

# A G E N D A

## Social Care & Housing Scrutiny Committee

Date: **Monday, 4th October, 2004**

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Time: **2.00 p.m.**

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Place: **The Council Chamber,  
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:*

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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
1. <b>APOLOGIES FOR ABSENCE</b> To receive apologies for absence.	
2. <b>NAMED SUBSTITUTES</b> To receive details of any Member nominated to attend the meeting in place of a Member of the Committee	
3. <b>DECLARATIONS OF INTEREST</b> To receive any declarations of interest by Members in respect of items on this Agenda.	
4. <b>MINUTES</b> To approve and sign the Minutes of the meeting held on 17th June 2004.	1 - 4
5. <b>SCOPING WORK FOR IN-DEPTH INVESTIGATIONS INTO HOME CARE AND SUPPORTED HOUSING FOR PEOPLE WITH MENTAL HEALTH PROBLEMS</b> To note the progress of the exploratory programme for in-depth investigations of home care and supported housing for people with mental health problems and consider the scoping statements for the proposed reviews.	5 - 10
6. <b>RESPIRE SERVICES FOR PEOPLE WITH LEARNING DISABILITIES IN HEREFORDSHIRE</b> To update the Committee on respite care services for people with a learning disability.	11 - 36
7. <b>INTRODUCING BUILDING HEALTHY RELATIONSHIPS - A NEW POLICY FOR YOUNG PEOPLE IN HEREFORDSHIRE'S CARE</b> To raise awareness of the recent launch of <i>Building Healthy Relationships</i> , Herefordshire's new Sex and relationships Policy for young people in care and seek the Committees support for the policy and work plan.	37 - 38
8. <b>BEST VALUE REVIEWS UPDATE</b> To report on the progress with current Best Value Reviews.	39 - 40

<b>9. INSPECTION OF HEREFORDSHIRE FOSTERING SERVICE</b>	41 - 42
To inform Members of the outcome of an inspection of the Herefordshire Council Fostering Service by the Commission for Social Care Inspection and to identify the key features for action in response to the inspection report.	
<b>10. THE FUTURE SHAPE OF ADOPTION AND FOSTERING SERVICES IN HEREFORDSHIRE</b>	43 - 48
To update Members on the Action Plan resulting from the Best Value Review of Adoption and Fostering Services in Herefordshire.	
<b>11. PERFORMANCE/BUDGET MONITORING 2004 - FIRST QUARTER REPORT 2004/05</b>	49 - 60
To report on the budget monitoring and the available Performance Assessment Framework (PAF) indicators position (as at the first quarter). The report will also provide information about current performance management issues and initiatives with the Social Care and Housing Directorate.	

## **PUBLIC INFORMATION**

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

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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 Social Care & Housing Scrutiny Committee held at Brockington, 35 Hafod Road, Hereford on Thursday, 17th June, 2004 at 10.00 a.m.**

**Present:** Councillor Mrs. M.D. Lloyd-Hayes (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

**In attendance:** Councillors Mrs. L.O. Barnett and P.E. Harling

**1. CHAIRMAN AND VICE-CHAIRMAN**

The Committee noted that Councillor Mrs M.D. Lloyd-Hayes had been appointed Chairman of the Committee and Councillor Mrs P.A. Andrews had been appointed Vice-Chairman of the Committee at the Annual Meeting of Council on 21st May, 2004.

**2. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Mrs P.A. Andrews and Mrs B.Millman, voluntary sector representative.

**3. NAMED SUBSTITUTES**

There were no named substitutes.

**4. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**5. MINUTES**

**RESOLVED:** That the Minutes of the meeting held on 8th April, 2004 be approved as a correct record and signed by the Chairman.

**6. NATIONAL INSPECTION ARRANGEMENTS AND LOCAL PERFORMANCE**

The Committee was informed of national changes to inspection arrangements and received an update on local performance as assessed in recent external assessments and inspections.

The report described the inspection structures in place and the inspection activity currently underway.

The Director of Social Care and Strategic Housing provided an update, explaining that the draft inspection report on services for older people had been received and it was expected that the final report would be available for presentation to Cabinet in July. The indications were that the Inspectors would conclude that the service now had promising prospects for improvement, the star rating in 2003 having assessed prospects for improvement as uncertain.

The draft report on fostering services had also been received. The key finding was that the service was fit for purpose. The Directorate was, however, in discussion with the National Care Standards Commission about some aspects of the draft, noting that this was the first regulation inspection report the Commission had produced.

A response to the self-assessment of Strategic Housing performance and capacity for improvement was still awaited.

The Director commented on the recent level of inspection activity and the pressure this placed on the Directorate. It was hoped that the creation of the role of Business Relation Manager within the Commission for Social Care Inspection's structure would assist in co-ordinating inspection work and ensuring that it was proportionate to local performance and improvement. She noted the establishment of a new inspection programme for all Children's Services provided by the Council and partners, and the possibility that the Council might be one of the first to be inspected.

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

- In response to a question the Director said that there was little the Directorate could do to influence the external inspection regime. She confirmed that the Directorate did co-ordinate its approach to the various performance management requirements placed upon it. It also sought to integrate work on achieving the targets in the Council's Local Public Service Agreement and to prioritise where appropriate, for example focusing on some indicators which were known to be key thresholds affecting the assessment of the Service in inspections.
- An update was requested on the transfer of the running of the Council's older peoples homes to SHAW Homes. The Head of Social Care (Adults) reported that SHAW Homes had assumed responsibility for the homes on an agency basis pending completion of the formal Agreement. The management transfer had proceeded smoothly. The contract provided for a close working relationship between the Council and Shaw Homes with both quantitative and qualitative measures in place to monitor performance. Local reference groups were also in place to monitor local issues and participate in developments.

**RESOLVED: That the report be noted.**

## **7. PERFORMANCE MONITORING 2003/04 - 12 MONTHLY REPORT**

The Committee received a report on the performance indicators for the Social Care and Strategic Housing Directorate for the year 2003/2004.

The Head of Business Services gave a presentation on performance management. She explained both the onerous external inspection arrangements and how performance was managed within the Directorate.

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

- The Director of Social Care and Strategic Housing noted the importance of ensuring that the Directorate was collecting and reporting statistical information in the same way as other authorities. She reported that local performance on delays in relation to those ready to leave hospital had appeared significantly out of line with other health and social care economies. An analysis of the way in which delays were calculated had revealed that other authorities used a different methodology. Applying the same approach had led to a 50% reduction in the

relevant statistic.

- That to achieve higher performance levels against some of the indicators where there were banded performance thresholds, for example provision of intensive home care, would require significant investment.
- That in terms of the cost of children's residential care there were a limited number of providers and this could put pressure on costs. This was a common problem for authorities.
- It was confirmed that there were joint working arrangements with Education and Health services to seek to ensure a co-ordinated approach where necessary.
- It was noted that the Council had reached agreement with the Hereford Hospitals NHS Trust and the Herefordshire Primary Care Trust about the treatment of the grant paid to the Council by the Government to reimburse the Trust in relation to delayed discharges. The grant was being retained by the Council to buy additional services rather than being paid to the Trust.
- In response to a question about respite care for people with a learning disability the Head of Social Care (Adults) acknowledged that regrettably some planned respite care did have to be cancelled. There was a difficult balance to strike between the number of beds which could be kept vacant for planned respite care and the need to accommodate emergency placements. Reviews were currently taking place of all respite care provision to establish whether there were alternatives.

It was requested that a report on respite care provision be made to the next meeting.

**RESOLVED:**

- That**
- (a) the report on Herefordshire Social Care and Strategic Housing performance be noted;**
  - (b) areas of concern continue to be monitored;**
- and**
- (c) a report on respite care be made to the next meeting.**

**8. SOCIAL SERVICES AND STRATEGIC HOUSING BUDGET MONITORING  
2003/04 - 12 MONTHLY REPORT**

The Committee was informed of the provisional final outturn budget monitoring position for Social Care and Strategic Housing for the financial year 2003/04.

The Head of Business Services reported that that there was expected to be an overspend of £245,000, representing 0.7% of the budget. This would be carried forward into the next year. She advised that the pressure on older peoples services in particular would have an impact in the 2004/05 financial year and in general she was concerned that it would be a difficult year. It was also important to reiterate that the action to balance the budget had adversely affected service provision and had been difficult for staff.

She repeated concerns about the pressure on the childrens' agency placement budget and said that work was underway to see if there were any other ways of dealing with the problem. Members noted the range of needs which had to be met and the consequent variation in the costs of individual placements.

The Director of Social Care and Strategic Housing observed that if current performance levels in Social Care were to be sustained it would be an achievement to keep the overspend below 1% of the budget. She expected that the budget for Strategic Housing would be balanced, unless there were significant homelessness pressures.

**RESOLVED: That the provisional final budget monitoring outturn for the 2003/2004 financial year be noted.**

**9.      SCOPING WORK FOR IN-DEPTH INVESTIGATIONS INTO SERVICE AREAS**

The Committee considered an exploratory programme for the in-depth investigations into the provision of home care and supported housing for people with mental health problems.

The report set out an outline programme of visits and fact-finding sessions to inform the reviews. The Director of Social Care and Strategic Housing advised that arrangements for the visits would be confirmed and detailed scoping statements prepared in due course.

**RESOLVED: That the programme as outlined in the report be supported and the Director of Social Care and Strategic Housing authorised, following consultation with the Chairman, to prepare detailed scoping statements.**

The meeting ended at 11.40 a.m.

**CHAIRMAN**

## SCOPING WORK FOR IN-DEPTH INVESTIGATIONS INTO HOME CARE AND SUPPORTED HOUSING FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

Report By: Head of Social Care (Adults)

### Wards Affected

County-wide.

### Purpose

1. To note the progress of the exploratory programme for in-depth investigations of home care and supported housing for people with mental health problems and consider the scoping statements for the proposed reviews.

### Financial Implications

2. None identified at present.

### Background

3. The following Members of the Committee have been nominated to participate in the investigation:

**Home Support.** Cllr Mrs M.D. Lloyd-Hayes, Cllr Mrs A.E. Gray, Cllr Mrs G.A. Powell, Cllr R. Mills, Cllr Mrs J.A. Hyde and Margaret James – Carers Support.

**Housing Support - Mental Health.** Cllr Mrs M.D. Lloyd-Hayes, Cllr Mrs J.E. Pemberton, Cllr K.G. Grumbley, Cllr P.G. Turpin, Ian Gardner – Supported Housing Co-ordinator, Phil Pankhurst – Herefordshire Users Group (HUG) and Vicky Connaughton – HUG.

### Progress

4. Both groups met in August 2004 and drafted scoping statements setting out the terms of reference, desired outcomes and key questions as attached at appendices 1 and 2 of the report for the Committee to approve.
5. During October to December 2004 a programme of visits and fact-finding sessions are planned.

### RECOMMENDATION

**THAT the scoping statements for in-depth investigations of Home Care and Supported Housing for People with Mental Health Problems Review Group as appended to the report be endorsed.**

### BACKGROUND PAPERS

- None

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Further information on the subject of this report is available from  
Stephanie Canham Head of Social Care (Adults) on Home Care 01432 260320  
and Richard Gabb Head of Strategic Housing on Housing Support on 01432 261902



<b>REVIEW:</b>	<b>HOUSING SUPPORT FOR PEOPLE WITH MENTAL HEALTH PROBLEMS</b>	
<b>Committee:</b>	Social Care & Strategic Housing Scrutiny Committee	<b>Chair: Cllr M.D. Lloyd-Hayes</b>
<b>Lead support officer:</b>	Richard Gabb, Head of Strategic Housing Services	

## SCOPING

### Terms of Reference

To review accommodation, housing and housing related support needs of people with severe enduring mental health, and associated housing problems.

To establish current provision for this group and any gaps or blockages that exist.

### Desired outcomes

Ensure there is transparency and understanding between Housing & Mental Health services e.g. support with Home Point applications, awareness of process and capacity.

Understand pathways into housing and protocols and establish good practice.

To establish demand and need for housing with appropriate support.

Mixed tenure responses – creating opportunities for choice in housing tenure.

To establish best practice model for the provision of housing with appropriate support.

To create appropriate, safe and viable housing and support options for people with poor mental health.

### Key questions

What is the role of key stakeholders in creating safe and viable housing and support options?

Who are we referring to when we talk about people with mental health problems?

Who should be included in the scrutiny scoping review?

What is the scale of the problem in Herefordshire in terms of need and provision?

How good is our information currently? What more can we find out and from whom.

Is it a growing problem? – Trends in mental health problems.

Do people want supported housing or independence?

What blockages exist in the system? Is there equality of access?

How can communities support people with mental health problems?

What supported housing is available?

Are we making best use of available funding?

How does supported housing provision match with projected need and anticipated growth?

What causes mental illness and what interventions can be made at an early stage?

What is the position of homelessness legislation on people with mental health difficulties presenting as homeless?





# Social Care and Housing Scrutiny Committee

<b>REVIEW:</b>	<b>HOME CARE</b>	
<b>Committee:</b>	<b>Social Care and Housing Scrutiny</b>	<b>Chair: Cllr M.D. Lloyd-Hayes</b>
<b>Lead support officer:</b>	<b>Stephanie Canham Head of Social Services (Adults)</b>	

## SCOPING

### Terms of Reference

- To review the level and need for home support services to older people in Herefordshire.
- To review the councils Eligibility criteria for Social Care Services.
- To examine current use of available funding and Charging Policy.
- To consider Cross Agency support for older people.
- Following the review to make recommendations to the Cabinet member above policy development.

### Desired outcomes

- Development of cross Agency/strategy for older people in Herefordshire.
- Policy development to support/encourage self-reliance/prevention agenda.
- Direct payments influencing Social Care commissioning strategy.

### Key questions

- How are current funds committed?
- What has been the effect of Home Care changes?
- Are Home Care Agencies providing Services that people want? What monitoring arrangements are in place?
- Are we being as creative in Service options? Direct Payments? Support to informal carers?
- How can we develop the human resources required? What are the barriers to developing the workforce – Pay? Status?
- What are the Government Targets the Council will be measured by?
- How do we determine who is eligible for Council Services?
- Identify need of community of older people, funding required.
- Have we got a Council wide view of access to universal services by older people?
- Rural dimension. Deprivation. Transport. Financial – benefits take up.
- What contribution does health make to support older people living independently?
- How do we encourage a self-reliant population?
- What support do we give to informal carers?
- Which authorities are doing well and how?

### **Time Scales**

- Dates have been agreed for following topics.
  - Commissioning Care.
  - Eligibility for services.
  - Direct Payments.
- Case Study – October.
  - The following topics to be illustrated using a case study.
- Visits: Options – September
  - Shadow Social Worker on an assessment visit.
  - Shadow reablement assistant – STARRS.
- Policies review with Head of Services - October.
- Benchmark exercise to identify excellent authorities - November.
  - Assessment.
  - Eligibility.
  - Charging.
  - Service Options.

## **RESPIRE SERVICES FOR PEOPLE WITH LEARNING DISABILITIES IN HEREFORDSHIRE**

**Report By: Head of Care (Adults)**

### **Wards Affected**

County-wide.

### **Purpose**

1. To update the Committee on the situation with respite care services for people with a learning disability

### **Financial Implications**

2. There is a potential budget implication of up to £250,000 to totally free up respite and emergency care beds. This funding is not currently available.

### **Background**

3. In June the Committee requested a report on respite care provision. A review was undertaken and is appended to the report.
4. There are currently 147 adults with a learning disability living with (unpaid) family carers in Herefordshire.
5. The 1995 Carers Recognition Act gives carers of people with learning disabilities the right to request an assessment of their needs including the need for short breaks.
6. The term 'short break' (also known as short term care or respite care) refers to a situation when a person with a disability spends time away from the family. The most traditional form of this is through the use of registered residential respite care units.
7. Traditionally local authorities and the NHS have provided these services directly. Increasingly they are also provided through the independent sector funded by statutory bodies.
8. There are, however, other ways of providing respite to carers. This can include support in their own home, support to enable people to access community facilities, or through the use of day services.
9. Within the West Midlands, Herefordshire provides one of the highest provisions of respite care per capita.

### **Review findings**

10. Herefordshire Council learning disability services (including the Primary Care Trust) currently spends just over £438,000 (net) on in-house residential respite provision and emergency beds

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Further information on the subject of this report is available from  
Lydia Bailey – Service Manager, Learning Disability Services on 01568 616397

and an additional £48,000 on the purchase of residential respite in the independent sector. This does not include the cost of transport for individuals where Social Care has to arrange this.

11. There is also additional money being spent on alternative respite provision such as community support, day care and direct payments.
12. The in-house provision of residential respite care consists of
  - 4 respite beds (+ 1 emergency bed) at Ivy Close, Hereford
  - 4 respite beds (+ 1 emergency bed) at Windsor Place, Leominster
  - 4 respite beds (+ 1 emergency bed at Southbank Close, Hereford)
13. 4200 nights are provided through these 12 beds respite per year, (All services are closed over the Christmas/New Year period) This figure can be slightly increased as Southbank Close do have the potential of offering one of their rooms as a double, however this is only for specific named individuals and therefore is somewhat limited in use but does raise the total to 4306 nights per year.
14. The current allocation of respite care to individuals is between 20 nights and 136 nights per year. People who are newer to the service tend to have a lower allocation of nights. The average allocation of nights to new Service Users is around 70 nights per year.
15. The majority of people who receive respite care also receive other services. This is mainly either day opportunities, or home support.
16. From March 2003 to April 2004 the 12/13 beds supported a total of 47 people on a planned basis. For 2003/4 this represents on average 67% of respite potential being allocated to the 47 individuals.
17. The biggest demand for all respite care is at the weekend with nights during the week being less requested.
18. The total number of emergency bed nights available is 1084 per year across the service.
19. During 2003/4 the actual number of emergency bed nights used was 1155 with the extra pressure being at Ivy Close and Southbank Close. In addition there are long-term residents who were unable to move on to the other houses because of incompatibility, blocking two beds (One has since moved). This means the actual emergency blocked bed total is 1885 bed nights per year.
20. Currently there are 8 people residing in respite care units. Of the 12/13 planned respite beds 5 are blocked leaving only 7/8 beds available for planned respite.
21. If there are further emergency situations further respite beds may need to be used to accommodate these individuals.
22. The eight individuals who are currently using the respite provision came from a range of previous placements. Five were living in their own homes or with a family carer, one was living in supported lodgings, one in a family placement and one is a long-term resident who moved into the unit from another home within the site.

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Further information on the subject of this report is available from  
Lydia Bailey – Service Manager, Learning Disability Services on 01568 616397

23. To release the respite and emergency beds would require additional revenue of over £250k. This money is not currently available within the service.
24. Last year the service cancelled 15% of planned respite across its three services. This was higher at Southbank Close than other services.
25. Some individuals receive very high levels of service. However families have become used to this level and reductions in current allocation could result in family breakdowns, which ultimately will result in more pressure for long term care.
26. The Commission for Social Care Inspection (CSCI) who are responsible for registration and inspection of the three services have stressed that we must not provide respite care and long-term provision within the same house. This will mean that we will have to look at moving people on from emergency beds within an agreed period of time.
27. Although people who are new to the service are willing to consider newer, more innovative ways of providing support and respite care, older carers do not want to consider alternatives to residential respite provision.
28. Because all of the resources are tied up in the current building based services, it is not possible to fund alternatives even if carers were willing to consider them.
29. The review concluded the following:
  - The level of respite currently being offered is sufficient to meet the current demand. However it is not being offered in a consistent way which supports carers.
  - Many carers have been using building based respite for a long time and although they are unhappy with the uncertainty of the current situation they would prefer to keep this form of respite provision.
  - Carers who have been using the service for less time or those who are not currently using the service (including those supporting teenagers) would be more prepared to consider alternative forms of respite care.
  - There are other ways of providing respite care to people; some other authorities are more advanced in offering these. Herefordshire offers some alternatives to building based respite but these are limited.

## RECOMMENDATION

**THAT (a) options for future respite be explored further;**

**(b) reasons for emergency admissions are explored further;**

**(c) a new strategy for short breaks be considered and referred to the Cabinet Member (Social Care and Strategic Housing), based on this review and subject to considerations in (a) and ( b) above;**

**and**

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Further information on the subject of this report is available from  
Lydia Bailey – Service Manager, Learning Disability Services on 01568 616397

**(d) feedback on the Review recommendations in the attached paper is brought to this Committee following discussions between the Director of Social Care and Strategic Housing and the Chairman of the Committee.**

**BACKGROUND PAPERS**

- None

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Further information on the subject of this report is available from  
Lydia Bailey – Service Manager, Learning Disability Services on 01568 616397

## **Appendix**

# **A Report on Respite Services for Adults with a Learning Disability In Herefordshire**

**September 2004**

Bec Davey, Aspire Living

Margaret James, Carers Support

Mark Stanton, Learning Disability Service

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## **TERMS OF REFERENCE**

The report was compiled using the following terms of reference

- i) Establish the current usage of respite services
- ii) Establish the amount of service cancelled
- iii) Look outside of Herefordshire to see how others provide services
- iv) Collect views from carers on current provision
- v) Consult with carers on respite needs for the future
- vi) Make recommendations to improve the provision of respite services

## **SCOPE**

The report was compiled from June to September 2004. The data collection for the amounts of service received began early in this process and centred on service used from April 2003 to March 2004. All figures given within section 5, relate to that financial year, unless otherwise stated.

The collecting and compiling of views within section 6 "Carers' Perspective", was provided by Carers Support and is there based on the views of Carers who are known to them.

## **EXECUTIVE SUMMARY**

- Herefordshire provides a high level of residential respite care compared to other authorities within the West Midlands (Review and development of Learning Disability services, Kathy McAteer, 2000)
- The level of respite currently being offered is sufficient to meet the current demand. However it is not being offered in a consistent way, which supports carers.
- The respite service received is highly valued by unpaid carers, despite the uncertainty and cancellation of planned service.
- The service cancelled 15% of planned respite care within in-house respite services
- There are currently 8 people residing long-term within in-house respite units. This represents 5 beds or 40% of our internal respite capacity + the three emergency beds
- Carers who have received services for a number of years appear are reluctant to have other forms of respite other than the traditional building based services
- Carers who have recently began receiving services or carers of teenagers are more willing to consider alternatives to building based services
- Respite services are often seen in the context of services for carers rather than services for the people who attend them
- Services for people with additional mobility issues are less available than for those without

## **INTRODUCTION**

There are currently 147 adults with a learning disability living with (unpaid) family carers in Herefordshire.

The 1995 Carers Recognition Act gives carers of people with learning disabilities the right to request an assessment of their needs including the need for short breaks.

The term 'short break' (also known as short term care or respite care) is where a person with a learning disability spends time away from the family. The most traditional form of this is through the use of registered residential respite care units.

Traditionally local authorities and the NHS have provided these services. Increasingly they are also provided through the independent sector.

There are other ways of providing respite to carers. This can include support in their own home, support to enable people to access community facilities, or through the use of day services.

## **CURRENT SITUATION**

Herefordshire Council learning disability services (including the PCT) currently spends just over £540,000 (net) on in house residential respite provision and emergency beds and an additional £48,000 on the purchase of residential respite in the independent sector.

The money used in the independent sector funds some services for people with profound and multiple disabilities, adult placements and additional support through residential colleges where individuals cannot return home during holidays. It does not include the purchase of community-based alternatives, which are provided as part of someone's whole care package.

This figure does also not include the cost of transport for individuals where Social Care have to arrange this. There is also additional money being spent on alternative respite provision such as community support, day care and direct payments.

The in-house provision of residential respite care consists of 12/13 respite beds and 3 emergency beds. 4 respite beds + 1 emergency bed at Ivy Close, Hereford, 4 respite beds + 1 emergency bed at Windsor Place, Leominster and 4/5 respite beds + 1 emergency bed at Southbank Close, Hereford.

Within the West Midlands, Herefordshire provides the third highest provision of respite care per capita. The lowest allocation was 10 bed nights per thousand rising to 260 bed nights per thousand (excluding Birmingham) Herefordshire has 232 beds nights per thousand. This is especially relevant given the small percentage of people living with family carers compared to other authorities (1/4 in Herefordshire compared to 3/4 in other authorities)

The current allocation of respite care to individuals is between 20 nights and 136 nights per year. People who are newer to the service tend to have a lower allocation of nights. The average allocation of nights is around 70 nights per year.

The majority of people who receive respite care also receive other services. This is mainly either day opportunities, or home support.

## **IN-HOUSE PROVISION**

Herefordshire currently provides 12/3 respite beds and 3 emergency beds across three separate units.

### **Ivy Close (Hereford)**

Number of beds = 4 + 1

Net Cost = £130,000

Ivy Close is a purpose built site comprising four houses. Three of the houses are used as long-stay accommodation for adults with a learning disability. The remaining house is used as respite resource and has five beds, four of which are allocated for planned respite and one for emergency accommodation.

From April 2003 to March 2004 Ivy Close accommodated 19 people on a planned basis. The number of nights allocated for each person is agreed following a Community Care Assessment and ranged from 20 to 108 nights per year. The number of allocated nights for the whole year totalled 930, which is 65% of the total availability.

The average allocation was 49 nights. Two people are allocated twice that amount and a further two are allocated nearly 50% more than average. Five people are allocated approximately 50% less than the average.

#### **Emergency Placements**

The number of nights allocated to provide emergency placements at Ivy Close, based on the current structure, is 365 nights. During 2003/4 nine people accessed this service plus an additional two people who also received planned respite at Ivy Close. The total number of emergency nights used during the year was 574 or 157% of the allocated nights.

This increase in the amount of emergency provision resulted in a reduction of service for those in receipt of planned respite services. This was exacerbated by a number of emergencies occurring at the same time. February to March was a particularly difficult period of time with 55 respite nights being cancelled during the two-month period.

#### **Cancellations**

- Approximately 66 nights were cancelled by families themselves
- Ivy Close cancelled 138 nights due to planned respite beds being blocked by emergency admissions.
- The cancellation, by the service, represents 15% of the allocated service.

## **Southbank Close (Hereford)**

Number of beds = 4/5 + 1

Net Cost = £220,000

Southbank Close is a purpose built site comprising three bungalows. Two of the bungalows are used as long-stay accommodation for adults with a learning disability. The remaining bungalow is used as a respite resource and has five bedrooms, one of which is occasionally used as a double room, for certain service users only. Four bedrooms are allocated for planned respite and one for emergency accommodation

From April 2003 to March 2004 Southbank Close accommodated 14 people on a planned basis. Only the most recent of those using the service have received an allocation based on a Community Care Assessment. Those who began using the service when Southbank was classed as a part of the hospital received higher amounts of respite based on the then higher availability. This higher allocation was reduced approximately three years ago as pressures mounted on the service. It is the new lower allocation for these families that has been included in the report. The number of nights allocated now for each person ranged from 36 to 107 nights per year. The number of allocated nights for the whole year totalled 1117 nights. This is 74% of total respite availability.

The average allocation was 75 nights. Two people are allocated approximately 50% less than this average, with most others receiving slightly more than this average

### **Emergency Placements**

The number of nights allocated to provide emergency placements at Southbank Close, based on the current structure is 365. Seven people during 2003/4 accessed this service. Three of these are people who received planned respite at Southbank Close, received additional emergency provision. The total number of emergency nights used during the year was 267 or 73% of the allocated nights.

Southbank Close has, unfortunately, had two of its respite beds allocated to two long-stay clients for many years. This has had significant impacted of the levels of respite. The amount of long-stay usage and emergency combined equates to 997 nights or 273% of the emergency allocated bed spaces.

### **Cancellations**

- Approximately 30 nights were cancelled by families themselves
- Southbank Close cancelled 232 nights due to planned respite beds being blocked by emergency admissions.
- The cancellation, by the service, represents 21% of the allocated service.

## **Windsor Place**

Number of beds = 4 + 1

Net Cost = £190,000

This building has five beds, four of which are allocated for planned respite and one for emergency accommodation. The service does not offer planned respite over the Christmas/New Year break, as the service has previously not been requested. Based on this, the total number of respite nights available during the year is 1,400 beds.

From April 2003 to March 2004 Windsor Place accommodated 14 people on a planned basis. The number of nights was allocated for each person following a Community Care Assessment and ranged from 36 to 136 nights per year. The number of allocated nights for the whole year totalled 897 nights. This is 64% of the total availability.

The average allocation was 75 nights. Four people out of the fourteen using the service were allocated nearly twice that amount, one of which has since moved into supported accommodation and no longer uses the service. Four people are allocated approximately 50% less than the average.

A further six people access the service at Windsor Place on an "as and when" basis. This is to cover short-breaks for the carers. Another 70 nights of respite were provided in total.

### **Emergency Placements**

The number of nights allocated to provide emergency placements at Windsor Place, based on the current structure, is 354 nights. During 2003/04, six people accessed this service. The total number of emergency nights used during the year was 314 or 88% of the allocated nights.

However, several of the emergencies occurred during the same period. Two beds were filled by emergency placements during the majority of October to January. This meant a reduction in planned respite services.

### **Cancellations**

- Approximately 30 nights were cancelled by families themselves
- Windsor Place cancelled 73 nights due to respite beds being blocked by emergency admissions.
- The cancellation, by the service, represents 8% of the allocated service.

### **Allocation of respite across in-house services**

With the 12 beds we are able to offer a total of 4200 nights respite per year. (All services are closed over the Christmas New year period) This figure can be slightly increased as Southbank Close do have the potential of offering one of their rooms as a double. However this is only for specific named individuals and therefore is somewhat limited in use but does raise the total to 4306 nights.

From March 2003 to April 2004 the 12/13 beds supported a total of 47 people on a planned basis. For 2003/4 this represents on average 67% of respite potential

being allocated to the 47 individuals. The biggest demand for all respite care is at the weekend with nights during the week being less requested.

The total number of emergency bed nights available is 1084 per year across the service.

During 2003/4 the actual number of emergency bed nights used was 1155 with the extra pressure being at Ivy Close and Southbank Close. As well as this two beds at Southbank Close were being blocked by long- term residents who were unable to move on to the other bungalows because of personality incompatibility (one has since moved) These means the actual emergency blocked bed total is 1885 bed nights per year.

The first two months of this Financial Year have proved difficult for all of the internal respite providers. Ivy Close began with three emergency placements, which has now been reduced to two.

Southbank Close had three long stay/emergency residents blocking respite beds. In July this reduced to two but then increased to three again the following week.

Windsor Place had two emergency placements. Another was admitted the same day one person moved on and a third bed was taken up in August. Originally this was intended for two weeks. There is currently no known date for this latest person to move on.

### **Comparison of Allocated Respite Nights across services**

Service	Number of users	Number of beds	Total bed nights	Number of nights allocated	% usage	Weekend bed nights	Number of nights allocated	% usage
Ivy Close	19	4	1400	930	65%	192	168	88%
Southbank Close	14	4/5	1506	1117	74%	204	168	82%
Windsor Place	14	4	1400	897	64%	192	144	75%

### **ONGOING ISSUES WITH IN-HOUSE SERVICES**

Currently there are 8 people residing in respite care units. This means that on top of the 3 emergency beds, 5 of the 12/13 respite beds are blocked leaving only 7/8 beds available for planned respite. If there are further emergency situations further respite beds may need to be used to accommodate these individuals.

For people who use the current respite provision it is probably appropriate for them to receive emergency care provision within that unit. However, currently the respite units provide respite to all people within the learning disability service, wherever their previous placement was.

The eight individuals who are currently blocking the beds came from a range of previous placements. Five were living in their own homes or with a family carer, one was living in supported lodgings, one in a family placement and one is a long-term resident who moved into the unit from another home within the site.

Last year the service cancelled 15% of planned respite across its three services. This was higher at Southbank Close than other services.

Some individuals receive very high levels of service. However families have become used to this level and reductions in current allocation could result in family breakdowns, which ultimately will result in increased blocked beds.

The Commission for Social Care Inspection (CSCI) who are responsible for registration and inspection of the three services have stressed that we must not provide respite care and long-term provision within the same house. This will mean that we will have to look at moving people on from emergency beds within an agreed period of time.

To totally unblock the respite and emergency beds. Would require additional revenue of over £250k. This money is not currently available within the service.

Although people who are new to the service are willing to consider newer more innovative ways of providing support and respite care, older carers do not want to consider alternatives to residential respite provision.

Because all of the resources are tied up in the current building based services it is not possible to fund alternatives even if carers were willing to consider them.

## **CARERS VIEWS**

Herefordshire Carers Support worked with the learning disability carers network to establish their views on:

- The types of respite care/short breaks that are available now
- What works and what doesn't work – the issues around this provision
- What, if anything, could be different

Although the learning disability carers network is small and therefore cannot be seen as representative of the 47 carers who currently use respite care, or the 148 people currently living with family carers, it nevertheless provides useful information on the views of carers.

The full report from Carers Support can be seen as appendix 1. However the key results are as follows.

None of the carer's involved used alternatives to building based respite. Overall parents who have been caring longer do not want to consider alternatives to building based respite, (although they wanted the service to be more reliable) whereas those with younger adults or teenage children were prepared to consider alternative ways of providing respite.



Carers within the group valued the break they got because:

1. They knew where their son/daughter was and were confident about the care they were receiving from staff who had got to know them. They felt that routine had become important to them as carers and to their dependants
2. The respite gave them the chance to re-charge their batteries and continue in their caring role (most said they caught up on sleep) For parent-carers this period did give them the chance to give time to other children in the family

The main problems they identified with the current situation was:

1. Late cancellations of respite is a real problem. Carers never felt 100% secure that they could plan anything e.g. a weekend away in case the respite was cancelled at the last minute. Respite is usually disrupted because of emergencies, this is problematic for both carers and dependants as the routine element is disturbed and often the carers have a behavioural backlash to cope with
2. Some emergencies cause bed blocking which cuts down on the number of respite beds available.
3. Some establishments did not provide good facilities for people with profound disabilities, e.g. easy wheelchair access. It was felt that it sometimes took a long period of time for carers to build up a relationship of trust with care staff, especially when working with people with profound disabilities, so that they felt confident about the quality of care offered.

The Carers Network felt that things could be improved by:

1. That the situation in residential establishments is sorted out so that respite beds are not used for emergencies and that once respite is booked it is honoured
2. That more flexible options are available to those carers who want this – expand Direct Payments (tying in with the Direct Payments LIG); consider a Voucher Scheme; greater investment in 'short breaks'
3. Link up with more parents of younger children, particularly those at transition (the SEN Consortium are considering Respite Care Provision as a priority topic)

## **THE NATIONAL PICTURE**

The following section will attempt to give an up to date view of respite services across England for adults with learning disabilities.

Information is taken from varying sources including, newspapers and specialist magazines, the Internet and a one to one interview with a service manager from another authority.

According to research completed by the National Development Team:

- The most common form of respite care provided is in residential units.
- Social Services departments and adults with learning disabilities have different views about what constitutes a valued respite service.
- The noteworthy elements of the innovative respite services visited are that they:
  - Involve people with learning disabilities in planning.
  - Development of befriending services and friendships.
  - Create new opportunities for people.
  - Seek to promote safety through partnerships.
  - Offer training which seeks to improve services.
  - Promote choice, by learning from people with learning difficulties.
- Most of the services visited were uncertain about their future, not least because of their fragile financial position.
- There is a dearth of information about the cost effectiveness of different forms of respite care services.
- The numbers of respite places available in England or of adults using these in a single year are unknown, because of inadequacies in social services ICT systems.

Respite services are often aimed at carers rather than service users. Many things follow from the way that respite care is defined; traditionally it has been associated with relieving the 'care burden.' An idea which is alive and well in many recent policy documents. The community care White Paper tells us "the government recognises that many need help to be able to manage what can become a heavy burden."

This notion is now being challenged by services which are increasingly service user focused, who see the individual with learning disabilities as the primary consumer of respite services.

In Liverpool, the charity Natural Breaks provides an example of a respite service in which the user perspective formed the basis of service planning and development. This is a voluntary sector service to provide opportunities for people with learning disabilities to use ordinary social and leisure facilities in the community. Service users are matched with support workers on a one to one basis for weekly evening breaks and sometimes for longer breaks.

## The Statistics

In 2000, a research project supported by the Joseph Rowntree Foundation asked questions of all social services departments and district health authorities along with NHS trusts and voluntary organisations in England, their aim, to build up a national picture of respite provision for adults with learning disabilities, explore the barriers and identify innovative respite services. The most complete set of data came from social services departments; it is those returns which form the basis of the findings.

Some 63% of local authorities referred to the benefits for carers, with 45% mentioning the provision of some kind of break. By contrast, only 44% of local authorities referred to benefits for users, with just 27% mentioning a break for them.

Many of the authorities mentioned plan to review their services. There appeared a desire to move away from the traditional methods of providing respite care, either in residential units or hospital based units towards more innovative ways of working.

Although the government acknowledges the role of respite provision, "to enable people to achieve maximum independence and control over their lives, numerous studies report high level of unmet need throughout the country.

The survey revealed that the main forms of respite care available to adults with learning disabilities were:

- Residential provision combined with other services ( 92% of local authorities)
- Family based respite (79%)
- Day services ( 80% )
- Residential units dedicated to respite. (70%)
- Hospital provision (70%)
- Volunteering or befriending schemes (74%)
- Holiday respite (65%) and
- Domiciliary services (60%)

Some caution is needed when comparing these findings with those of previous studies, although the range of services appears quite comprehensive, there is a definite bias towards residential services due to the quantity of places available as compared with family based respite services the number of which is typically small.

Furthermore it was found that in 90% of authorities a residential option was most likely to be offered on a planned basis, in 89% of authorities on an emergency basis. This is in direct contradiction of the government's key objective to target home based services.

Studies of the users and non-users of respite care have provided an insight into which groups of people are most likely to be excluded.

69% said that they targeted one or more groups. Those with complex service needs (60%) and those with challenging behaviour (52%) were most commonly targeted.

However, only 13% of those people from black or ethnic minority groups were targeted.

Regardless of the range of respite services available and the desire to shift the emphasis away from traditional provision, the predominance of residential respite care provision means that consumer choice is limited by what is available.

A study in 2003 from Breaking Point says that 6 out of 10 families are either receiving no short term service or one that is so minimal it does not meet their needs. 1 in 3 families have had their respite breaks reduced in number during the past year and 6 out of 10 families are on awaiting list for at least 6 months.

## **Waiting Times**

Due to the lack of efficiency in Social Services departments' information technology,

Information on waiting times to access services was lacking. Of those who provided data on average waiting times, it appears that immediate access to either home based or residential units is more often or not a remote possibility.

## **Innovative Respite Services**

According to the study supported by the Joseph Rowntree Foundation. The questionnaire did not define 'innovative respite schemes', yet 32 social services departments identified them.

Some 8 services visited had innovative schemes which,

- Clearly stated that their aims and service philosophies were developed from the ideas, preferences and experiences of people with learning disabilities and their families.
- Emphasised the importance of person-to-person support and of building new relationships for people which extended beyond their immediate families.
- Recognised that sharing leisure activities as part of the respite service can realise additional advantages and opportunities for adults with learning disabilities and, in turn, their families.

One of those services which was once defined as innovative had to be subsequently re-cast as it's original philosophy of being 'on demand' at it's conception had been progressively compromised by fewer qualified staff and an increase in the number of service users, but no increase in either the staffing complement or the budget for the day to day running of the unit. Although still held up by senior managers as a 'model' service it had become inflexible and narrow in terms of its capacity.

Using the views of people with learning disabilities and their families, the research concluded that a valued respite service should:

- Enable people to have control.
- Offer good experiences and personal advantages.
- Sustain feelings of personal worth and esteem.
- Be small scale and separate from accommodation offered to people on a long-term basis.
- Promote individual support as a result of individual planning.
- Sustain significant relationships and make links with their lives, particularly their diverse roles in their families.
- Be local, even in emergencies.
- Be responsive to the ideas and concerns of service users.
- End its association with the dispiriting features, (such as, lost clothes, inattention to essential medication, unfamiliarity to people's routines and preferences) associated with unit- based respite services.

These ideals were not reflected in the working definitions of respite services many of which only referred to the benefits of respite for people's families or carers.

The most popular innovative form of respite service being developed in the country at the moment is the shared care scheme. There are currently 400 of these schemes which link individuals with learning disabilities with families, couples or individuals who offer them short breaks. The majority are run by local authorities, the remainder by voluntary organisations.

Research shows that shared care can provide a valuable and flexible service to families. Individuals can receive a high standard of personal care in the context of real caring relationships and the support carer's can often become family friends. Some schemes also provide sitting services, befriending and escorts to holiday placements.

Shared care schemes are seen as a service provided to meet, primarily, users needs. The benefits to their family, when examined, are definitely a secondary consideration.

Short breaks, however, do provide a highly valuable support to families or long-term carers. Described by a service user as "a mini- break for me and a mini-break for my family", the schemes are a valuable service on many levels providing, much needed respite from caring for the families and a positive, life enhancing experience for the user.

Support carers- known as sort term carers, shared carers, link carers, and respite or short term foster carers- mainly provide care in or from their own home. In the 202 schemes surveyed by The Shared Care Network there were 7,844 carers for children compared to 1,386 carers for adults. They are usually reimbursed for their expenses.

In the 202 schemes surveyed the numbers of adults taking short breaks were 2,021.

These supportive services are in demand and waiting lists are growing, an equivalent to one quarter of adults receiving services at present is on waiting lists. Others are not referred because it is known that their needs cannot be met.

While many schemes are starting to provide services for users with challenging behaviours, physical impairments and complex health care needs, such users are most likely to be on waiting lists.

The main reason for this, a shortage of support carers and of staff to recruit support carers and a lack of funding to reimburse carers, lengthening waiting lists, low status within social services departments.

Currently, provision, assessment, support and payments to support carers also require attention.

## **A specific example - Luton Social Services**

Luton Social Services department were happy to share their ideas for the management of respite services.

Up until 3 years ago Luton faced similar problems as most of the country with little or no choice or availability in respite provision. There was only residential respite provision where most beds were blocked by those individuals needing emergency accommodation.

In the last 3 years a lot of work and resources have been dedicated to developing the service and today the authority has much more to offer.

### **(a) Volunteers**

A type of family based respite provision has been developed, whereby, volunteers are recruited and go through a thorough screening process including CRB checks for the entire family, questioning by social workers as their opinions on religion, disciplining etc.

These families or individuals then accept individuals with a learning disability into their homes for short breaks. There has to be a limit on the number of nights per year that they provide accommodation as more than 28 nights would lead them to having to be registered under the CSCI. These individuals can get expenses reimbursed.

### **(b) APS Respite**

Adult placement schemes are also used for short-term breaks. These schemes have already gone through a rigorous screening process and can be used in an emergency.

### **(c) Residential Units**

This area of provision is still used for planned breaks. The authority bought an old building that was renovated and then registered for the sole purpose of providing respite care. The issue of 'bed blocking' was tackled utilising the help of the local CSCI that put a limit of one month on the length of time any individual was allowed to stay at the home. This did put extra pressure on social workers to find placements for individuals who couldn't return home but the system works. The home is run on a rota type basis with individuals assessed and individual planning in place to work towards fairness and compatibility of client mix at the unit.

#### **(d) Supported Living**

This part of the respite provision is combined with individuals making the transition from being home based to leading a more independent lifestyle in their own home.

An individual is assessed for receiving Supporting People funding. If eligible, and the individual is lucky enough to find suitable accommodation, the moving out phase is prolonged with the individual spending a short time at their new home each week and the rest of the time at home with their families. The length of time they spend living independently over weeks and months increases as skills and confidence increase until the amount of time they go home for is equal to any young person who has just left home for the first time.

On investigation, Luton predominantly provides services for people with learning disabilities who are physically quite able and without challenging behaviour.

Their sister authority, Dunstable, provides services for those people who have more complex needs, although they are currently working on developing services for individuals with more complex needs. This practice of sharing services with neighbouring authorities is not unusual throughout the country.

The department in Luton have a similar amount of people to which they must provide services. They also have transition workers, reviewing officers, senior practitioners, and six social workers. Even with this, they still perceive that they have a long way to go.

### **CONCLUSIONS ON THE NATIONAL PICTURE**

There appears to be a lack of quality respite provision for adults with learning disabilities throughout the country with no area better placed than any other.

Residential services are still the most popular; there still remains a great amount of loyalty to the familiar model of 2 respite beds in a 24-bed hostel. Resistance to considering options beyond such known and established services is one factor in keeping these types of services going.

Lack of resources, financial, time and human being the main obstacles to change.

### **CONCLUSION**

The level of respite currently being offered is sufficient to meet the current demand. However it is not being offered in a consistent way which supports carers.

Many carers have been using building based respite for a long time and although they are unhappy with the uncertainty of the current situation they would prefer to keep this form of respite provision.

Carers who are have been using the service for less time of those who are not currently using the service (including those supporting teenagers) would be more prepared to consider alternative forms of respite care.

There are other ways of providing respite care to people; some other authorities are more advanced in offering these. Herefordshire offers some alternatives to building based respite but these are limited.

## **RECOMMENDATIONS**

### **1. Review of in-house respite care**

It is necessary to ensure that in-house respite provision is able to offer a consistent service. Given that 8 of the beds are currently blocked this may involve an overall reduction in the amount of respite care beds available, but would result in a more stable service. The review should also consider the potential of externalising this service.

### **2. To continue to review in-house services**

To ensure that over time we continue to have the correct level of residential respite to meet demand. This will enable us to adjust the level of resource so that we are able to meet the demand for new types of service provision

### **3. Emergency Placements**

That we look at alternative ways of providing emergency placements to people who are not current users of the respite provision. However that we do recognise that for users of the respite provision the unit is probably the most appropriate place for them to receive emergency care.

### **4. Alternative services**

That we develop a range of alternative services to support and provide respite for carers. This could include the development of longer hours within day opportunities, the development of community support, and non-registered respite for individuals without care needs.

### **5. Direct Payments**

That we promote direct payments as an alternative to respite services especially (but not exclusively) for people who are new to the service. This will include the development of information packs including video's that can be left with carers.

### **6. Allocation of services**

It is recognised that many of the people who are in receipt of high levels of service have been using respite for many years and have become used to that level of service. However it is important to ensure that people have equal access to services which meet their needs and that we can accommodate new people into the service. It will therefore be necessary to complete reassessments to ensure that this happens.



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# **Complete Report on Carers Feedback**

## **Carers' Perspective**

### **a. Introduction**

This section of the report was compiled following discussions with carers who attend the Carer Network meetings and the Parent-carer Support Group.

We looked at the provision of respite care and short breaks from the carer's point of view. The points we covered were:

- The types of respite care/short breaks that are available now
- What works and what doesn't work – the issues around this provision
- What, if anything, could be different

### **b. Carers' Perspective of The Current Provision**

The current provision seems to be in 'bricks and mortar' – Southbank Close, Ivy Close, Windsor Place and for the under 18s, 1 Ledbury Road.

No one in the group used any other form of respite, although one person whose son had ILF did use this occasionally to pay for an alternative carer for a few hours, which gave her a break.

The provision at the residential establishments was in the form of periods of respite, overnights and days, sometimes at the weekend or sometimes being tied in with going from day care, staying overnight and coming home after day care the following day. As this was the pattern that has been established over time, this was accepted as the norm and on the whole carers found it difficult to consider that there might be other options. They felt that both they and the service user had become accustomed to this routine and would not want to do anything else.

'Short Breaks' – i.e. shorter sessions of alternative care which gave the carer a break, e.g. an evening off or time out at a weekend had not really been offered or considered as an option.

Direct Payments does not appear to have been 'sold' as an option either to the person with a learning disability or to the carers as an option to consider in their own right. There is a distinct lack of knowledge about this among, not only carers but also social workers, as to how the system works and could be developed.

However, it should be noted that most of the carers coming to the network meetings have been in the system for many years, have argued for this provision and feel worn down through the constant challenges they have faced over the years.

Carers coming to the Network meetings, whose dependants are 20-30ish or the parent-carers whose children are under 18, do have a different approach. They are much more open to other ideas and willing to consider other options which would allow for quality 'family' time as opposed to one member of the family having to go

away to give the others a break. They were also more positive about 'short breaks' to work in conjunction with periods of 'respite'.

### **c. What Works and What Doesn't**

Carers coming to the Network meetings felt that the positives about respite provision were:

1. They knew where their son/daughter was and were confident about the care they were receiving from staff who had got to know them.
2. They felt that routine had become important to them as carers and to their dependants
3. They felt that their sons/daughters had made friends with the particular group, were comfortable with them and the activities they might pursue during the period of respite
4. For them as carers this period gave them the chance to re-charge their batteries and continue in their caring role (most said they caught up on sleep)
5. For parent-carers this period did give them the chance to give time to other children in the family

The negatives were:

1. Too often planned respite is disrupted because of emergencies, this is problematic for both carers and dependants as the routine element is disturbed and often the carers have a behavioural backlash to cope with
2. Some emergencies cause bed blocking which cuts down on the number of respite beds available.
3. Late cancellations of respite is a real problem. Carers never felt 100% secure that they could plan anything e.g. a weekend away in case the respite was cancelled at the last minute
4. It was felt that it sometimes took a long period of time for carers to build up a relationship of trust with care staff, especially when working with people with profound disabilities, so that they felt confident about the quality of care offered.
5. Some establishments did not provide good facilities for people with profound disabilities, e.g. easy wheelchair access.
6. Parent carers were much more open to suggestions about other options – shared care, shorter but regular breaks, Direct Payments or a voucher scheme. They wanted to be able to have more flexibility about arrangements and to feel more in control.

#### **d. What Could Be Different:**

Most of the older carers felt that on the whole they did not want things to be different except to be more reliable i.e. no last minute cancellations – security that respite beds would not be used for emergencies and that what was planned would be honoured. It is also important to remember that these are the carers who have been most instrumental in getting the service provision that is available and, for all its faults, works for them.

However, some younger carers, especially the parents of the under 18s felt that there should be more options and that flexibility was the key. Suggestions of how respite/short breaks would work for them were:

- To have Direct Payments or a voucher scheme to be able to sort out their own arrangements.
- To expand the Shared-care scheme so that children did not have to go into residential establishments.
- To have regular short breaks to complement longer periods of respite
- To have options like 'an extra pair of hands' so that family outings or holidays can be made more relaxing for the carers

I think it is very important to take into account the views of the parent-carers because although their children are not in the adult services bracket yet, many of them are in the transition stage and so there will be implications in the next few years, as carers want different service provision.

#### **e. Recommendations**

1. That the situation in residential establishments is sorted out so that respite beds are not used for emergencies and that once respite is booked it is honoured
2. That more flexible options are available to those carers who want this – expand Direct Payments (tying in with the Direct Payments LIG); consider a Voucher Scheme; greater investment in 'short breaks'
3. Link up with more parents of younger children, particularly those at transition (the SEN Consortium are considering Respite Care Provision as a priority topic)

## INTRODUCING BUILDING HEALTH RELATIONSHIPS - A NEW POLICY FOR YOUNG PEOPLE IN HEREFORDSHIRE'S CARE

Report By: Head of Social Care (Children)

### Wards Affected

County-wide.

### Purpose

1. To raise awareness of the recent launch of *Building Healthy Relationships*, Herefordshire's new Sex and Relationships Policy for young people in public care and seek the Committees support for the policy and work plan.

### Financial Implications

2. None identified.

### Background

3. Over the past eighteen months a multi-agency group has been working with the West Midlands Teenage pregnancy Young People in Care Project to implement a new approach to providing sex and relationships education for young people in care. One of the main aims of this work was to increase knowledge and use of a document published in 2001 by the Teenage Pregnancy Unit – *Guidance for Field Social Workers, Residential Social Workers and Foster Carers on Providing Information and Referring Young People to contraceptive and Sexual Health Services*, London: Department of Health.
4. The steering group has produced a policy: *Building Healthy Sexual Relationships*, which integrates and extends this guidance to produce a comprehensive approach to the topic in a format that is accessible to all workers with young people in care – their foster carers, family placement workers, social workers and support workers.
5. The document, comprising policy, practice, procedures and comprehensive guidance on further sources of support, was formally launched at an event on 10th September 2004. The event attracted an audience of over 60 professionals from social care, health, education and the independent sector. The event was opened by Jon Dudley, Children's Service Manager (Resources) and Max Biddulph, West Midlands Teenage Pregnancy Young People in Care Project, gave the keynote speech. Participants joined workshop sessions, facilitated by suitably trained workers, to promote discussion of how the policy will be put into practice. Feedback was overwhelmingly positive. A copy of the document is enclosed separately for Members of the Committee and is available to the public on request.

6. This piece of work should be seen in context of a positive assessment by the West Midlands (South) Strategic Health Authority of the content and achievements of Herefordshire's Teenage Pregnancy Strategy for all young people in the County.

### Proposed Plan of work

7. The training programme for foster carers is to be re-modelled to incorporate a section on Sex and Relationship Education, and it is planned that fieldwork staff working with looked after children will have opportunities to attend this training.
8. The possibility of using Sex and Relationships Education work as part of post approval training and on-going accreditation for foster carers is to be explored.
9. Consultation with young people in schools has already been undertaken as part of developing Herefordshire's Teenage Pregnancy Strategy. Consultation with focus groups of young people in care will be commissioned via 'Voices' workers as part of the launch strategy for *Building Healthy Sexual Relationships*. The twin aims of this piece of work will be to seek the young people's views on its contents, and to develop a user-friendly version of the document for wider distribution to the children themselves.

### RECOMMENDATION

**THAT the policy *Building Healthy Sexual Relationships*, and the plan of work in hand to ensure its implementation, be noted and supported.**

### BACKGROUND PAPERS

- None identified.

**BEST VALUE REVIEWS UPDATE****Report By: Head of Business Services****Wards Affected**

County-wide.

**Purpose**

1. To report on the progress with current Best Value Reviews.

**Financial Implications**

2. None identified.

**Background**

3. The Committee has received a number of update reports on current Best Value review work. There are currently three Best Value reviews ongoing and the purpose of this report is to update the Committee on current progress.

**Physical Disability (Lead officer Carole Protherough –Locality Team Manager)**

4. The Stage 1 report was presented to this Committee on 8th April 2004. The Stage 2 report was completed in the summer and discussed with the Chairman and Vice-Chairman of the Committee, who supported progression to Stage 3 of the review. The final report will be submitted to the December meeting of this Committee.
5. The review team, representing a wide range of stakeholders continues to meet regularly. There continues to be a core of actively involved members, including service user representation and elected Members. Current work taking place includes the following:
  - Consultation - a report on the results of the consultation exercise has been completed.
  - Benchmarking – a benchmarking exercise has been carried out with comparable authorities.
  - Newsletter – a newsletter has been produced to provide people who have been involved in the initial stages of consultation with information on progress.
  - Options Appraisal – the outcomes of consultation and benchmarking will inform the options appraisal, which will take place in the Autumn.

**Private Sector Housing (Lead officer – Denise Bradley-Lloyd – Private Sector Housing Manager)**

6. The Stage 3 report has been subject to some delay. Some additional staffing resource has now been identified: the lead officer is currently in the process of re-engaging with the Best Value Review team members and an awayday is planned to focus direction in taking this forward. The timetable plans for completion and reporting to this Committee in the April – June 2005 period.

**Adoption and Fostering (Lead officer – Jon Dudley – Children Services Manager)**

7. The Committee received an update report on 8th April 2004. The report advised of the inspection of the Fostering Service by the National Care Standards Commission (now the Commission for Social Care Inspection) which had taken place in March 2004. The timescale for the completion of the Best Value review of Adoption and Fostering was brought into line with the requirement to produce an action plan in response to the inspection. This is subject to a separate report on this agenda.

**RECOMMENDATION**

**THAT the report be noted.**

**BACKGROUND PAPERS**

- None identified



## INSPECTION OF HEREFORDSHIRE FOSTERING SERVICE

**Report By: Head of Social Care (Children)**

### Wards Affected

County-wide.

### Purpose

1. To inform Members of the outcome of an inspection of the Herefordshire Council Fostering Service by the Commission for Social Care Inspection and to identify the key features for action in response to the inspection report.

### Financial Implications

2. Immediate action will be taken within the existing budget for the Fostering Service, although longer-term investment will be required to ensure appropriate future development.

### Background

3. This first Inspection of the Herefordshire Fostering Service was undertaken by the National Care Standards Commission (now known as the Commission for Social Care Inspection) in March 2004. A draft report has been circulated separately for Members of the Committee. The final report will be circulated when it is published and will then be available to the public on request. It sets out the inspectors finding against 31 of the 32 National Minimum Standards for Fostering Services contained in the Fostering Services Regulations 2002. These were published by the Secretary of State for Health under sections 23 and 49 of the Care Standards Act 2000.
4. With 14 days of Inspector time spent speaking to a sample of service users, foster carers and staff, backed up by postal questionnaires to a wider group, this represents a full and thorough assessment of the Fostering Service as it is currently operated and sets clear parameters for future improvement.
5. Each Standard is rated on a four point scale:
  - a. 1. Standard not met (Major shortfalls)
  - b. 2. Standard almost met (minor shortfalls)
  - c. 3. Standard met (no shortfalls)
  - d. 4. Standard exceeded (commendable)

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Further information on the subject of this report is available from  
Jon Dudley, Children's Services Manager, on (01432) 260325

## Outcome of Inspection

6. The Inspectors found that the Herefordshire Fostering Service was effectively managed and staffed by well-qualified and experienced social workers. Foster carers stated that Family Placement Social Workers were proactive in resolving concerns and providing support. The Inspectors found that 15 of the 32 National Standards were met in full and that there were minor shortfalls in relation to a further 12. The inspection of short-term break services for children with a disability (standard 31) was deferred to a future inspection. Of the four standards that were not met, Standards 8,10 and 12 related primarily to the need to ensure that complete written records of children's needs and the proposals as to how these will be met, are made available to foster carers before the start of a placement. The final Standard not met (30) concerned the membership and operation of the Fostering Panel, linked to an interpretation of what constituted an "Independent Member" of the Panel. Panel membership was under review at the time of the inspection.
7. As a result of the inspection, a list of action points to meet the statutory requirements has been produced, to be completed by 30th November 2004. A second list of good practice recommendations has also been compiled. The local authority has produced an action plan in response to both of these, intended to ensure that our Fostering Service is fully compliant across all areas of the standards. The action plan is appended in full to the Inspectors report.

## Action taken

8. The Inspectors expressed their confidence that where they had identified shortfalls the Children's Resource Team's capacity for improvement would bring many scores up to standard with relatively small input and within short timescales. An implementation group led by the Fostering Manager is taking forward the action plan on statutory requirements and good practice recommendations. A new Children's Guide to fostering has been produced and will be circulated to all foster carers and foster children. The membership of Herefordshire Fostering Panel has been revised and Panel training will be undertaken soon. In liaison with area social work staff, improvements are being made to the quality and timeliness of information provided to foster carers to ensure that the life chances of looked after children are maximised.

## RECOMMENDATION

**THAT the content of the Inspection Report and associated Action Plan in response to statutory requirements and good practice recommendations be noted.**

## BACKGROUND PAPERS

- None identified.

## **THE FUTURE SHAPE OF ADOPTION AND FOSTERING SERVICES IN HEREFORDSHIRE**

**Report By: Children's Services Manager (Resources)**

### **Wards Affected**

Countywide.

### **Purpose**

1. To update Members on the Action Plan resulting from the Best Value Review of Adoption and Fostering Services in Herefordshire.

### **Financial Implications**

2. None identified.

### **Background**

3. Stage One of the Best Value Review of the Herefordshire Adoption and Fostering Services was completed in September 2003 and reported to the Committee on 29th September in that year. The plan at that time was to complete a process of consultation over the following three months that would result in a clear view of the current qualities and future shape of these services. In October 2003, it was announced that an Inspection of the Herefordshire Fostering Service by the National Care Standards Commission was to take place. This cut across the Best Value process and entailed a great deal of staff time being diverted to the preparatory work.
4. As a consequence, the Committee was informed in April 2004 that the timescale for the Best Value Review Action Plan and the Action Plan resulting from the Inspection were to be brought together. As referred to in the previous report on this agenda the final inspection report has yet to be published, although a draft has been received. The outcome is a broadly positive assessment of our current services. Taken alongside the Annual Report of the Herefordshire Adoption Service, presented to this Committee in November 2003, we now have the information available to consider the future shape of both the Fostering and Adoption Services.

### **Consultation questions**

5. The Best Value Review identified six key questions for consideration and consultation. These are attached as Appendix 1, along with the response gleaned by an extensive information gathering and analysis process undertaken by the Inspectors and also in consultation with looked after children and other key stakeholders.

### **Implications for future development - Adoption**

6. The Herefordshire Adoption Service will continue to provide a service to prepare and train relatively small numbers of local people as adoptive parents, whether for children of UK origin or overseas adoption. For reasons of confidentiality and occasionally safety, few local children will be placed with Herefordshire adopters.
7. Family finding for children placed for Adoption will continue to be the responsibility of specialist staff, liaising closely with social workers responsible for the children concerned. The search and placements will be sourced nationally from local authority and voluntary sector adoption agencies. The Herefordshire Adoption agency will continue to operate an Adoption Panel, as it has done since 2001 when the joint arrangement with Worcestershire was ended.
8. The Adoption Support Service is developing in response to new legislation and guidance and will continue to represent a mix of directly provided services, some linked to family support, and services commissioned and run on our behalf by reputable voluntary organisations. Independently provided services to birth parents will be a priority for commissioning, with the possibility of collaboration with neighbouring authorities. The means for ensuring that Adoption Allowances are considered within a recognised framework and paid in appropriate circumstances, will form a priority for the Adoption Service with a new approach to be piloted shortly.

### **Implications for future development - Fostering**

9. The overall number of places provided by the Herefordshire Fostering Service is sufficient to meet the bulk of local need in an effective and cost efficient way. This is linked to the need to continue to reduce numbers of looked after children, which are not sustainable at current levels. There remains a real challenge to ensure flexibility to meet fluctuations in levels of need (both numbers and type). The added value of a locally based directly provided service is the ability to continue to draw on people who foster primarily as a form of service to the community. Well trained and supported both by skilled staff and adequate allowances, the local fostering workforce can be sustained and developed to meet changing needs. The requirement for additional strategic development time within the management structure is identified as a matter for further consideration.
10. Increasingly the training and support of foster carers will be sourced on a multi-agency basis, enhanced by the recent appointment of a Training and Workforce Development Advisor for Children's Services. The simplification of the payment structure for foster carers is a priority. Enhancing life-chances for looked after children is essential and the appointment of a full-time specialist Health Visitor for this group will assist the process.
11. There are specific needs to address the ageing profile affecting foster carers (and social work staff). By concentrating on the core business of the service, we will be able to review payment structures, consider employment of some foster carers on a contract basis and address resources for older challenging young people. Here, an inter-agency commitment to collaborative commissioning to provide local community based care for children with complex needs will be tested to the full.
12. Future shape and developments in the fostering service need to be seen alongside services offered by the independent sector. Placements purchased from private sector fostering agencies will continue to have a role in absorbing some of the

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Further information on the subject of this report is available from  
Jon Dudley, Children's Services Manager (Resources) on (01432) 260327

pressures that hit the Fostering Service. Discussions about discounts for purchase of multiple places from a single provider have already commenced. Further consideration of the best means to access good quality residential provision at a reasonable price, locally if possible, for those children who cannot be safely contained within a foster family will also be explored.

13. Other developments will be influenced by the emerging agenda for service integration in response to the green paper consultation, "Every Child Matters" and the Children Bill currently progressing through Parliament. Whilst these will affect the overall context of service provision, it is not anticipated that there will be any direct impact on the Adoption or Fostering Services in the short term.

## RECOMMENDATION

**THAT the contents of the report be noted and the overall approach of enhancing the quality of existing directly provided services, whilst considering opportunities for collaborative commissioning to ensure a flexible and creative approach to meeting the needs of looked after children, be endorsed.**

## BACKGROUND PAPERS

- Best Value Review of Herefordshire Adoption and Fostering Services – Update report to Scrutiny Committee, April 2004.
- Best Value Review of Herefordshire Adoption and Fostering Services, Stage One report to Scrutiny Committee, September 2003.



## **Appendix 1**

### **Summary of Consultation Questions and Responses**

The questions below were identified as key areas for consultation within the Stage One Best Value Report. Responses have come from the report of the Fostering Service Inspection undertaken in March 2004 (published September 2004) and a series of events and activities to engage young people in the looked after system in considering how the services they receive could be enhanced and improved. The Inspectors received questionnaire responses from social workers covering 94 children, 44 questionnaires from foster carers and 27 from children themselves. Family Placement Social Work staff and other stakeholders also had the opportunity to express their views and opinions.

1. To what extent are the policies and strategies for this area of service based on the present and future needs of stakeholders?

The Inspectors recognised that the standard of monitoring within the Fostering Service was over and above the requirements and to be commended. It ensured timely and appropriate information was available to improve the quality of foster care and positively influence policy and strategic development. Key messages coming direct from children included the importance of ensuring sufficient local placements to enable frequent contact with parents and siblings. Close working between the Adoption and Fostering elements of the service allows for the prediction of future permanent placement need.

2. How effective are we in managing, developing and releasing the potential of the people who provide the key resource for service delivery?

All in-house foster carers and adopters are provided with basic training and offered specialist training post approval. Some foster carers are now progressing to NVQ, which is seen as a good route for future development. There remains a need to ensure that all carers are trained up to the level of the best and also that experienced specialist staff are provided with the up to date specialist training that they require. Both Inspectors and foster carers recognised the great professional knowledge of staff, all of whom had also developed special areas of interest and expertise.

3. To what extent are we successful in planning and managing external partnerships and resources to ensure best outcomes for children?

Within the continuum of childcare resources provided or commissioned by Herefordshire Council, residential childcare is spot purchased from the private or voluntary sector in response to individual need. Increasingly these arrangements are managed across key agencies – specifically Health, Social Service and Education. There is now a strong local and national commitment to ensure that this approach applies to all looked after children. Some looked after children remain sceptical about

the results of partnership working and, quite reasonably, await personal evidence of improved outcomes. Steps are being taken to both reduce costs and improve outcomes by closer working with private sector providers.

4. Is our approach to organisation design, managing and improving processes achieving best value for stakeholders?

Comparison with both cost and outcome indicators for similar local authority areas indicates that the matrix of services to Herefordshire children achieves good value in all areas and best value in most. Best Value across the board is achievable within the improved internal and external partnerships referred to above. Services also need to be more closely aligned with the strategic analysis of future trends, and service user perceptions of what comprises good services and good outcomes.

5. Do stakeholders consider our results, including perception as well as actual performance, indicate the best attainable level of service?

Enquiries by the Inspectors indicated foster carers and other key stakeholders, including children, held broadly positive views about fostering services in the county. Local adopters have also been clear about their expectations of ongoing support and the steps required (in response to new legislation) to reach the best attainable levels of service. There remains a challenge in recruiting and commissioning sufficient experienced staff to address these issues. Whilst carers show an awareness of national standards and what constitutes a good service, children and young people are less able to articulate the general principles. There is a commitment to provide them with the information to better inform their judgements and engage in a productive dialogue on service improvement. There is an identifiable perception amongst carers and service users of improvements that have taken place over the last three years as a result of listening and responding to their views.

#### Note

A full list of 29 action points in relation to the requirements and recommendations of the Inspection of Herefordshire Fostering Service is appended to the Inspectors report. (CSCI, September 2004)



## PERFORMANCE/BUDGET MONITORING 2004 – FIRST QUARTER REPORT 2004/05

**Report By: Performance Improvement Manager**

### Wards Affected

County-wide.

### Purpose

1. To report on the budget monitoring and the available Performance Assessment Framework (PAF) indicators position (as at first quarter). The report will also provide information about current performance management issues and initiatives within the Social Care and Housing Directorate.

### Financial Implications

2. As detailed in the report.

### Background

3. The Performance Management Framework of the Council requires reporting at 4,6,8,10 and 12 month intervals. This report covers the position for the first quarter of 2004/05. This is the provisional position as some information, measured in conjunction with health colleagues, is to be confirmed. Please note also that a number of PAF indicators are not measured for the purpose of first quarter reporting.
4. As outlined in previous reports to this Committee, the Department of Health (DH) publishes statistical information on the performance of all Social Services Departments. There is a national set of 50 indicators covering the two service groups, Adult Services and Children's Services. The DH ranks performance in five bands ranging from Band 1 - 'investigate urgently' to Band 5 - 'very good'.
5. 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.

### Performance Monitoring - Social Care

6. Overall performance is being maintained at a steady state across the Directorate. Of the 50 indicators only 26 have been measured as at the end of the first quarter. The remaining indicators are either measured annually or the bandings are not yet known. Early indications suggest that none of the indicators are in the "investigate urgently" band and seven appear in the top two bands. The detail of the performance is appended.

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Further information on the subject of this report is available from  
Andrew Hasler, Performance Improvement Manager on 01432 260655,  
Anne Silley, Finance Manager on 01432 260545  
or Sue Alexander, Head of Business Services on 01432 260069

7. Previously the indicator relating to community equipment fell within the 'investigate urgently' band, however following a concerted effort on data, quality improvements have been made. This indicator is one which we will need to keep within our sights to ensure the progress made is recognised in an improved rating, and to action creative solutions to make sure improvement happens.
8. The Annual Review Meeting with the Commission for Social Care Inspection took place in July and the Annual Performance Report was received in August. The Report recognised the endeavours of the directorate to establish underpinning measures to improve capacity and performance management. 'A great deal of effort has been involved in driving the changes, whilst maintaining the core business.' The report commended the directorate on a range of improvements but there are still challenges. Work is underway to build the necessary improvements into our planning processes. There will be feedback on the progress in future performance reports.
9. The Annual Performance Report, along with information provided in the Delivery and Improvement Statement, last years PAF indicators and findings from recent Inspections will inform the Star Ratings, which will be announced in November.

### Performance Monitoring - Strategic Housing

10. The detail of the housing indicators is shown in the attached appendix, including a commentary for each. It is to be noted that whilst certain indicators may appear not to be on target, it is anticipated that further progress will be seen later in the year.

### Other Performance Developments

11. Most of the key managers within the directorate have now attended the corporate performance management workshop entitled 'Rocket Science', thus creating a baseline of knowledge and understanding across the Directorate.
12. There are three new performance management initiatives that are currently being planned within the directorate:
  - **'Making It Real'** is a tool kit developed with support from the Association of Directors of Social Services (ADSS) and seeks to engage front line staff to understand and appreciate the importance of performance management within an operational context. A series of workshops are due to be rolled out later this year.
  - The **Herefordshire Driver** is a self-assessment tool based upon the European Foundation of Quality Management (EFQM) Excellence Model and is intended for implementation across the Council. A proposal to deliver the Herefordshire Driver by means of a series of facilitated sessions with Senior Management Team has been agreed. The sessions will take place between November and March, the findings from which will be used to inform the next round of Service Planning.
  - A new **"Health Check"** based upon Kaplans Balanced Scorecard has been developed to provide 'a means of gauging an overall impression of the directorate's capacity to deliver its objectives.' The Health Check will be reported to Directorate Management Team on a monthly basis and will be periodically made available to this Committee for information. A blank template of the Health

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Further information on the subject of this report is available from  
Andrew Hasler, Performance Improvement Manager on 01432 260655,  
Anne Silley, Finance Manager on 01432 260545  
or Sue Alexander, Head of Business Services on 01432 260069

Check is also appended to this report for information. At the time of writing the indicators are still being consulted upon across the directorate.

### Social Care Budget 2004/05

13. The budget for the financial year 2004/05 was set by Council on 5<sup>th</sup> March 2004. Additional resources of £1million were allocated to the Social Care programme area. In summary, after allowing for inflation the total budget available for Social Care in 2004/05 is as follows:

	£000
Base budget (after inflation)	34,805
Growth allocated	<u>1,000</u>
Total budget Social Care	35,805

The above figures include the carry forward overspend from 2003/04 of £245,000.

14. At the end of the first quarter, the projected year end position for Social Care is an overspend of £700,000. (This includes the £245,000 carried forward). The underlying trend, if no action were taken, would be for an over-commitment of over £1million, which is neither acceptable nor sustainable.
15. The last budget monitoring reports to this Committee on the 2003/04 year end position highlighted the considerable pressures which would be carried forward to the 2004/05 financial year. These pressures have emerged from rising demand and costs across both children and vulnerable adults, as follows:
- Childrens services – are experiencing higher costs in both residential and foster placements, including transport.
  - Learning Disability services – have lost some Supporting People grant and have more complex user needs to meet
  - Mental Health services (integrated with the Primary Care Trust) are experiencing increased demand
  - Self Funders – the number of people who have previously funded their own care and are expecting assistance from the Council has increased considerably
16. Robust management action is currently being taken to rectify the position. This will have an impact on the capacity to deliver services.

### Strategic Housing Budget 2004/05

17. The 2004/05 budget for Strategic Housing is £1,260,000. In addition, an underspend of £60,000 was carried forward from 2003/04, making the total budget £1,320,000.
18. The projected year end position is a balanced position reason, after incorporating the 2003/04 underspend. The risk area is spend on homelessness.

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Further information on the subject of this report is available from  
 Andrew Hasler, Performance Improvement Manager on 01432 260655,  
 Anne Silley, Finance Manager on 01432 260545  
 or Sue Alexander, Head of Business Services on 01432 260069

## RECOMMENDATION

- THAT (a) the report on performance and budget monitoring be noted;  
and  
(b) areas of concern continue to be monitored.

## BACKGROUND PAPERS

- None

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Further information on the subject of this report is available from  
Andrew Hasler, Performance Improvement Manager on 01432 260655,  
Anne Silley, Finance Manager on 01432 260545  
or Sue Alexander, Head of Business Services on 01432 260069

SERVICE AREA: ADULTS AND OLDER PEOPLES (AO)								
	P A F	B V P I	L P S A	Indicator	2004/2005 Performance 1st Quarter	Band 2004/05	Comparison with 2003/04	
<b>B.</b> Cost and Efficiency	B11		✓	Intensive home care as a percentage of intensive home and residential care	14	2	→	☹
	C26			Admissions of supported residents aged 65 or over to residential/nursing care	75	5	↑	☺
<b>C.</b> Effectiveness of Service Delivery and Outcomes	C27			Admissions of supported residents aged 18-64 to residential/nursing care	2.8	5	↑	☺
	C28	53	✓	Intensive home care	5.5	2	→	☹
	C29			Adults with physical disabilities helped to live at home	2.3	2	↓	☹
	C30			Adults with learning disabilities helped to live at home	2.1	3	→	☹
	C31			Adults with mental health problems helped to live at home	1.2	2	→	☹
	C32	54	✓	Older people helped to live at home	61	2	→	☹
	C51			Direct payments	51	3	→	☹
<b>D.</b> Quality of Services for Users and	D37			Availability of single rooms	82	2	↑	☺
	D39	58		% of people receiving a statement of their needs and how they will be met	75	2	→	☹
	D40	55		Clients receiving a review	47	2	→	☹
	D55	195		Acceptable waiting time for assessment	63		*	
	D56	196		Acceptable waiting time for care package	58		*	
	E47			Ethnicity of older people receiving assessment	0.65	2	→	☹
<b>E.</b> Fair Access	E48			Ethnicity of older people receiving services following an assessment	1.00	4	→	☹
	E50			Assessments of adults and older people leading to provision of service	38	2	↓	☹
	E61			Assessments of older people	49		*	



SERVICE AREA: CHILDREN AND FAMILIES (CF)							
PAF Area	P A F	B V P I	L P S A	Indicator	2004/2005 Performance	Band 2004/05	Comparison with 2003/04
A. National Priorities and Strategic Objectives	A1	49		Stability of placements of children looked after	11	5	↑
	A3			Re-registrations on the Child Protection Register	16	4	↑
B. Cost and Efficiency	B7			Children looked after in foster placements or placed for adoption	92	4	→
C. Effectiveness of Service Delivery and Outcomes	C20	162		Reviews of child protection cases	93	2	→
	C21			Duration on the child protection register	8.1	4	↑
	C22			Young children looked after in foster placements or placed for adoption	99	5	→
	C23	163	✓	Adoptions of children looked after	8.2	5	↑
D. Quality of Services for Users and Carers	D35			Long term stability of children looked after	51	3	↑

For indicators B7 and C21 best performance is band 4, not 5





## HOUSING PERFORMANCE INDICATORS

BVPI	Out-turn 2001/2002	Out-turn 2002/2003	Out-turn 2003/2004	Target 2004/2005	Actual Performance				Explanation of target	Commentary on progress towards target
					Q1	Q2	Q3	Q4		
<b>BV62:</b> The proportion of unfit private sector dwellings made fit or demolished as a direct result of action by the LA	1.27% <hr/> <b>Out-turn 2000/2001</b> 0.83%	1.62%	2.52%	3.0%	2.50%				The target is intended to drive up performance improvement with the aim of achieving top quartile status over a three-year period.  Denominator = 3650 unfit properties, defined by the House Condition Survey 2000	This indicator measures average performance since the last Stock Condition Survey in 2001, as required in the Audit Commission guidance.  Staff shortages have impacted upon completion of grant applications in the current quarter.
<b>BV64:</b> The number of private sector dwellings that are returned to occupation or demolished as a result of action by the LA		64	42	40	2				This target reflects our excellent performance in the previous two years. We aim to maintain our position in the top quartile of all English authorities.	Staff time has been concentrated on reviewing the Private Sector Lease Scheme which has had a direct impact on initial delivery. In the longer term, this work should support improvement in this indicator. Progress should also be evident in later quarterly results.
<b>BV183 a:</b> The average length of stay of households that include dependent children/pregnant women in bed and breakfast accommodation		8 weeks	5 weeks	0	5				The Council has an LPSA 1 target which requires that no households are placed in B&B accommodation during 04/05, hence the zero target.  The ODPM also discourage use of this type of temporary accommodation through the Homelessness (Suitability of Accommodation) Order 2004.	The LPSA 1 target has not been met due to increasing numbers of applicants and a lack of alternative temporary accommodation. However, there have been no families with children in B&B for longer than the 6 week period allowed by the legislation. On-going homelessness demand means the use of B&B is unavoidable but the Council is developing additional temporary housing solutions.

## HOUSING PERFORMANCE INDICATORS

Best Value Performance Indicators	Out-turn 2001/2002	Out-turn 2002/2003	Out-turn 2003/2004	Target 2004/2005	ACTUAL PERFORMANCE				Commentary on progress towards target
					Q1	Q2	Q3	Q4	
<b>BV183 b:</b> The average length of stay of households that include dependent children in hostel accommodation		14 weeks	13 weeks	12 weeks	8				Herefordshire is an area of high housing demand. The lack of settled accommodation and lengthy waiting times for homeless families means that 12 weeks a challenging target for this indicator.
					Progress towards target = 8 weeks				☺
<b>BV 202:</b> The number of people sleeping rough on a single night within the LA area				Less than 3	Annual Count Count = 0				The Headcount was carried out in accordance with ODPM guidance on 21 April 2004. There was found to be no admissible evidence of rough sleeping in the county.
					Progress towards target = +1.6%				☺
<b>BV 203:</b> The % change in the average number of families with dependent children or a pregnant woman placed in temporary accommodation compared with the average from the previous year.			(+ 12.4%)	0%	+1.6%				It is hoped performance will improve when the new Allocation Policy is implemented. This will allow Agency Staff to support and encourage quicker move-on from temporary accommodation. Furthermore, expansion of support services should impact on reducing repeat homelessness.
					Progress towards target = +1.6%				☹
					Progress towards target = +1.6%				Government target is to reduce rough sleeping as close to zero as possible, and to maintain a reduction of two-thirds the figure recorded in 1998. Our estimate at that time was less than 10 people sleeping rough.
					Progress towards target = +1.6%				Set against rising levels of homelessness, this target is intended to halt the increasing trend of families with children in any form of temporary accommodation. Action to prevent homelessness will take time to implement and our target will aim to achieve a % reduction here in the future. The on-going affordable housing shortage represents a challenge to this indicator.

Our Customers						Our Staff					
Indicator	Target	Last Month	This Month	Health		Indicator	Target	Last Month	This Month	Health	
1	Number of Referrals received.					13	Average cost of Time Lost due to staff sickness.				
2	Number of People on the Position Statements. (???)					14	Percentage of FTE vacancies.				
3	Number of unallocated cases.					15	Supervision sessions up-to-date.				
4	Number of Complaints received.					16	Percentage of Staff turnover.				
5	Number of service users with unmet assessed needs.					17	Number of Managers in attendance at SMT.				
6	Number of 'Feedback' returns. (???)					18	Number of Exit Interviews documented and submitted to Human Resources.				
Our Operational Systems						Our Financial Resources					
Indicator	Target	Last Month	This Month	Health		Indicator	Target	Last Month	This Month	Health	
7	Risk Register up-to-date.	Yes				19	Actual Expenditure against Forecast.				
8	Action Plan monitoring up-to-date.	Yes				20	Percentage of Managers attended Financial Management training.				
9	Ratio of PCs (inc. laptops / tablets) to field staff.					21	Percentage of capital spend achieved against target.				
10	Percentage of staff with 'at work' e-mail access.					22	Number of Budgets devolved to Team Manager level.				
11	Number of Services with Quality Measures / Standards in place.					23	Number of Budgets with a projected end of year overspend.				
12	Number of gaps on the CLIX system.					24	Financial risk on pooled budgets.				

