognitive impairment and social isolation.*
- *The 'power to promote or improve the economic, social or environmental wellbeing of their area', provided to local authorities under the Local Government Act 2000, should become a 'duty' to promote or improve the economic, social or environmental wellbeing of their area.'*

As services are commissioned and delivered in a different way, and a more mixed economy of private, voluntary, community and local authority providers is developed, the regulation of services will need to be adapted and changed accordingly.

- *The regulatory framework needs to be revised and rebalanced. For example, the approaches to regulation looking at the promotion of wellbeing and the protection of vulnerable adults needs to be strengthened, and there should be less regulation in other areas.*



## Conclusion

- *A National Charter for Older People should be developed detailing national standards for all products and services. The charter should aim to ensure that the independence of older people is not restricted and that current obstacles such as access to information, better rural transport, more accessible housing, are overcome.*
- *The second phase of the national service framework for older people, The comprehensive performance assessment and the health star ratings all need to be reviewed in the light of this future vision.*

### Conclusions

Meeting the challenges and opportunities presented by an ageing population, and improving the lives of all of us as we age will require many changes in the way we work. Delivering positive changes is all about modernisation and leadership.

Leadership is central to the quest for real and durable change. Taking forward the approach to improving services for older people will require leadership that extends beyond traditional boundaries. It will involve a visible and committed group of leaders within a locality who have a shared sense of purpose and take collective responsibility for delivering the end goals.

Leadership is not just confined to professionals, politicians or other established community leaders. We need to find natural leaders at all levels, and in particular support the leadership skills of older people.

A key factor in taking forward this new approach will be some degree of local ownership by both professionals and communities, involving a much wider group. The concept of 'champions' offers older people themselves and front line staff in every service the chance to champion the cause of older people within their everyday environments. Communication is critical to this activity.

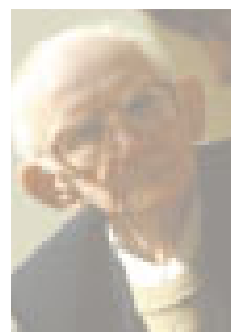
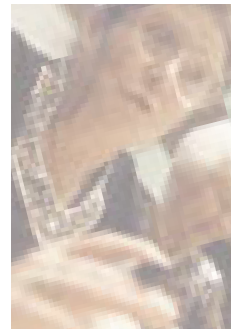
Real change occurs by sustaining a focus on key priorities. It will involve persistence, resilience and consistency by leaders. Leaders will need to put in place a clear framework for delivering the changes outlined in the report, ensuring their implementation.

Fundamental to this change will be the importance of leaders, professionals and communities listening

to older people, understanding what matters to them, and involving them at every stage of the change process.

As a result, older people will enjoy the full range of expectations of any citizen and will be able to exercise real choice in their lives. They will have more buying power, be more influential, have a stronger influence and control over the services provided, and be recognised as an active voice in shaping services. They will have the information, advice and access to resources in order to take action for themselves becoming experts in their own care.

This agenda is huge and challenging for us all, but it is vital that we make a start now. The ADSS and the LGA are fully committed to working with all interested parties to help shape the future in a way that will be of benefit to us all.



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## Appendix 1

**This paper** was commissioned by the ADSS and the LGA with special thanks to:

**David Behan**, Director of Social Services, London Borough of Greenwich, President ADSS

**Alison King**, Chair LGA Social Affairs and Health Executive

**Andrew Cozens**, Corporate Director of Social Care and Health, Leicester City Council, Senior Vice President ADSS

**Glenys Jones**, Director of Social Services, City of Sunderland Council, Chair ADSS Older People's Committee

**Simon Weeks**, Local Government Association

**Christine Paley**, Director of Social Services, Thurrock Council, Vice Chair ADSS Older People's Committee

**Alison Painter**, Independent Consultant, Creative Exchanges

**Neil Singleton**, Independent Consultant, Creative Exchanges

**Eilleen Waddington**, Nuffield Institute for Health

**Jane Carrier**, Audit Commission

**David Martin**, Better Government for Older People

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**Anne McDonald**, Department of Health

**Margaret Sheather**, Director of Social Services, Gloucestershire County Council

**Stuart Brook**, Director of Social Services, Nottinghamshire County Council

**Philip Lewer**, Director of Social Services, Calderdale Metropolitan Borough Council

**Christabel Shawcross**, London Borough of Brent

**Roderick Knight**, Dorset County Council

**Mary Gillingham**, ADSS

**Drew Clode**, ADSS

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**Dee Stanley Smith**, Derby City Council

**Mary Godfrey**, Nuffield Institute for Health

**Pat Gallimore**, Derby City Council

*With thanks to the Local Government Association for all photographs reproduced herein.*

**BUDGET /PERFORMANCE MONITORING 2003/04 – 8  
MONTHLY REPORT****Report By: Head of Business Services****Wards Affected**

County-wide

**Purpose**

1. To report on the budget monitoring and performance indicators position for Social Care and Strategic Housing for the first eight months of the financial year 2003/04.

**Financial Implications**

2. As detailed within the report.

**Background**

3. Following the Council's Performance Management Framework, there should be reporting to Scrutiny Committee on performance at 4, 6, 8, 10 and 12 months. At previous meetings of this Committee there have been separate reports on performance and the budget. This report has consolidated both aspects into one report, and will concentrate on any developments since the last report to Committee on 24<sup>th</sup> November 2003.

**Budget 2003/04****Social Care**

4. The budget for the financial year 2003/04 was set by Council on 7<sup>th</sup> March 2003. The total net budget available for Social Care in 2003/04 is £33,262,950. In addition, there are Government grants totalling £6.6million. The budget continues to be monitored on a monthly basis, through reports to budget managers, the directorate management team, the Cabinet member and Chair and Vice Chair of this Committee.
5. The directorate aim remains to balance the budget overall. At the last meeting of this Committee on 24<sup>th</sup> November 2003, the reported projected year end position for Social Care was £376,000 overspent. This figure *included* the £582,000 overspend which had been carried forward from 2002/03.

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Further information on the subject of this report is available from  
Sue Alexander, Head of Business Services, on 01432 260069 or David Mitchell, Information Systems Manager  
on 01432 260742

6. The position at the end of November 2003 (8 months) shows a continued improvement on the impact of the brought forward overspend from 2002/03. At the end of November 2003, the projected year end position for Social Care indicates an overspend of £308,000, showing some reduction in the “debt” which was carried forward from 2002/03.

### **Strategic Housing**

7. The 2003/04 budget for Strategic Housing is £1,247,000. In addition an underspend of £191,000 was carried forward from 2002/03. There continues to be potential financial risks which will affect the year end position. At the end of November 2003, the projected year end position is largely unchanged from the last report. An underspend of £97,000, including the underspend of £191,000 brought forward, is projected.

### **General**

8. The key risk areas identified in the last report remain. These include the volatility of the childrens agency placement budget, the maximisation of grant income and homelessness expenditure.
9. The directorate management team will be reviewing these risks as a matter of priority over the coming weeks. Further action may need to be taken immediately to ensure the achievement of the directorate’s aim of balancing the budget overall by the end of the financial year 2003/04.

### **Performance Monitoring 2003/04**

10. As explained in the last report to the Committee, the Department of Health (DOH) publishes statistical information on the performance of all Social Services departments. There is a national set of 49 performance indicators covering Adults and Childrens services. The DOH ranks performance in bands ranging from Band 5 – “very good” to Band 1 “investigate urgently”
11. Strategic Housing performance is monitored by Best Value indicators and regularly reported to the Government Office of the West Midlands and the Office of the Deputy Prime Minister.
12. The directorate continues to monitor performance throughout the year. However, direct comparison with previous year’s performance is difficult as the DOH continues to introduce new performance measures and refine existing indicators. In addition, the assessment of likely banding can only be carried out assuming the previous year’s banding value applies. Also, some indicators are only measured once a year. The complete list of performance indicators is shown as Appendix A.

### Childrens Services

13. Since the last report to Committee, an additional childrens services indicator has improved, and may achieve the top “ Very good” rating:

**C19 Health of children looked after** – This is an interface indicator with health and is an indication of the successful partnership working arrangements that exist between the two agencies.

### Adults Services

14. There has also been some improvement in adults services, with an additional 2 indicators falling into the top “ Very good” rating:

**E49 Assessments of older people** – there has been a continuous improvement culminating in achieving the top rating at this time.

**E50 Assessments of adults and older people leading to provision of service** – this indicator has consistently shown good performance and sustained improvement has culminated in the top rating at this time.

### Strategic Housing

15. Housing indicators remain consistent as at the time of the last report to Committee. Discussions are taking place to form a number of local performance indicators in addition to the national profile.

### Summary

16. The directorate will continue to monitor the budget and performance over the coming months. An assessment of likely “ year end” position on both the budget and performance will be made over the coming weeks. It may be necessary to take action to ensure that the directorate objective of balancing the budget and sustaining improvement in performance is delivered.

### RECOMMENDATION

**THAT the budget monitoring and performance monitoring report for the first 8 months of the financial year be noted.**

### BACKGROUND PAPERS

- None





SERVICE AREA: CHILDREN AND FAMILIES (CF) (April - September 2003)										
PAF Area	Indicator				2002/03 Performance	Band 2002/03	Performance	April - September 2003/04 Performance	Band	Performance
	PAF	BVPI	LPSA							
A. National Priorities and Strategic Objectives	A1	BVPI 49		Stability of placements of children looked after	10	5	☺	4	5	☺
	A2	BVPI 50		Educational qualifications of children looked after [joint working]	65	4	☺			
	A3			Re-registrations on the Child Protection Register	36	1	☺	27	1	☺
	A4	BVPI 161	✓	Employment, education & training for care leavers [joint working]	76	5	☺			
B. Cost and Efficiency	B7			Children looked after in foster placements or placed for adoption	90	4	☺	94	4	☺
	B8	BVPI 51		Cost of services for children looked after *	417	4	☺	508	3	☺
	B9			Unit cost of children's residential care *	2328	2	☺	4270	2	☺
	B10			Unit cost of foster care *	227	4	☺	260	3	☺
	C18			Final warnings/reprimands and convictions of children looked after	2.1	3	☺			
	C19			Health of children looked after	88	5	☺	87	5	☺
C. Effectiveness of Service Delivery and Outcomes	C20	BVPI 162		Reviews of child protection cases	100	5	☺	97	3	☺
	C21			Duration on the child protection register	**	4	☺	**	4	☺
	C22			Young children looked after in foster placements or placed for adoption	97	4	☺	99	4	☺
	C23	BVPI 163	✓	Adoptions of children looked after	6.4	3	☺	4.8	2	☺
	C24		✓	Children looked after absent from school [joint working]	6	4	☺	12	3	☺
	D35			Long term stability of children looked after	58	3	☺	50	3	☺
E. Fair Access	E44			Relative spend on family support	35	4	☺			
	E45			Ethnicity of children in need	2.71	2	☺			

\* Definition changed 2000/01. Performance is based on new definition

\*\* This value has been suppressed - indicators based on small numbers are potentially unreliable and may lead to the disclosure of information about individuals  
For indicators B8-B10, C21 and E44 best performance is band 4, not 5

SERVICE AREA: ADULTS AND OLDER PEOPLES (AO) (April - September 2003)

Paf Area	Indicator									
	PAF	BVPI	LPSA	Indicator	2002/03 Performance	Band 2002/03	April - September 2003/04	Band		
A. National Priorities and Strategic Objectives	A5			Emergency admissions [interface]	11.2	5	☺			
	A6			Emergency psychiatric re-admissions [interface]	12.6	2	☺			
	B11		✓	Intensive home care as a percentage of intensive home and residential care	13	2	☺	16		
	B12	BVPI 52		Cost of intensive social care for adults and older people *	435	2	☺	337		
	B13			Unit cost of residential and nursing care for older people *	347	3	☺	312		
	B14			Unit cost of residential and nursing care for adults with learning disabilities *	490	4	☺	410		
B. Cost and Efficiency	B15			Unit cost of residential and nursing care for adults with mental illness *	389	3	☺	519		
	B16			Unit cost of residential and nursing care for adults with physical disabilities *	755	2	☺	656		
	B17			Unit cost of home care for adults and older people	18.5	2	☺	8.3		
	C26			Admissions of supported residents aged 65 or over to residential/nursing care	68	4	☺	81		
	C27			Admissions of supported residents aged 18-64 to residential/nursing care	2.1	4	☺	2.0		
	C28	BVPI 53	✓	Intensive home care	4.0	2	☺	5.5		
	C29			Adults with physical disabilities helped to live at home	3.4	3	☺	4.0		
C. Effectiveness of Service Delivery and Outcomes	C30			Adults with learning disabilities helped to live at home	2.5	4	☺	2.2		
	C31			Adults with mental health problems helped to live at home	1.5	3	☺	1.6		
	C32	BVPI 54	✓	Older people helped to live at home	78	2	☺	87		
	C33		✓	Avoidable harm for older people (falls and hypothermia)	23	3	☺			
	C51			Direct payments	35	3	☺	40		
	D37			Availability of single rooms	86	3	☺	87		
	D38	BVPI 56		% equipment and adaptations costing less than £1000 delivered within 3 weeks	95	4	☺	36		
	D39	BVPI 58		% of people receiving a statement of their needs and how they will be met	73	1	☺	76		
	D40	BVPI 55		Clients receiving a review	30	2	☺	32		
	D41			Delayed transfers of care [interface] **	60	3	☺			
D. Quality of Services for Users and Carers	D42			Carer assessments	6	2	☺	7		
	D43			Waiting time for care packages	3	5	☺	3		
	D52	BVPI 182		Users who were very or extremely satisfied with social services ***	68	5	☺	34		
	D53	BVPI 190		Users that asked for changes to social services who were satisfied with those changes ***	72	5	☺	65		
	E47			Ethnicity of older people receiving assessment ****	-	2	☺	0.60		
	E48			Ethnicity of older people receiving services following an assessment ****	-	2	☺	1.00		
	E49			Assessments of older people	67	2	☺	104		
E. Fair Access	E50			Assessments of adults and older people leading to provision of service	71	4	☺	70		

\* Definition changed 2000/01. Performance is based on new definition

\*\* This is a new indicator for 2002/03

\*\*\* Based on the 2002/03 PSS Elderly Home Care User Experience Survey - no previous data to compare

\*\*\*\* This value has been suppressed - indicators based on small numbers are potentially unreliable and may lead to the disclosure of information about individuals

## EXTRA CARE HOUSING DEVELOPMENT

Report By: Head of Strategic Housing Services

### Wards Affected

County-wide

### Purpose

1. To provide an update on the position with regard to the development of an extra care housing scheme in Hereford and seek support for undertaking a county-wide review of sheltered housing.

### Financial Implications

2. None within this report, although financial considerations will need to be reported in later updates following the review of existing sheltered housing provision.

### Background

3. This Committee received an update on the extra care housing scheme in Hereford on 29 September 2003.
4. This report provides Members with an up-date on the progress of the development following the receipt of competitive bids from Registered Social Landlords (RSLs).
5. Support was received from Cabinet on 25 September 2003 to proceed with the development on the former Local Authority Nursery site off Ledbury Road Hereford.
6. Although six RSLs expressed an interest in assisting in this development only two bids were received from
  - West Mercia Housing Group (on behalf of St John Kemble Hereford Housing Association)
  - Festival Housing Group
7. Those RSLs who expressed a wish but did not submit bids felt that they were unable to meet the requirements of the tight deadlines established in order to meet the submission date for the Department of Health Extra Care Funding allocation.
8. Officers were looking at alternative sites for the relocation of unity gardens should they require assistance.

### Current Position

9. In consultation with Extra Care Charitable Trust, Festival Housing Group were selected to assist in the development of the bricks and mortar of the proposed scheme.

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Further information on the subject of this report is available from Richard Gabb,  
Head of Strategic Housing Services, on 01432 261902

10. A capital bid grant application for £4.6m was submitted in November 2003 to the Department of Health (DoH) and simultaneously to the Housing Corporation in December 2003.
11. 127 Social Services departments throughout England have submitted 205 bids to the DoH totalling £310.4m against the £29m available for 2004-5
12. It has been stipulated that joint funding would not be received from both the DoH and Housing Corporation.
13. The level of capital resources required to complement any grant can only be established once the outcome of the bids are known, which is anticipated to be 6 February 2004 from the DoH and during February/March 2004 from the Housing Corporation.
14. Capital costs of the scheme are still only estimates at this stage. Based on previous developments by Extra Care Housing Trust it is expected that the total costs of the Scheme would be some £12,900,000. This Council's contribution would be some £2 million with the remaining costs being met by contributions from the Extra Care Charitable Trust, Festival Housing Private Finance and the application to the DoH Extra Care Fund.
15. Final costs will depend on the valuation of the land and what is required by the local authority for the RSL to purchase the site for the development of the extra care scheme.
16. A valuation of the Ledbury Road nursery site is due to take place on 13 January 2004 with a report due shortly after.
17. Revenue (support and care costs) will be difficult to identify until detailed discussions have concluded the final number of units to be developed and what numbers are to be allocated to the appropriate support/care level.
18. Officers within the directorate have met to discuss the progression of the development. It was agreed that the groups already identified become "active" now the RSL has been selected, as follows:
  - Extra Care Project Board – meet quarterly
  - Extra Care property development team – meet every 6 weeks
  - Extra care, care and support team – meet every 6 weeks
19. It was agreed to take this approach to enable officers with the relevant expertise to concentrate on delivering their own service areas but with chairs on the groups reporting appropriately to the other groups.
20. Officers are to meet with the selected RSL and Extra Care Charitable Trust to establish a draft timetable of preliminary works in order to agree the main areas of work and priority deadlines. Subject to the notification of the Department of Health (DoH) grant allocation we will be requiring the partner organisation to submit a scheme for detailed planning in late spring 2004.
21. Officers have contacted Unity Gardens and requested (for early January) their proposals should there be a possibility for them to remain on the site but to work in

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Further information on the subject of this report is available from Richard Gabb,  
Head of Strategic Housing Services, on 01432 261902

partnership with the RSL and Extra Care Charitable Trust. These proposals will be considered at the meeting as above, to establish whether there is a possibility for incorporating them within the scheme perimeters.

22. Further negotiations with the allotment society will take place following the outcome of the officers' discussions with the RSL and Extra Care Charitable Trust to establish the exact level of "land swap" that may be required.
23. The extra care provision in the city of Hereford may have an impact on the existing sheltered housing provision elsewhere in the county which will need review to build standards and ensure the provision is appropriate.
24. Existing needs information suggests that the provision is outdated and difficult to let and requires to be reviewed to allow the provision of extra care housing services to be accessible throughout the whole of the county.
25. Officers are currently seeking to commission an external independent consultant to review existing sheltered housing provision within the county to determine the possible impact that the Extra Care Housing development could have on future demand and provision.
26. Members were advised that a full detailed report would be provided outlining the costs of the scheme. This will be reported following the outcome of the grant applications which will have a direct impact on the LA's own resources and the overall size of the proposed scheme.

## RECOMMENDATION

**THAT the latest position with regard to the provision of extra care housing provision in Hereford City be noted and the commissioning of the review of existing sheltered housing provision as outlined be supported.**

## BACKGROUND PAPERS

- None.



## HOME SUPPORT STAFF - RECRUITMENT AND WORKFORCE ISSUES

**Report By: Head of Social Care (Adults)**

### Wards Affected

County-wide

### Purpose

1. To inform the Committee of workforce issues relating to home support staff.

### Background

2. A progress report on the implementation of the Best Value Review of Home Support was presented to this Committee on 24th November 2003. It was reported that the improvement plan included a change of purpose for in-house home care to reablement. The service would be called STARRS (Short term assessment reablement and review service), with transfer of long term maintenance home support to the independent sector.
3. The report highlighted that the pilot of STARRS had been restricted due to difficulties in recruiting appropriate staff in the independent sector. This meant that older people who had completed their reablement programme, and whose care needs could now be met by long-term maintenance arrangements, were not able to transfer to a care agency in a timely manner. In turn, STARRS could not take on new applicants for reablement programmes.

### In-house Home Care Workforce Issues

4. The profile of the in house service workforce shows that the majority of staff (70.5%) are aged over 40 years of age. There are no corresponding statistics for the independent sector at present, but equally no indication that the profile would be significantly different.

#### Age profile of In House Home Care Workforce:

<u>Age</u>	<u>Percentage</u>
20 – 29 years	6.5%
30 – 39 years	23%
40 – 49 years	28%
50 – 59 years	36%
60 years+	6.5%

5. The profile of the workforce also shows that 98% of home care assistants are female. The recorded ethnicity of the employees are 95% white British or Irish. (The remaining 5% data was withheld by the employee)

## Recruitment

6. One of the difficulties in home support staff recruitment in the past has been the profile and perception of care roles as a “job” rather than a valued career. The directorate will be represented at the Hereford Jobs Fair on 30th/31st January 2004, where the profile of home support as a career will be raised.
7. The Best Value Review improvement plan indicated a reduction of numbers of staff for the reshaped reablement service. A decision was made in May 2003, that active recruitment would cease for the In-house Care Service, in recognition that only a small percentage of current staff would be retained to provide the STARRS Service. This approach also meant that competition between the in-house service and the independent sector in recruiting from the same pool of potential employees would be reduced.
8. The main reasons given by the newly formed independent sector “Home Care Forum” for recruitment difficulties include:
  - The sector’s inability to pay much above the minimum wage.
  - Unsociable hours including evenings and weekends, as many carers prefer to work during school hours only.
  - Poor response from advertising specifically in rural areas.
  - Time taken to complete Criminal Records Bureau checks.
  - Training requirements prior to commencement of carer employment i.e. induction, moving & handling etc, carers unwillingness to complete NVQ level 2 qualifications:
  - Lack of a positive career path.
  - The current spot purchasing arrangements with the Council mean agencies are unable to plan recruitment to meet need for care as it arises.

## Retention

9. The “Exit Interview System”, has gathered information about why employees leave the service. The key reasons for people leaving the in house service are as follows – (in order of volume)
  - To work for an independent Care Agency
  - To work in different field of work – no pattern
  - To take up another post within Social Services
  - Moved out of area
  - Unable to find affordable child care



**Improvement plan:**

10. As part of the Home Care Best Value Review, the changing shape of the Service will support closer working relationships with the Independent Sector. Work is taking place in the directorate to plan with the private, independent and voluntary sector for integrated training programmes for care staff across all sectors. Training grant monies have been allocated with the specific instruction that some must be spent in the private, independent and voluntary sector.
11. The switch to volume contracting of services will enable agencies to develop their business to support an equitable Service county-wide. It should also have an impact on the ability of agencies to develop career pathways to encourage potential employees into the service.
12. The Training and Development team is also working closely with Home Support managers to plan for the future, and there are a number of challenges to overcome in order to maintain a qualified and competent workforce. One of the challenges is around the dispersed nature of the service – the service is widespread, and access to training materials and opportunities needs to be facilitated in a planned way. This also raises the question of computer literacy as a training need.

**RECOMMENDATION**

**THAT the recruitment and workforce issues in relation to home support be noted.**

**BACKGROUND PAPERS**

- None



## WORK PROGRAMME

Report By: County Secretary and Solicitor

### Wards Affected

County-wide

### Purpose

1. To consider the approach to the Committee's work.

### Background

2. Following discussions it has been suggested that consideration be given to developing the Committee's approach to its work by establishing three task groups to cover the following service areas: Older People, Children and Mental Health.
3. If their establishment is approved the Groups would then meet to discuss work programmes having regard to the principles set out in the Scrutiny Handbook relating to work programmes and identifying subjects for review. The Groups would then report back either to the Committee in April or earlier to confirm their work programmes.

### RECOMMENDATION

**THAT the Committee considers the approach it wishes to take.**

### BACKGROUND PAPERS

- None

