

# A G E N D A

## Adult Social Care and Strategic Housing Scrutiny Committee

Date: **Friday, 2nd June, 2006**

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Time: **10.00 a.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:*

*Tim Brown, Members' Services, Tel 01432  
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**County of Herefordshire  
District Council**



# AGENDA

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

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

Councillors Mrs. E.M. Bew, R.B.A. Burke, K.G. Grumbley, J.W. Hope MBE,  
R. Mills, Ms. G.A. Powell, D.C. Taylor and P.G. Turpin

	Pages
<b>1. APOLOGIES FOR ABSENCE</b>	
To receive apologies for absence.	
<b>2. NAMED SUBSTITUTES</b>	
To receive details of any Member nominated to attend the meeting in place of a Member of the Committee	
<b>3. DECLARATIONS OF INTEREST</b>	
To receive any declarations of interest by Members in respect of items on this Agenda.	
<b>4. MINUTES</b>	1 - 6
To approve and sign the Minutes of the meeting held on 17th March, 2006.	
<b>5. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY</b>	
To consider suggestions from members of the public on issues the Committee could scrutinise in the future.	
<b>6. PRESENTATION BY CABINET MEMBER (SOCIAL CARE ADULTS AND HEALTH)</b>	
To receive a presentation by the Cabinet Member (Social Care Adults and Health) informing the Committee of progress in 2005/06 and the challenges in 2006/07 and future years.	
<b>7. LEARNING DISABILITY SERVICE - SCRUTINY REVIEW</b>	7 - 56
To consider the interim report on the Scrutiny exercise into services for people with a learning disability.	
<b>8. NEEDS ANALYSIS PHASE 1 REPORT</b>	57 - 100
To consider the Phase 1 needs analysis report assessing future social care needs and the services to meet them for older people and adults with learning disabilities.	

<b>9. ADULT SOCIAL CARE IMPROVEMENT PLANNING</b>	101 - 104
To report progress with the adult social care improvement plan.	
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To report on the performance indicators position and performance management initiatives for the Adult Social Care and Strategic Housing Divisions within the Adult and Community Services Directorate.	
<b>11. BEST VALUE REVIEW OF THE PROVISION OF PRIVATE SECTOR HOUSING STAGE 4 - IMPROVEMENT PLAN</b>	113 - 124
To consider the Stage 4 Report and outcomes of the Best Value Review of the Private Sector Housing team.	
<b>12. CO-OPTED MEMBERSHIP</b>	125 - 128
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## **PUBLIC INFORMATION**

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

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

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

The principal roles of Scrutiny Committees are to

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

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

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There are also two other ways in which you can directly contribute at Herefordshire Council's Scrutiny Committee meetings.

#### **1. Identifying Areas for Scrutiny**

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

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

#### **2. Questions from Members of the Public for Consideration at Scrutiny Committee Meetings and Participation at Meetings**

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

## **Remits of Herefordshire Council's Scrutiny Committees**

### **Adult Social Care and Strategic Housing**

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

### **Children's Services**

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

### **Community Services Scrutiny Committee**

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

### **Health**

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

### **Environment**

*Environmental Issues  
Highways and Transportation*

### **Strategic Monitoring Committee**

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

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## **COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL**

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COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

**MINUTES of the meeting of Adult Social Care and Strategic Housing Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday, 17th March, 2006 at 10.00 a.m.**

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

Councillors: R.B.A. Burke, K.G. Grumbley, R. Mills, D.C. Taylor and P.G. Turpin

Mrs B. Millman (Voluntary Sector)

**In attendance:** Councillors Mrs. L.O. Barnett, T.M. James, W.J.S. Thomas and R.M. Wilson.

**25. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Mrs E M Bew, J.W. Hope M.B.E and Ms G.A. Powell.

**26. NAMED SUBSTITUTES**

There were no named substitutes.

**27. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**28. MINUTES**

**RESOLVED:** That the minutes of the meeting held on 2nd December, 2005 be confirmed as a correct record and signed by the Chairman.

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

No suggestions were received.

**30. BUDGET MONITORING 2005/06**

The Committee considered the current budget position for Adult Social Care and Strategic Housing.

The report stated that the projected outturn for Adult Social Care, as described in paragraph 3 of the report was an overspend of £1,581,000 although if all identified risks materialised there was a worst case scenario that the overspend might increase to £1.75 million.

The projected outturn for Strategic Housing was now £652,000, a reduction on the figure reported to Cabinet in February. The main cause of the overspend was

expenditure on providing temporary accommodation for homeless people. The appointment of two homelessness prevention officers had prevented a number of people going into temporary bed and breakfast accommodation and the projected overspend had reduced as a consequence.

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

- It was requested that the Committee should be provided with more detail to enable it to scrutinise the reasons for the overspending.
- It was suggested that a seminar should be arranged to facilitate a more detailed analysis of the budget issues.
- It was noted that the section 31 agreements for Mental Health and Learning Disability Services were being renegotiated. It was requested that these agreements should also be discussed as part of the proposed seminar on the budget issues.
- It was acknowledged that the strength of demand for services was such that it was difficult to control expenditure. However, concern was expressed that over the last two years the gap between demand and provision in the base budget had increased significantly.
- The Cabinet Member (Social Care Adults and Health) commented that there were some very serious funding issues which the Council as a whole would need to address.

The Committee then went on to discuss the future budget position.

### **31. FUTURE BUDGET POSITION**

The Assistant County Treasurer and the Head of Business Services gave a presentation on the Adult Social Care and Strategic Housing Budget 2006/07.

The presentation covered the following principal points:

- The 2006/07 budget set by Council had written off significant overspends from 2004/05 and 2005/06, adjusted ongoing base budget pressures, funded the most essential items of growth and created a contingency for social care.
- The Adult Social Care budget for 2006/07 contained base budget additions of £1.288 million. A contingency of £1.3 million for social care had also been established. However, it was acknowledged that the identified pressures on the adult social care budget were significant.
- Other budget issues included the negotiations with the Primary Care Trust over Section 31 pooled budgets, the requirement to find £600,000 of efficiency savings within the adult social care budget and the requirement to meet above inflation cost increases, for example in contracts with providers, from within existing budgets.
- There had been a net addition to the Strategic Housing budget of £686,000.
- In summary £1.974 million had been added to base budgets against pressures identified in presentations to the Budget Panel of £6.6 million on Social Care and

£1.1 million on housing.

- That the conclusion which had to be drawn was that the current pattern of spending could not continue and had to change.

Proposals for balancing the budget included:

- Maximising efficiencies in procurement, commissioning of services and the operation of the service in terms of such things as performance management, absence management and concentrating resources on the front line. However, the requirement to make efficiency savings of £600,000 year on year was a challenging target.
- A fundamental review of service levels (including eligibility criteria), a focus on prevention, modernisation of provision, and a review of the long term demand for services for older people and learning disability services.
- That overall the budget settlement was positive but there was a need to remain vigilant in managing budgets and to develop options for consideration.

In the ensuing discussion concern was expressed that the contingency sum would not prove adequate in the face of the pressures which had been identified. The base budget may not be sufficient and the Council faced a very serious situation to which Members needed to be alert.

In reply the Cabinet Member (Social Care, Adults and Health) acknowledged that the position was difficult. However, the Council had made what provision it could for social care given the constraints and pressures on the Council's budget as a whole. The emphasis therefore had to be on finding new ways of delivering services within the available resources at the same time carefully weighing the potential effect of the Council's actions on those in need of Services. She added that the funding of social care was a national issue with the level of resources allocated to rural Counties being of particular concern.

**RESOLVED:**

- That**
- (a) the report on Adult Social Care and Strategic Housing Performance and Budget be noted;**
  - (b) areas of concern continue to be monitored;**
  - (c) the next budget monitoring report should include a more detailed analysis of the overspends highlighted in paragraph 3 of the budget monitoring report for 2005/06;**
- and**
- (d) a seminar be arranged to discuss the budget and future service delivery in more detail.**

**32. PERFORMANCE MONITORING**

The Committee considered a report on current performance.

The Committee had been informed in December that the Commission for Social

**ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE FRIDAY,  
17TH MARCH, 2006**

Care Inspection had published its assessment of the Council's Adult Social Care Services concluding that the Council was "serving some people well with uncertain prospects for improvement". The Commission had not, however, at that time issued a revised star rating for the Council, pending the Joint Area Review of Services the Council provided for Children and Young People and the Council's Comprehensive Performance Assessment. The Director of Adult and Community Services reported that the Council had subsequently been given a zero star rating for its social care services.

The Director informed the Committee that the Council had been required to submit an action plan to the Commission in response to the findings of the Joint Area Review. Whilst there was no similar requirement for adult services, given the significance of the issues involved an improvement proposal/action plan was being developed with support from the Department of Health. The resource necessary to generate the required improvement was something the Council needed carefully to consider.

He added that as part of the star rating process an Annual Review meeting with the Commission was provisionally scheduled for 29th August 2006. Revised star ratings for all Councils with Social Services responsibilities were due to be published in the Autumn.

The report outlined a number of initiatives designed to improve overall performance.

It was reported that of the ten priority areas for social care, as set out at appendix 1 to the report, target C28 (Households receiving intensive home care per 1000 population aged 65 or over) would definitely not be achieved.

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

- In response to a question about target C32 (older people helped to live at home per 1000 population aged 65 or over) it was reported that it was likely that this would remain a difficult target for the Council to achieve, even though it was not as challenging as the target some other authorities set themselves.
- A question was asked about the additional resources which would be needed to achieve target C28. In reply it was said that C28 a rough estimate was that £800,000 would be needed to hit the target.
- A question was asked about the effect on the budget of an increase in the number of adults and older people receiving direct payments enabling them to purchase their own Services. In reply it was stated that the direction of the new Government White Paper – Our Health, Our Care, Our Say: a new direction for Community Services stated that increased choice would be underpinned by a direct payment or care budget and the Council could accordingly expect Government direction to increase direct payments. Some initial work had been carried out which suggested that increasing direct payments might actually bring some reduction in service costs. The Council did, however, have significant investment in its buildings which would have to be released.

**RESOLVED:**

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

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

**33.    REVIEW OF SERVICES TO PEOPLE WITH LEARNING DISABILITY**

The Committee considered a progress report on the review of services for people with a learning disability commissioned by the Committee following a presentation to it in December on the expected increase in demand for these services.

The review was focusing on three area project areas: Assessment and Care Management, Accommodation and Support and Day Opportunities Modernisation, with a Group of Members assigned to each project. The report outlined the issues and challenges facing each area of service and issues raised to date by Members. Members discussed and explored some of their emerging thoughts in each area.

**RESOLVED**

**That            (a)    the progress report be noted and a further report setting out clear recommendations for future service delivery be prepared for consideration;**

**and**

**(b)    a visit be arranged to Barrs Court School, Hereford, to which members of the Children's Services Committee should be invited to review transition issues.**

**34.    HOMELESSNESS UPDATE**

The Committee received an update on progress to date with homelessness prevention in Herefordshire.

The Change Manager – Homelessness presented the report updating the position since his report to the Committee in December 2005. He highlighted the success of the newly appointed homelessness prevention officers. He noted that 25 successful homelessness prevention payments totalling £5,000 had been made from the spend to save fund between January and March, 2006 saving the Council an estimated £250,000.

It was noted that the Council would take back responsibility for the provision of homelessness and housing advice services by the end of March, 2006 and that arrangements for the Homelessness and Housing advice Steering Group were also in place.

In response to questions about the level of public awareness of the Council's role and powers he said that it was intended to brief the press and public on how to access homelessness and housing advice services.

The Committee was also informed that the Office of the Deputy Prime Minister, having criticised the use of Bed and Breakfast accommodation, had now expressed the view that Councils should reduce the numbers in temporary accommodation by 50% by 2010. This had led to the Council reviewing the need for a scheme for the provision of temporary accommodation in Leominster.

The Chairman commented that there was a need for homelessness provision across the County.

**RESOLVED:**

**That    (a)    the update be noted,**

**and**

**(b)    the Committee be kept informed of progress on developments in homelessness prevention services and the work of the Homelessness & Housing Advice Steering Group after these services are transferred back in-house.**

**35.    WHITE PAPER - OUR HEALTH, OUR CARE, OUR SAY; A NEW DIRECTION FOR COMMUNITY SERVICES**

The Committee was informed of key messages emerging from the new White Paper "Our Health, Our Care, Our Say: A new direction for Community Services".

The report summarised the key areas for change identified in the White Paper. The Director of Adult and Community Services noted that detailed implications would emerge as the Government issued detailed guidance to implement the proposals over what was expected to be a two year period. He added that it would be important to monitor the funding implications.

The meeting ended at 12.17 p.m.

**CHAIRMAN**



## LEARNING DISABILITY SERVICE - SCRUTINY REVIEW

Report By: Head of Adult Social Care

### Wards Affected

County-wide

### Purpose

1. To consider the interim report on the Scrutiny exercise into services for people with a learning disability.

### Background

2. Further to the progress report on this review to this Committee in March 2006 an interim report has now been prepared as appended. This includes the Terms of Reference for the review; the methods of gathering information; the need for change due to national drivers and demographics; the local service response and a section on emerging themes.
3. Members are asked to note the emerging themes and hold a further meeting of the Review Group to convert these into recommendations for the Cabinet Member for Social Care and Strategic Housing.

### Financial Implications

4. The final recommendations to the Cabinet Member (Social Care Adults and Health) will have implications as to how resources are allocated.

### RECOMMENDATION

**THAT (a) the interim report be noted;**

**and**

**(b) a further meeting of the Review Group be convened to convert the emerging themes into recommendations for the Cabinet Member (Social Care Adults and Health).**

### BACKGROUND PAPERS

- Agenda papers for the meeting of the Adult Social Care and Strategic Housing Scrutiny Committee held on 17th March, 2006.





**Social Care and Strategic Housing Scrutiny  
Committee**

**Review of Services to People with a Learning  
Disability**

**Interim report - 2<sup>nd</sup> June, 2006.**

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## 1. Introduction

- 1.1 The purpose of the Review was to examine Herefordshire Council's services for people with a learning disability in the light of significant financial pressures.
- 1.2 The review was intended to understand the pressures on the current service; examine the existing change project plans and review the current balance of services.
- 1.3 The Review's aim was to provide guidance to the Cabinet Member (Adult Social Care and Strategic Housing) on the current and future service needs and service models, and the allocation of resources.
- 1.4 At a meeting on 2nd December 2005 the committee agreed to split into groups to examine the services and project plans as follows:-

**Assessment and Care – Catherine Nolan** (Lead Officer): Cllr. Mary Bew, Cllr. Rees Mills, Cllr. Glenda Powell

**Accommodation and support – Lydia Bailey** (Lead Officer): Cllr. Polly Andrews, Cllr. Phil Turpin, Cllr John Hope, Chris Penning (HPCT Non-executive)

**Day opportunities – Laura Ferguson** (Lead Officer): Cllr. Keith Grumbley, Cllr. Dick Burke, Cllr. Marcelle Lloyd-Hayes

The Scoping Statement of the Review and Terms of Reference are attached in Appendix I.

- 1.5 The review was undertaken between 6<sup>th</sup> and 16<sup>th</sup> March, 2006. This report summarizes the key findings of the Review and contains recommendations to the Cabinet Member (Adult Social Care & Strategic Housing)
- 1.6 The Review Group would like to express their thanks to those people they met and talked to during the Review, in particular those people who use the services. The Review Group is also very grateful to members of the Valuing People Partnership Board for giving of their time and expertise. Particular thanks are extended to Emma Withers and Rose Hunt who gave very moving and personal presentations.

## **2. Methods of gathering Information**

### **2.1 Presentations**

The review group was given a series of presentations about the national and local service context. These are summarised below;

### **2.2 Demography**

The distribution of people with learning disability across the age range is changing as mortality rates decrease:

- Between 2001 – 2004 (nationally) the numbers of people with learning disability aged 65 + rose by 31%
- by 2011 – 41% in 60 – 79-year olds
- 56% in 80-year old +

More children are surviving into adulthood with severe and complex needs and requiring a different and more intensive level of support than those who came into the service 10 or 20 years ago.

Informal carers are ageing – a generation who provided direct care for their children into adulthood in the family home.

### **2.3 Demand for Services**

The organisation of who provides services has changed. The policy of Care in the Community has led to the closure of large NHS campus, institutional models of care. Local authorities have taken responsibility for the majority of care arrangements for people with a learning disability under community care legislation.

Most adults using social care services do so for limited period – people with learning disability have a life-long need for support.

### **2.4 Changing Expectations**

Consistent with society as a whole, generational differences are now more pronounced. Family carers today want their children to have the chance to leave home.

A “one size fits all” approach is no longer sustainable. People expect services to be tailored to an individual’s wishes and aspirations.

### **2.5 Threats to Existing Funding**

A variety of funding streams contribute to the support of people with a learning disability. However if these funding streams are reduced, individuals and organisations look to the local authority to pick up any deficit. Some examples are:

Supporting People - an important initiative, helping more people with learning disability into supported accommodation and housing related support. A Government review of the allocations to Local Authorities is likely to reduce funding.

NHS funding – the move from NHS hospital care to care in the community has reduced NHS contribution year on year. Tighter eligibility criteria for NHS funding (free nursing care) have meant responsibilities have been transferred to L.A.s.

Nationally there has been a large increase in spending by Local Authorities – however, recorded spending by NHS has fallen, despite the increase in numbers with complex health needs.

Further Education Funding – Potential reductions are planned on F.E. courses to reallocate funding to vocational courses. Individuals will look to replace this with LA day opportunities services.

Preserved rights - Central Government funding formula assumed a rapid reduction in need for residential care. L.A.s are required to pick up the loss of grant if individuals are still in residential care.

## 2.6 Assessment and care management

This is the access point to services, both for people with a learning disability and their carers, usually parents. The service is provided in partnership with HPCT, with HC having managerial responsibility for a team of professional staff, social workers, nurses, occupational therapists. The team provides Community Care and Health assessments, followed by a personalised care plan. Resources to meet needs identified in the care plan as meeting the Council's eligibility criteria are agreed through a funding panel.

Personalised care budgets have been proposed in the White Paper “Your Health Your Care Your Say” as a means of giving people who require care more choice and control over the way services are provided. Herefordshire has been successful in joining the 2<sup>nd</sup> phase of a national programme (In Control) to pilot this approach.

The team has a significant number of vacancies of key staff groups i.e. social workers and community nurses. Staff need support in risk management to promote independent living options.

## 2.7 Accommodation and support



Without suitable accommodation the principles of Valuing People, “rights, independence, choice and inclusion” are compromised.

The current housing options available to people range from remaining in the family home, supported accommodation, home ownership, to residential and nursing care.

A housing needs analysis has scoped the local supply of accommodation and asked all people known to the service about their accommodation requirements and plans through a housing questionnaire.

Herefordshire is fortunate not to have anyone accommodated in a long-stay hospital environment but has a disproportionate number of people in residential care.

A number of people placed in registered care some years ago could be supported in more independent models more cost-effectively. However in order to support them to move into a more independent living model, we will need to decommission some services.

Some residential services established many years ago are not able to adapt to the increasing needs of people as they age. Some people will have to move as their needs change and other models of accommodation developed.

## 2.8 Day opportunities modernisation

People with a learning disability are keen to have paid employment wherever possible – this can be achieved in a variety of ways through the development of social firms and self-employment. However many individuals will not be able to obtain work and require purposeful activities during the day.

Local authorities are required to provide a range of day opportunities for people with disabilities. The best models offer a variety of options and not a “one size fits all”. Services should focus on quality outcomes for individuals.

Services should promote ordinary lifestyle opportunities, which compare to other community members. In order to achieve a range of opportunities, the LA needs to make strong working partnerships with a range of providers.

The current day opportunities service has developed some positive links with other providers and community partners. There is a need for innovation to create more integrated provision in smaller localities, with an identity of their own, rather than as a “day service”.

## 2.9 Visits

The review group attended visits to services between 9<sup>th</sup> February and 9<sup>th</sup> March linked with the three project groups. A full inventory is in Appendix 3.

## 2.10 Joint meeting with Valuing People Partnership Board on 16th March, 2006.

Every LA is required to set up a Valuing People Partnership Board to take responsibility for the local delivery of the White Paper<sup>1</sup> to be led by the LA with active participation of all key stakeholders. Herefordshire Partnership Board is co-chaired by Stephanie Canham (Head of Adult Social Care) and Brian Paisley, who has a learning disability.

The review group held a joint meeting with the Valuing People Partnership Board at Withington Village Hall on 16<sup>th</sup> March, 2006, to begin the process of developing the review recommendations.

### 3. National Drivers

A number of Government initiatives have been published to support: a national drive for inclusion of people with learning disabilities in society.

#### 3.1 **“Valuing People”**<sup>2</sup> in 2001 – this was the first major policy statement on Learning Disability for 30 years

- Key principles - Rights, Independence, Choice and Inclusion. Involving people with learning disabilities in services, planning and developments is a “given”.
- Emphasis on person-centred approach as the basis for new Government objectives and targets re. transitions, day opportunities, employment, accommodation, etc. (i.e. most aspects of life). Small Development Fund to kick-start developments; recycled health money.

#### 3.2 **“Improving the Life Chances of Disabled People”**<sup>3</sup>

“By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society”.

- Independent living - by moving to individual budgets for disabled people to give better choice.
- Support for families with young disabled children – access to mainstream childcare and early education, and child & family centred approach to services.

- Smooth transition into adulthood – effective planning, removing cliff edges in service provision, and access to more opportunities and choices.
- Employment - support for getting into employment and staying in it. Getting people off benefit dependency by changing entitlement rules, work-focussed training and support.

### 3.3 “Independence Well-Being and Choice”

A “transformation” in adult social care, aiming to give people more choice, higher quality support and more control over their lives.

- Individual budgets - for people with assessed needs (extension of Direct Payments with “care navigators”).
- More emphasis on preventative services and early intervention.
- Leadership role of the Local Authority – strategic needs assessments for 10 – 15 years. Increased role for voluntary sector
- Significant change over the past 30 years – from hospital care to the social institutions of care homes and into enabling people with a learning disability to take their rightful place in society and lead more fulfilled and valued lives.

## 4. Demographics and Future Trends

- 4.1 In response to the ongoing financial and service demand, the Director of Adult and Community Services has commissioned an assessment of the social care needs for older people and adults with learning disabilities
- 4.2 Notwithstanding substantial additional investment over recent years and changes in the patterns of services aimed to enable people to lead safe and fulfilled lives in their own homes and communities rather than in residential care, the Council’s patterns and levels of social care services for older people and for adults with learning disabilities or difficulties (LDD), place it in the lowest quartile of local authorities in England.
- 4.3 In addition, the level of demand for the Council’s services for these groups has risen substantially in recent years and continues to do so, to the extent that, in both 2004-05 and the current year, expenditure has greatly exceeded budget provision.
- 4.4 In the light of these considerations, the Council wishes to work with its partners, and with the client groups themselves and their families and

representatives, to develop and deliver better, sustainable services in the future. It wants, in particular, to strike the best possible balance between preventative services and the provision of more intensive care.

- 4.5 The development of services for people with LDD will continue to be planned through a Partnership Strategy developed by the Valuing People Partnership Board. It will take decisions about the future development of services, and associated investment, in the light of the results of this assessment.
- 4.6 This assessment will relate to social care for people over 18 with LD, but including the support necessary to ensure the smoothest possible transition from adolescence to adulthood. Within this group, it will consider the particular needs and service requirements of different age groups and of people who have both LDD and mental health problems.
- 4.7 Looking forward to 2020, the study will assess:
  - the principal factors that will determine the need for social care services. These will include demographic change, taking into account the expected levels and characteristics of in-migration; the implications of changing patterns of health, treatment, and the development of health care services in response to them; the proportion of people who may be able to pay all or part of the costs of their social care; and the nature and condition of housing
  - the possible patterns and levels of services to meet those needs, including the balance of services between preventative measures and intensive care that is likely to produce the best outcomes, measured in terms of independence, well-being and choice; and what is necessary to secure equal access to services for especially vulnerable or excluded groups and different ethnic communities
- 4.8 This long-term picture will be the context for a more detailed assessment on similar lines covering the period to 2011. In addition to estimating needs and the possible patterns and levels of service to meet them, this medium-term assessment will estimate the associated revenue and capital costs, taking into account the scope for efficiency savings in moving from the present services to a new pattern.
- 4.9 This assessment is intended to provide the starting point for Council decisions about future patterns and levels of services. Its conclusions will need to be supplemented by proper consultation with customer groups and partners, and with the drawing up of a precise programme for implementation, including the organisational implications, management arrangements, detailed workforce planning and budgets.

4.10 This analysis will provide the basis for costing three possible patterns and levels of services.

**A – adequate services:** a broadly average level of provision and outcomes, equating to a solid 2\* inspection rating

**B – good services:** better than average, equating to 3\*

**C – excellent services:** equating to 4\*

4.11 An interim report, with initial findings, will be produced in May 2006. This will concentrate on the assessment of need for services as the foundation for the remainder of the assessment. It will highlight any issues that may be relevant to the development and funding of services in 2006-07. A final report by 30 August 2006

## 5. Local services response.

5.1 Local services have developed a modernisation project to respond to national and local drivers. The project plans in Appendix 7 provide the framework for the change programme.

5.2 The three projects reflect the need for change in the following areas:

Assessment and care management – providing person-centred approach, and individualised care, based on the principles of Valuing People.

Accommodation and support – reshaping services to respond to changing needs and financial imperatives.

Day opportunities – to ensure opportunities are created for paid employment or participation in valued and useful activities such as education, leisure and volunteering.

## 6. Emerging Themes.

- Modernise assessment and care management process. Move away from “expert” model of assessment to collaborative approach involving the individual and what is important to them.
- Explore the acceptable level of balance between risk and independent living.

- Adopt the In Control pilot and evaluate financial impact. Transparency and openness about costs.
- Explore how to incorporate other funding streams to create a personalised budget
- Use buildings more flexibly and inclusively – evening and weekend use.
- Explore Investment from property disposal
- Review transport policy in light of free bus travel for people with disabilities
- Staff need to work in different ways – new skills.
- Some services are more acceptable than others
- Limited financial control for people in residential care - £18 per week disposable income.
- Ensure all options are explored before residential care is proposed. This will ensure full use of other funding streams e.g. housing benefit, supporting people, independent living fund.
- Work with young people to consider right options at transitions.
- Urgently review the accommodation currently available against best value principles.

## **References**

- <sup>1</sup> Valuing People: A New Strategy for Learning Disability for the 21<sup>st</sup> Century: Implementation Guidance. Department of Health, LAC(2001)23, 31 August 2001
- <sup>2</sup> Valuing People: A New Strategy for Learning Disability for the 21<sup>st</sup> Century: A White Paper  
Department of Health, Cm 5086, March 2001
- <sup>3</sup> Improving the Life Chances of Disabled People,  
Department for Work and Pensions, Department of Health, Department for Education and Skills, Office of the Deputy Prime Minister, January 2005
- <sup>4</sup> Independence, Well-being and Choice: Our vision for the future of social care for adults in England  
Department of Health, Cm6499, March, 2005.

## Appendices

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## Appendix 1

### Scoping Statement and Terms of Reference

<b>REVIEW:</b>	<b>Service for people with a Learning Disabilities</b>	
<b>Committee:</b>	<b>Social Care and Housing Scrutiny</b>	<b>Chair: Cllr Lloyd-Hayes</b>
<b>Lead support officer:</b>	<b>Stephanie Canham HOS adults</b>	

#### **SCOPING**

##### **Terms of Reference**

Members will review the three project plans – Assessment and Care management, Accommodation and Care and Day Opportunities as follows;

- To understand the pressures on the service of changing demography, spending patterns and changes in expectations.
- To review the current use of resources and the future needs
- Review the current range of services available against the principles of Valuing People
- Examine the relationship between funding, performance and policy.
- Examine partnership arrangements.
- Review the development project plans.
- Following the review to make recommendations to the Cabinet member about policy development.

##### **Desired outcomes**

To make recommendations to Cabinet Member on;

- The service needs and service model for today and tomorrow
- The process of allocating resources.

### **Key questions**

- What are the current resources available to the service and how are they committed?
- How is the service currently performing – what are the performance indicators?
- What services that people with a learning disability want?
- Are we being sufficiently creative in Service options?
- What are the national drivers?
- What are the future demands on the service and how are they different to today's requirements?
- Eligibility Criteria – Who does Social Care help – what is the role of other agencies health, education, Connexions?
- What support do informal carers want? What are they getting at the moment?

### **Time Scales**

- January – confirm the scrutiny brief and scope
- To be agreed.

## **Appendix 2**

### **List of Consultees**

Staff and Services met on visits

V.P. Partnership Board

MENCAP local Committee

### **Appendix 3**

## **Scrutiny Visits**

**17<sup>th</sup> February 2006**

<b>Time</b>	<b>Visit</b>	<b>Details</b>
9.30 – 10.30	Windsor Place Respite Service	Ryelands Road Leominster Herefordshire 01568 613098
10.30 - 11.30	Ferlys House 4 bed group home	Leominster Stokenhill Road, Leominster, Herefordshire, HR6 8PP 01568 612558
12.00 -1.00	Housing Related Support (discussion with provider)	Corn Square, Leominster Herefordshire 01432 261543
1.00 – 3.00	Lunch and travel to Hereford	
3.00 – 4.00	Honeysuckle Close (cluster flats)	Honeysuckle Close Hampton Dene Road Tupsley HR1 1XL  01432 343679

**24<sup>th</sup> February 2006**

<b>Time</b>	<b>Visit</b>	<b>Details</b>
9.30 am – 10.30	Adult placement – Supported Lodging	Carol Pitt and Julie Napper, at 7 Heywood Ave, Tupsley, 01432 263391
10.45 – 11.45	South Bank Close Residential Campus (3 bungalows + resource centre)	6 – 10 Southbank Close Southbank Road Hereford 01432 268258
12.00 – 1.00	Adult Placement	Ian Edwards and Andrew Mckean, 81 Dorchester Way, Belmont, 01432 343090

1.00 - 2.00	Lunch	
2.00 – 3.00	Ivy Close	1-4 Ivy Close Ledbury Road Hereford 01432 274311
3.00 – 4.00	Hafod Road 6 beds/2 flats  People with Autistic Spectrum Disorder	Hafod Road Hereford  01432 375926

**9<sup>th</sup> February, 2006.**

10.00 – 10.20	Presentation by Billy McAlinden “What is the CLDT and what do we do”	
10.30 – 11.30	Allocation Meeting	
11.30 – 1.00	Visits to three people the team worked with	
1.00 – 2.00	Visit to Barrs Court School An opportunity to discuss Transaction issues and implications for Adult Services	
2.30 – 3.30	Hillrise Palliative Care and Sexuality work in which the team has been involved and issues associated with services for people whose behaviour challenges	
3.30 – 4.00	Brockington Discussion	

## Appendix 4

### Resources

#### Final Figures for 2005/06 - Learning Disabilities

	Budget	Expend	Variance
<b>Residential Placements</b>			
Blocks	842,423	906,246	-63,823
Spot	100,000	125,139	-25,139
Community Care Residential	2,175,610	2,664,748	-489,138
Community Care Nursing	39,880	251,574	-211,694
In-house	575,419	535,284	40,135
	<u>3,733,332</u>	<u>4,482,991</u>	<u>-749,659</u>
<b>Support At Home</b>			
Community Supported Living	493,720	550,863	-57,143
External Home Care	338,880	386,372	-47,492
Direct Payments	178,450	95,432	83,018
	<u>1,011,050</u>	<u>1,032,667</u>	<u>-21,617</u>
<b>Assessment and Care Management</b>			
Social Work Teams	350,527	306,830	43,697
Staff Training	17,917	10,793	7,124
Community Support Unit	75,663	80,591	-4,928
Person Centred Planning	12,500	12,500	0
	<u>456,607</u>	<u>410,714</u>	<u>45,893</u>
<b>Day Ops</b>			
External - Including Workmatch	130,680	182,668	-51,988
In-house	1,149,406	1,167,869	-18,463
	<u>1,280,086</u>	<u>1,350,537</u>	<u>-70,451</u>
<b>Grants to Voluntary Organisations</b>	<b>147,140</b>	<b>152,238</b>	<b>-5,098</b>
<b>Transport</b>	<b>385,340</b>	<b>436,347</b>	<b>-51,007</b>
<b>Southbank Close - All three Areas</b>	<b>0</b>	<b>81,252</b>	<b>-81,252</b>
<b>GRAND TOTALS FOR YEAR</b>	<u><u>7,013,555</u></u>	<u><u>7,946,746</u></u>	<u><u>-933,191</u></u>

Note: Overspent

Figures are Net

S'bank expend is net after Pool Contribution from PCT

**2004/05 Outturn**

**Final Figures for 2004/05 – Learning Disabilities**

	<b>Budget</b>	<b>Expend</b>	<b>Variance/Overspend</b>
<b>All Budgets</b>	5,708,630	7,222,632	-1,514,002

## Appendix 5

### Performance Indicators

#### Performance Assessment Framework (PAF)

There is only one Performance Indicator specifically for adults with learning disabilities in the PAF. People with learning disabilities over 65 are included in the data for all older people, and at present cannot be distinguished in the figures.

C30 - Adults 18-64 with LD helped to live at home (per 1000 pop 18-64)  
(This includes support in the home, day services and short breaks)

The latest published data is for 2004-05 when the Herefordshire figure was 2.2, placing the authority in Band 3 (low). There are 5 Bands from low to high.

#### Delivery and Improvement Statement (DIS)

This produces more detailed performance data on a wide range of service types.

In March 2005, The Valuing People Support Team analysed DIS-information from 150 councils. Most related to activity in 2003/04. The comparisons below are drawn from this work:

- Percentage of young people referred to adult services who have a Person-centred Plan (2004/05)

Herefordshire	57	<i>England average</i>	39
		<i>West Midlands average</i>	22

- People with learning disabilities getting direct payments Sept. 2004 per 100,000 population aged 18-64

Herefordshire	7.7	<i>England total</i>	7.7
		<i>West Midlands</i>	7.4

- The amount spent by local councils on advocacy for people with learning disabilities per person with learning disabilities known to the council (£000s)

	Spend in 2003-04	Planned spend in 2004-05
Herefordshire	85	113
<i>England average</i>	126	140
<i>West Midlands average</i>	127	141

- The percentage of family carers of people with learning disabilities known to the council who have had an assessment or review in the last year

	Carers aged 18-64	Carers aged 65+
Carers' assessments and reviews in 2003/04		
Herefordshire	75	75



<i>England total</i>	28		36
<i>West Midlands</i>	31		27

- The percentage of people with learning disabilities receiving services who have planned short breaks 2003-04

Herefordshire	22	<i>England average</i>	21
		<i>West Midlands</i>	22

- The number of units of supported accommodation and floating support for people with learning disabilities funded by the Supporting People programme (March 2003). Units per 100,000 population aged 18-64

	Supported Accommodation	Floating support	Total
Herefordshire	113	88	202
<i>England</i>	95	17	112
<i>West Midlands</i>	71	18	88

- The number of people with learning disabilities who get help from the Independent Living Fund (December 2004) per 100,000-population aged 18-64

Herefordshire	34	<i>England</i>	11
		<i>West Midlands</i>	16

- The number of people with learning disabilities who are living in a care home or private hospital at 1 April 2004 per 100,000 population aged 18-64

Herefordshire	210	<i>England total</i>	129
		<i>West Midlands</i>	135

- The number of adults with learning disabilities living outside the council area at 31 March 2004 per 100,000 population aged 18+

Herefordshire	14	<i>England</i>	28
		<i>West Midlands</i>	23

- The number of people living in NHS long stay hospitals at 1 April 2004, showing the council from which the person originates.

Herefordshire	0	<i>England total</i>	1,062
		<i>West Midlands</i>	86

- The percentage of people with learning disabilities known to the council who are in paid work 2003-04

Herefordshire	14	<i>England average</i>	11
		<i>West Midlands</i>	12

- The percentage of people using services who are from minority ethnic groups, and the percentage whose ethnicity is not recorded (2003/04)

	% of people using services whose ethnicity is not recorded	% of people using services who are from BME groups	% of local population which is non-white (2001 census)
Herefordshire	0%	2%	1%
<i>England</i>	<i>14%</i>	<i>6%</i>	<i>9%</i>
<i>West Midlands</i>	<i>10%</i>	<i>8%</i>	<i>11%</i>

- The time taken to complete assessments for people with learning disabilities in 2003/04. Assessments for people with learning disabilities completed within 4 weeks

	Started within 2 weeks	Completed within 4 weeks
Herefordshire	0%	84%
<i>England</i>	<i>61%</i>	<i>45%</i>
<i>West Midlands</i>	<i>52%</i>	<i>53%</i>

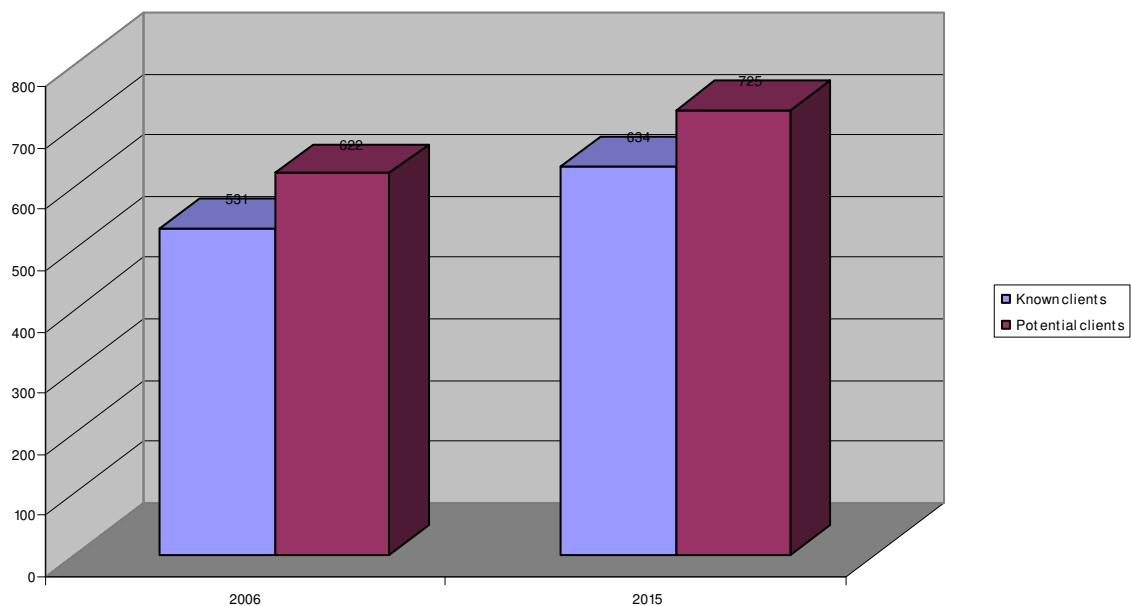
## Appendix 6

### Needs Analysis – Executive Summary

*(A slightly revised version of this analysis is being prepared but that will not affect the substance of the analysis.)*

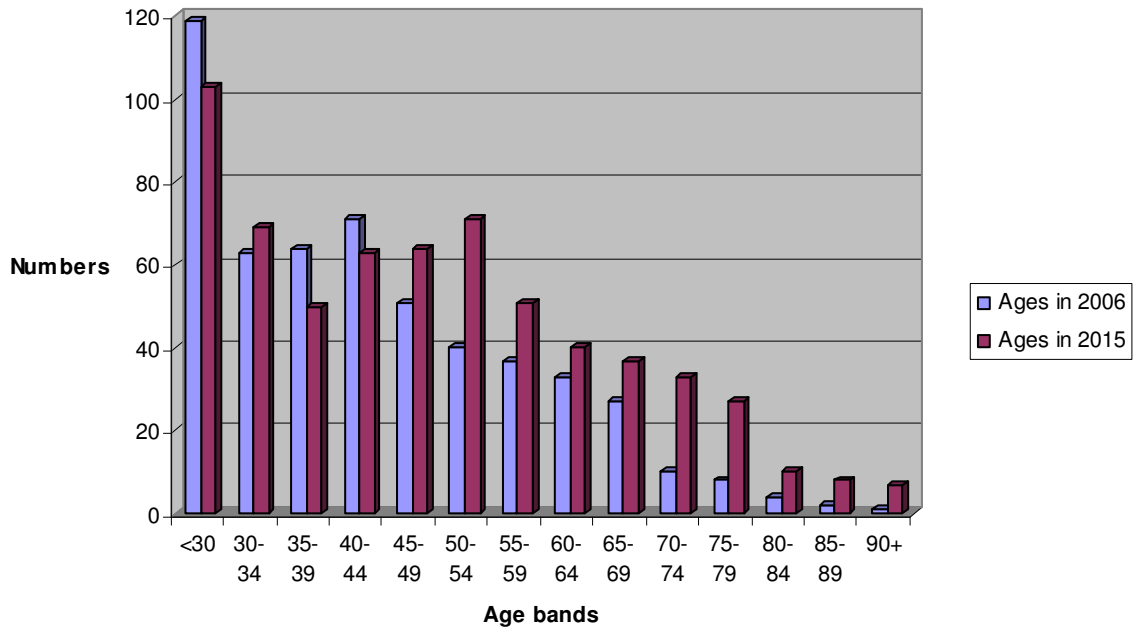
#### Population and trends

- 531 adults are known to Herefordshire Learning Disability Services in April 2006. The majority of these people have a moderate, severe, or profound learning disability, but the service also supports some people with mild learning disabilities.
- 531 is lower than the number that could be anticipated by national prevalence rates for people with moderate to profound learning disabilities, and might imply that some people who would be eligible for services are currently unknown. It is quite possible that these people will be referred for services in the future. The chart below shows the range between known and potential numbers of service users.



- As in the rest of the population, people with learning disabilities are living longer, and the effects of this on service demands are already being felt. The age profile of the client group for the service will change substantially over the next 15 years, and shift towards the older groups, as shown in the chart below.

Age bands in 2006 and 2015 (known clients only)



### Demands for social and health care

- By the time people with learning disabilities reach their mid 40s, most have moved from the family home into other accommodation and support (ranging from independent living to intensive residential or nursing care). At this age, most family carers are around 70 years old or more. In Herefordshire, there are currently 27 people over 45 living with a family carer (18% of those in family care).
- The level of demand for care and support services is largely reflected in the dependency levels of the client group. Two major factors influence the changes to the dependency profile of the client group in 2006 and future years:
  - the transfer of children and young people with learning disabilities to adult services (many of whom are now surviving very severe disabling conditions into adulthood)
  - the ageing population of people with learning disabilities, who consequently need more care and support in daily living.

In Herefordshire, clients are assigned into 6 dependency bandings (with 1 being lowest and 6 highest). The changing dependency profile is shown in the table below:

	2006	2015	% change
--	------	------	----------

Lower dependency (Bands 1 & 2)	226	245	+8%
Higher dependency (Bands 3 – 6)	305	388	+27%

- Overall, the number of people in the higher dependency bands will rise by ¼ in the next 10 years.
- An important but unknown factor is that people with milder learning disabilities who are not eligible for a service at present may become eligible in the future as their age and dependency increases.
- Another factor is a purely local phenomenon. Herefordshire has a high level of learning disability residential care beds per head of population compared with other authorities (the highest in the West Midlands). The availability of beds has led to an influx of people from outside Herefordshire. At present, out-county people comprise up to 22% of the total population of adults with learning disabilities living here.
- The impact on local services is twofold:
  - Demands for health services from both general teams and the specialist Community Learning Disabilities Team (CLDT)
  - Referrals to the Community Team for adult protection investigations (this currently amounts to between 25-30 per annum)

These already impinge on the capacity of the CLDT to meet local needs, and any further expansion of residential facilities will add to these demands.

Appendix 7

Project Plans

Learning Disability Accommodation and Support Modernisation Plan 2005 - 2007

Action	Outline	Detail/timescale
<b>Part One – where we are: July 2005 – December 2005</b>		
<u>Needs Analysis</u>	<ul style="list-style-type: none"> <li>• Community needs Analysis: Detailed analysis looking at current users, age profiles, current and future needs (5-10 years)</li> <li>• Current User Needs Analysis: This would include work with stakeholders and other professional's, as well as a housing needs questionnaire.</li> </ul>	<ul style="list-style-type: none"> <li>□ Collate and clean available data for people aged 14+</li> <li>□ Develop and send questionnaire to all known individuals and other key groups</li> <li>□ Gather information from all other sources (sp etc)</li> <li>□ Develop methodology for presenting above</li> <li>□ Write report on above</li> </ul>
<u>Analysis of current provision</u>	<ul style="list-style-type: none"> <li>• Analysis of respite care.</li> <li>• What we are currently purchasing, and at what cost</li> <li>• What needs are being met what are the commissioning difficulties etc.</li> <li>• What is working well</li> </ul>	<ul style="list-style-type: none"> <li>□ Collate info including transport for respite care</li> <li>□ Full analysis of current provision of residential Including risk areas, what is working well and pressure areas</li> </ul>
<u>Research and identification of potential models of service delivery</u>	<ul style="list-style-type: none"> <li>• Best practice within LD services</li> <li>• What solutions authorities have found</li> <li>• What is happening across the region,</li> <li>• Innovative approaches to service delivery (assistive technology etc)</li> <li>• Use of innovative design build</li> </ul>	<ul style="list-style-type: none"> <li>□ Research across region and nationally. Look at who is doing, what. And how this could relate to local needs analysis.</li> </ul>

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<u>Philosophy and agreement of models</u>	<ul style="list-style-type: none"> <li>• What is the philosophy of Herefordshire?</li> <li>• What are the needs over the next 5- 10 years</li> <li>• How do we propose to meet these needs</li> <li>• What resources do we have in Herefordshire?</li> </ul>	<ul style="list-style-type: none"> <li>□ Pulling together of all of the information gathered in the first 3 sections, in a format that is useful and accessible to a range of people</li> </ul>	Jan/Feb 2006
<u>Recommendations based on above</u>	<ul style="list-style-type: none"> <li>• Recommendations on current and future commissioning</li> <li>• Links with other areas of provision (day op's, domiciliary support etc.)</li> </ul>	<ul style="list-style-type: none"> <li>□ First report based on all finding to be presented to the Commissioning group May 2006</li> <li>□ Agree programme for In-house care homes</li> </ul>	April 2006

**Part Two - Development Jan 06 – March 06**

<u>Commissioning Plan (including Housing strategy)</u>	<ul style="list-style-type: none"> <li>□ Detailed plan for the whole spectrum of supported housing (including short breaks) needed over the next 5 – 10 yrs.</li> </ul>	<ul style="list-style-type: none"> <li>□ What provision of spectrum do we need</li> <li>□ What will it look like, what sort of services will is offer</li> </ul>	May 2006
<u>Managing the market</u>	<ul style="list-style-type: none"> <li>□ Identify current and potential providers</li> </ul>	<ul style="list-style-type: none"> <li>□ Ongoing throughout project, but more intensive once commissioning plan is developed</li> </ul>	

<u>Consultation</u>	<ul style="list-style-type: none"> <li>□ Share and consult (on agreed aspects) of the commissioning plan</li> </ul>	<ul style="list-style-type: none"> <li>□ Agree consultation process with current providers, as well as other stakeholders, to gather final feedback</li> </ul>	April - June 2006
<u>Agree Commissioning priorities</u>	<ul style="list-style-type: none"> <li>□ Finalise commissioning Plan and agree priorities for commissioning and/or reconfiguration and timescales.</li> </ul>	<ul style="list-style-type: none"> <li>□ Agree final plan</li> <li>□ Agree what needs to change and what needs</li> </ul>	End June 2006
<b>Part Three - Commissioning/Reconfiguration of new services April 2006 – April 07 onwards</b>			
<u>Specifications for services to be commissioned and/or reconfigured</u>	<ul style="list-style-type: none"> <li>□ Detailed specifications for provision to be commissioned/reconfigured</li> <li>□ Specifications for existing services</li> </ul>	<ul style="list-style-type: none"> <li>□ Agree best practice model for specifications</li> <li>□ Draft specifications for different bands/types of services</li> <li>□ Final specifications for services</li> </ul>	
<u>Development and/or reconfiguration of existing services</u>	<ul style="list-style-type: none"> <li>□ Co-ordination of reconfiguration in line with agreed specifications</li> </ul>		
<u>Commissioning of new services as identified in part two</u>	<ul style="list-style-type: none"> <li>□ Work with commissioning support to commission new services</li> </ul>		
<u>Development of protocols and pathways</u>	<ul style="list-style-type: none"> <li>□ Work with care management on protocols, procedures and best practice for assessment and access to supported housing (pathways)</li> <li>□ Framework and protocols for ensuring people are placed in correct level of provision</li> </ul>		



<u>Framework for recording need</u>	<ul style="list-style-type: none"> <li>□ Identification of ways to monitor ongoing and future need to ensure best use of resources and demand.</li> </ul>		
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Note: Work will also cover the partnership agreement for the care homes which will have it's own action plan and timescale.

### **Learning Disability Day Opportunities Modernisation Plan 2006 – 2008**

Action	Details
<b>Part One– where we are ( First part of the project - year 1) Indicative times February 06 – August 06</b>	
<u>Needs Analysis</u>	<ul style="list-style-type: none"> <li>□ Detailed analysis looking at current users, age profiles, current and future needs (5-10 years) This would include work with stakeholders and other professionals</li> <li>□ Establish systems for data to remain live and link to other relevant databases i.e. transitions</li> </ul>
<u>Visioning</u>	<ul style="list-style-type: none"> <li>□ Work across the county to involve stakeholders in visioning events to create a backdrop for change and to inform the culture of the strategy.</li> <li>□ Seek political support for changes ahead.</li> </ul>
<u>Consultation/communication plan</u>	<ul style="list-style-type: none"> <li>□ Maintain contact and networks with key stakeholders.</li> <li>□ Develop a detailed consultation and communication plan to ensure engagement and involvement of key stakeholders throughout project.</li> <li>□ Working links with H.R. and Unions and other key groups.</li> <li>□ Recruitment of development assistant ( a person with a learning disability )</li> </ul>
<u>Current budgets &amp; interim arrangements</u>	<ul style="list-style-type: none"> <li>□ Unpick current L.A. base budgets to reflect true costs and levels of service.</li> <li>□ Review current systems</li> <li>□ Restructuring within teams to create capacity to develop.</li> </ul>
<u>Analysis of current provision</u>	<ul style="list-style-type: none"> <li>□ What we are currently purchasing, what cost, what needs are being met what are the commissioning difficulties.</li> </ul>

	<ul style="list-style-type: none"> <li>❑ Eligibility and legislation.</li> <li>❑ Identify process for reviewing and monitoring S.L.A.'s and tendering processes.</li> </ul>
<u>National picture</u>	<ul style="list-style-type: none"> <li>❑ National developments and what other authorities are doing.</li> <li>❑ What is happening across the region, and the local network.</li> <li>❑ Links to valuing people, Green Paper etc.</li> <li>❑ Identify shared pieces of work across authorities</li> </ul>
<u>Options Appraisal</u>	<ul style="list-style-type: none"> <li>❑ What are the needs over the next 5-10 years</li> <li>❑ What are the gaps in the current provision</li> <li>❑ Impact of Direct Payments and In Control.</li> </ul>
<u>Strategy to Modernise Day Opportunities</u>	<ul style="list-style-type: none"> <li>❑ Create a visible and accessible document to communicate the way forward for Day opportunities and employment options in Herefordshire and promote the vision.</li> <li>❑ Launch and promotion of the strategy</li> </ul>

<b>Part Two - Development of project in Localities (Second phase of the project.)</b> This will happen in differing time frames according to each locality and it's readiness to modernise February 06 –Spring 07- locality Plans to be developed and staged implementation	
<u>Workforce Planning</u>	<ul style="list-style-type: none"> <li>❑ Workforce strategy</li> <li>❑ Restructuring of services / roles to deliver new services and build infrastructures</li> <li>❑ Identifying and meeting training needs</li> <li>❑ Agree support structures / mentors for managers and staff</li> <li>❑ Job Descriptions &amp; person specifications.</li> </ul>
<u>Modernisation plan for council provided and commissioned services</u>	<ul style="list-style-type: none"> <li>❑ Prioritise L.A. services to modernise first</li> <li>❑ Work with services that are ready to move first and will be models of good practice.</li> <li>❑ Develop plans in localities that connect to communities.</li> <li>❑ Identify plans around buildings.</li> <li>❑ Evolve plans for day opportunities modernisation including timescales, key partners, key objectives and indicators.</li> <li>❑ Link to local and national strategies</li> </ul>
<u>Ongoing Consultation and Engagement</u>	<ul style="list-style-type: none"> <li>❑ Formal engagement and consultation with stakeholders (including members, family carers, service users, staff, community members, councillors, current and potential providers)</li> <li>❑ Creation of local champions to take the work forward.</li> </ul>
<u>Feasibility Study based on agreed model</u>	<ul style="list-style-type: none"> <li>❑ Detailed work on feasibility of proposals</li> <li>❑ Work with partners to create win/win situations and skills mix.</li> <li>❑ Seek to “grow our own” providers where appropriate.</li> <li>❑ Identify external funding opportunities.</li> <li>❑ Detailed financial appraisals, best value, and models of purchasing.</li> <li>❑ Plan the steps for how we manage the changes</li> </ul>
<u>Agreed Outcomes for individuals</u>	<ul style="list-style-type: none"> <li>❑ Identify service specifications</li> </ul>

	<ul style="list-style-type: none"> <li>❑ Measurable targets for outcomes for individuals.</li> <li>❑ Links to and informed by person centred approaches.</li> <li>❑ Agree monitoring and review arrangements</li> </ul>
<u>Final modernisation plan for council provided and commissioned services</u>	<ul style="list-style-type: none"> <li>❑ Agree next steps for project and beyond.</li> <li>❑ Develop links with other areas of service delivery, i.e. transport.</li> <li>❑ Communication of changes to those who link with services.</li> </ul>
<b>Part Three – Implementation of local modernisation plans (final part of project) August 06- February 08</b>	
<u>Delivery Strategy</u>	<ul style="list-style-type: none"> <li>❑ Plan for managing the components of the agreed changes</li> </ul>
<u>Ongoing Consultation and Engagement</u>	<ul style="list-style-type: none"> <li>❑ Continued engagement and consultation with stakeholders at a local level (including members, family carers, service users, staff, community members, councillors and current and potential providers)</li> </ul>
<u>Development and/or reconfiguration of existing services</u>	<ul style="list-style-type: none"> <li>❑ Co-ordination of reconfiguration in line with agreed specifications</li> <li>❑ Development of staff roles and HR changes</li> <li>❑ Support for key managers</li> <li>❑ Use of regional and National support</li> </ul>
<u>Commissioning of new services as identified</u>	<ul style="list-style-type: none"> <li>❑ Commissioning of any new services as agreed within timescales</li> <li>❑ Agree remit and function of each service.</li> <li>❑ Identify monitoring and review processes</li> </ul>
<u>Development of protocols and pathways</u>	<ul style="list-style-type: none"> <li>❑ Work within existing systems where appropriate and reinvent systems as required.</li> <li>❑ Communicate protocols, procedures and best practice to ensure access to appropriate day opportunities with organisations.</li> </ul>

<u>Review and evaluate</u>	<ul style="list-style-type: none"> <li>❑ Performance management, ongoing processing of data against set targets.</li> <li>❑ Evaluate progress to date and develop plan for any further action to be taken outside of project with identified timescales and leads.</li> </ul>
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### Learning Disability Community Team – Modernisation Plan 2005

Action	Details
To utilise work already in development to achieve the following:	
1. <u>Where we Are</u> <u>Review of community team</u>	<ul style="list-style-type: none"> <li>❑ Agreed Philosophy and operational policy</li> <li>❑ Review of skill mix within team and future need (management structure)</li> <li>❑ Clear Allocation and agreement of tasks</li> <li>❑ Training and development plan for team</li> <li>❑ HR arrangements (Review of Secondments)</li> </ul>
2. <u>Development</u> <u>Review and development of operational systems</u>	<ul style="list-style-type: none"> <li>❑ Develop Single systems for               <ul style="list-style-type: none"> <li>○ Care management (referrals, Assessments, reviews, case coordination)</li> <li>○ Integrated operational systems</li> <li>○ Duty arrangements</li> </ul> </li> <li>❑ Risk Assessments – development culture and tools</li> <li>❑ Workload management tool</li> <li>❑ Financial systems – ILF, costed care plans</li> <li>❑ Data Collection</li> <li>❑ Operational links to other services and departments</li> <li>❑ Review support structures (Admin, Finance etc)</li> <li>❑ Review of business structures (meetings etc)</li> <li>❑ Professional and management supervision structures</li> <li>❑ Review of IT support systems</li> </ul>

<u>3. Ongoing Responsibilities</u>	<ul style="list-style-type: none"> <li>❑ Management of specific budgets</li> <li>❑ Performance management – HR, PI's etc</li> <li>❑ Allocation of resources</li> </ul>
<u>4. Specific Projects</u>	<ul style="list-style-type: none"> <li>❑ Savings Targets</li> <li>❑ Resource allocation/Community Access</li> <li>❑ Crisis Support Response</li> <li>❑ Review Gateway Assessment (currently pilot)</li> <li>❑ Health Facilitation (HAP's)</li> <li>❑ Development of accessible information</li> <li>❑ Mental Health Green Light Toolkit</li> <li>❑ HR Issues (Review of PCT secondments)</li> </ul>
Develop Team Business Plan based on above work for next 3 – 5 years	

## Appendix 8

### **Association of Directors of Social Services Pressures in Learning Disability Services Report, 2005 - Recommendations**

- ⇒ No changes in policy by any government department that might affect services for people with learning disabilities, without consulting other Government departments.
- ⇒ The same to apply locally between local government, NHS and education, employment or housing.
- ⇒ Maintain funding for people with learning disabilities across Government at 2005/6 levels before the forthcoming spending review.
- ⇒ Use the spending review to fundamentally review the real level of investment required in learning disability services.
- ⇒ Update funding and performance monitoring at national and local level to reflect inclusion and citizenship, not past models of care. Give national support to strengthen local commissioning for this.
- ⇒ Set up a “transformation fund” to enable local commissioners to “invest and save” on services which:
  - Prevent the need for residential or nursing care;
  - Ensure community based specialist support for people with health needs;
  - Ensure individualised support arrangements for people with complex needs;
- ⇒ Financial incentives for local government and the NHS to shift investment away from residential and nursing care – linked to local area agreements and local public service agreements.
- ⇒ The Learning Disabilities Development Fund should be ring-fenced and passed directly to local authorities or be protected within pooled budget arrangements.
- ⇒ Supporting People funding for people with learning disabilities should be protected by Central Government.
- ⇒ Central Government should use the demographic projections (above) to plan future funding.
- ⇒ The Formula Spending Share (FSS) for older people should be refined to reflect the higher costs of people with learning disabilities aged over 65.
- ⇒ People with learning disabilities and family carers should be fully involved in planning and funding changes. There should be investment in local centres for independent living.

## Executive Summary of the Herefordshire Learning Disabilities Partnership Board Plan September 2005

 charter of rights

### 1. Why the Plan has been made

**Valuing People** is a plan from the *Government* for improving the lives of all people with learning disabilities. In Herefordshire a plan was needed to make sure that things get better here.

### 2. Herefordshire Learning Disability Partnership Board

**Valuing People** say that everyone should work together to make sure that people with learning disabilities can have better lives.



There is a lot of work to do so the Partnership Board has set up smaller groups to look at different things.

These groups were asked by the Partnership Board to think of 3 or 4 targets that they would make sure happened in a year's time.

### 3. 2005/6 Targets

Here are the 3 or 4 important things each group has said will happen over the next year

#### **Better planning for young people leaving school**

- To find someone to do the job of making sure there are good plans for young people leaving school
- For all the senior workers who work with these young people to get together to make sure there are good plans. These people will be called the Transitions Board
- To make sure that about 1 in 3 young people have a good plan by 1 years' time



### **More Choice and Control**

- In Control project will take place. This work will make sure that people with learning disabilities will have more choice about where they live and the support they get
- The Bill of Rights will be launched. There will be an event to make sure everyone knows about the Bill of Rights. Everyone will be sent a copy who needs one
- The People's Union will do a presentation to let people know what they think of the Government's Green Paper called "Independence, Well-being and Choice"
- "How do I complain and have my say" leaflet will be sent to everyone who needs one

### **Person Centred Planning**

- To test the "Life Books" with at least 6 people. These are person centred plans.
- To train at least 3 out of 10 staff in Herefordshire in Person Centred working. They will use a pack designed and agreed by the group
- The same form will be used for assessments by all the workers in the Adult Integrated Learning Disability Service. This will be person centred and called The Single Support Needs Assessment

### **Supporting Carers**

- Every older family carer should have a plan in case of emergency.
- Respite care must be well-planned and meet the needs of the family as well as the service
- There should be good plans for day opportunities. The needs and wishes of the service user and their families need to be looked at when making these plans

The Family Carers Network will be checking to see how well these targets work

### **Health**

- Make sure that all people who have a learning disability have a GP and that GPs know all the people who have a learning disability in Herefordshire
- People who have high support needs should all be offered a health assessment and a Health Action Plan within 1 year
- All health information leaflets should be available in easier-to-understand leaflets

### **Housing**

- We need up-to-date information about people's housing needs so we can make a good plans for housing in the future
- All people with learning disabilities should be able to tell the Council about their housing and support needs. This information can then go into the Learning Disability Housing Plan
- We need to make sure that there is good advice and guidance about housing for people with learning disabilities and carers. To make sure this happens we need to work with all the different organisations that provide housing.

### **Fulfilling Lives**

- Make sure that Fulfilling Lives group is fully involved with the Modernisation of Day Opportunities Plan. This is the plan that should make more choices about what people with learning disabilities do with their days
- To agree the rules of how the Fulfilling Lives group will work with the Change Manager. The Change Manager is the person who needs to make sure the plan works
- To make sure that service users get the chance to say what they want to happen to day opportunities at the Stakeholder Day in March

### **Work**

- To make sure the All-Set Consortium starts meeting again.

These are the people who work to make sure that support in training and work opportunities get better for people with learning disabilities.

- To make sure that more people with learning disabilities get paid work by July 2006
- To find an Employment Champion for the Partnership Board. This will be someone who speaks up about jobs for people with learning disabilities

### **Quality**

- Set up a Quality Network Consortium to make sure that everyone gets the same good services. The Quality Network Consortium will be a group made up of lots of organisations who provide services
- To find out how services are working by using "My Life". This is a good way of checking if services are working. It was made by **BILD** (British Institute of Learning Disabilities)
- When we have found out how services are doing we can see which are good or not so good. We can then do things to make things better

### **High Support Needs**

- To find out how many people with high support needs have a communication profile. We will then set a target to make sure there are more people with one by the end of 2006
- To find out how many people with high support needs have had a physiotherapy assessment. We can then set a target to make sure there are more people with one by the end of 2006
- The High Support Needs group will make a plan of how they will check things are getting better

### **Workforce and Planning**

- The Partnership Board is waiting for someone to get the job of Workforce Development Officer before it can start on this work

### **Partnership Working**

- To organise the Valuing People Stakeholder Day in March 2006 to find out if things are getting better for people with learning disabilities in Herefordshire
  
- To make sure that people with learning disabilities get support to be involved with Partnership Board work.  
This should be done in 2 ways:
  1. make sure there is enough time and money for support
  2. the People's Union should become an independent group
  
- Make sure that all the groups come to the Partnership Board meetings to tell them about the work they have been doing

Pictures by CHANGE Picture Bank

## **Appendix 10**

### **Definition of a learning disability**

1. "Significantly impaired intelligence" = reduced ability to understand new or complex information, learn new skills
- +
2. "Impaired social functioning" = reduced ability to cope independently
- +
3. Manifested in childhood, and having a lasting effect on development

Appendix 11

Learning Disability Services – baseline description of service provision.

Service	Service Users	Number of Places available	Description
<b>Accommodation and Support</b>			
Care homes –in Herefordshire	159 Herefordshire clients	285 registered places	Local Authority (31 places at Ivy Close and Southbank Close), + all Private and Voluntary homes places registered for LD or LD 65+ (254 places). Note the high number from other areas.
Care homes outside Herefordshire	32 Herefordshire clients		18 places spot purchased within 20 miles of border, and 14 more than 20 miles.
Care home – nursing	2	14	Martha Trust
Adult Placements	55	56	Local Authority scheme for all client groups. The numbers indicated are for LD only.
Supported Lodgings	25	25	
Supported living – intensive	19		Contracts with Milbury Care and MacIntyre.
People living in their own homes with or without support	79		LA Community Support Service, and Supporting People funded support.
Care Home respite: – Windsor Place, Leominster - Ivy Close, Hereford, - Southbank Close Hereford	46	12 beds  + 3 interim (emergency respite) beds	All LA provided.
<b>Day Opportunities</b>			
<u>St. Owens Centre</u>	65	Average 45/day	Hereford - local authority <ul style="list-style-type: none"> <li>• offers a service to people with more complex needs.</li> </ul>
<u>Tanbrook Centre</u>	15	15	Hereford – Aspire (voluntary agency) service <ul style="list-style-type: none"> <li>• To provide a service for people with a learning</li> </ul>

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			disability who are ageing.
<u>Widemarsh Workshop</u>	77	average 43/day	Hereford – local authority <ul style="list-style-type: none"> <li>Provides training in employment related skills for people with disabilities in a sheltered environment. Majority of service users have an assessed learning disability.</li> </ul>
<u>SCORE</u>	15	3/day	Hereford – TACT (voluntary agency) <ul style="list-style-type: none"> <li>A sports inclusion project but now has a wider range of activities including work</li> </ul>
<u>Workmatch</u>	25 places per day to people with a learning disability.	Provides 70 training places per day to a broad range of people.	Hereford – local charity <ul style="list-style-type: none"> <li>Workmatch has a service level agreement to provide employment and training for people with learning disabilities.</li> </ul>
<u>Marshfields</u>	58	38/day	Leominster - Local Authority – A range of community based projects
<u>Southbank Resource Centre</u>	9	5/day	Hereford - originally managed by the PCT until April 2002, and now managed by Local Authority.
<u>Ryefields Centre</u>	70	41/day	Ross-on-Wye – Local Authority. <ul style="list-style-type: none"> <li>Enviroability, a charitable company limited by guarantee. The primary aim being to provide and promote projects which benefit the community:</li> </ul>
<u>ECHO</u>			Leominster – voluntary agency. ECHO offers a range of activities, predominantly in the North of the County. 21 different activities.
<u>The Houghton Project</u>			Independent - a working farm,

### Assessment, Care Management, Health and Community Support

Staff categories	Whole Time Equivalents	Ratio to known service users (531)
Managers	1.0	1:531
Development workers PCP, Individualised budgets, projects	3.0	1:177
Nurses	4.4	1:121
Social Workers (including Assistant social worker	4.5	1:118
Psychologists	2.2	1:241
Reviewing Officer	0.8	1:664
Community Support Workers	3.5	1:152
OT	1.0	1:531
Physiotherapist & assistant	1.3	1:408
Speech Therapist	0.5	1:1,062
Psychiatrist	1	1:531
Admin Support	4.8	1:111
<b>Total</b>	<b>28</b>	<b>1:19</b>



## References

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<sup>1</sup> Valuing People: A New Strategy for Learning Disability for the 21<sup>st</sup> Century: Implementation Guidance. Department of Health, LAC(2001)23, 31 August 2001

<sup>2</sup> Valuing People: A New Strategy for Learning Disability for the 21<sup>st</sup> Century: A White Paper  
Department of Health, Cm 5086, March 2001

<sup>3</sup> Improving the Life Chances of Disabled People,  
Department for Work and Pensions, Department of Health, Department for Education and Skills, Office of the Deputy Prime Minister, January 2005

<sup>4</sup> Independence, Well-being and Choice: Our vision for the future of social care for adults in England  
Department of Health, Cm6499, March, 2005.



## NEEDS ANALYSIS PHASE 1 REPORT

Report By: Director of Adult and Community Services

### Wards Affected

County-wide

### Purpose

1. To consider the Phase 1 needs analysis report assessing future social care needs and the services to meet them for older people and adults with learning disabilities.

### Background

2. The Council has commissioned a group of Council and Primary Care Trust Officers to undertake a needs analysis of these key areas in order to inform future service development and financial planning.
3. The work is being undertaken in two phases, Phase 1 has now been completed and the Older People's needs analysis report is attached at appendix 1. The Learning Disabilities needs analysis report is subject to some minor amendments which will not affect the substance of report and is attached as appendix 2.
4. The Phase 2 report, which will be completed in August, will set out costed options for the future development of services.

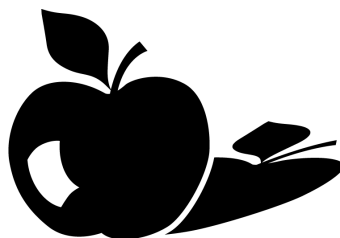
### RECOMMENDATION

**THAT the interim reports be noted.**

### BACKGROUND PAPERS

- Older People Needs Assessment Report – Herefordshire Council Corporate Policy and Research Team (appendix 1)
- The current and future needs of people with a learning disability in Herefordshire Needs Analysis report (appendix 2)





HEREFORDSHIRE  
COUNCIL

## **OLDER PEOPLE NEEDS ASSESSMENT REPORT**

***Principal factors that will determine the need for  
social care services***

**28<sup>th</sup> April 2006**

**FINAL**

Herefordshire Council Corporate Policy & Research Team  
Contact e-mail address: [mspinks@herefordshire.gov.uk](mailto:mspinks@herefordshire.gov.uk)  
Tel: 01432 261944

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## SUMMARY

### Population trends

- Herefordshire population has an older age profile than the West Midlands Region and England and Wales; 20% is 65 years and over compared with 16% regionally and nationally. This pattern is reflected in each of the 3 age groups within this: 65-74 year olds, 75-84 and 85 years and over.
- The population in older age groups is forecast to increase more rapidly in Herefordshire than nationally, with an increase of 19% forecast for the 65 and over age group by 2011 and an increase of 50% projected from 2004 to 2020. This is particularly evident in the 85 and over age group.
- Population projections indicate that the population of 65 years and over may be 53,000 people by 2020, comprising 28% of the total population in Herefordshire. Again, this is particularly evident in the 85 and over group.

See summary table of population below:

Older people	2004	Forecast pop. 2011	%change 2004-11	Projected pop.2020	%change 2004-20
65-74 years	18,400	22,200	20.7%	27,600	50.0%
75-84 years	12,900	13,800	7.0%	17,900	38.8%
85 years & over	4,200	6,000	42.9%	7,500	78.6%
<b>65 years &amp; over</b>	<b>35,400</b>	<b>42,000</b>	<b>18.6%</b>	<b>53,000</b>	<b>50.1%</b>

### Effective demand for social care

Several factors drive demand for social care services by older people as distilled in the Wanless Review Report: health and disability-related impairment (physical and cognitive), housing, income/wealth and family and (informal) carer circumstances. These are included in the main body of this report. However the most significant factor in determining higher or effective levels of need is disability so that help is required to carry out one or more of the core Activities for Daily Living (ADLs). These include being able to wash, dress, feed, toilet, get in and out of bed or a chair.

National research shows that increases in healthy life expectancy have not kept up with improvements in total life expectancy over the last 25 years. Using the optimistic scenario forecasts of improved population health from the Wanless Review, estimates of the rates of older people with substantial needs were applied to Herefordshire's current, forecast and projected population. These are people in need of help to do one or more ADL. These figures show that there may be 5,100 older people in need of care in 2011 and 6,500 in 2020, an increase of 55% from 2004 estimates (see table).

The number of older people in need of some help, from those who just need help with shopping or cleaning right up to those who need help with all core daily activities is estimated to be 12,800 by 2011 and 16,200 by 2020 in Herefordshire.

<b>HEREFORDSHIRE</b>	<b>2004</b>	<b>2011</b>	<b>%change 2004-11</b>	<b>2020</b>	<b>%change 2004-20</b>
Number of older people with HIGH demand for social care	4,200	5,100	21%	6,500	55%
Number of older people with SOME dependency	10,500	12,800	22%	16,200	54%

The Wanless Review estimates that nationally the number of older people with substantial needs in England will rise by 55% by 2025. This rate of increase will be higher in Herefordshire due to the older age profile and projected higher rate of increase in the older people population, potentially a 74% increase from 2004 to 2025.

### **Ability to pay for social care**

It is difficult to assess the effect that higher home ownership rates and high house prices in Herefordshire have on the self-funding for social care. The Wanless Review report stated that there is no reliable data for the total private expenditure on care home fees and self-funded domiciliary care. Estimates are that between one-quarter and one-third of care home places are wholly privately funded.

### **Informal or unpaid social care**

Demand for informal care is estimated to increase by about 45% from 2003 to 2026 according to the Wanless Review report. However availability of informal care may be reduced by a projected decrease in co-residence between adults and elderly parents, an increase in single person households and potentially people may not be so willing in future to provide informal care. The Wanless Report states that great carer support is needed (currently only received by a minority of carers) to *“relieve some of the pressure of care, as the costs of increasing formal care to meet a significant reduction in informal care would be prohibitively high.”*

This report does NOT attempt to assess the impact that preventative measures would have on the potential numbers requiring intensive social care. Information on this was not available at the time of writing.



**INTRODUCTION**

This report is an assessment of the principal factors that will determine the need for social care for people 65 years and over, a consideration of the particular needs of different age groups and of people with mental health problems. Looking forward to 2020, these will include demographic change, taking into account the expected levels and characteristics of in-migration; the implications of changing patterns of health, treatment, and the development of health care services in response to them; the proportions of people who might be able to pay all or part of the costs of their social care; and the nature and condition of housing. The 2006 Wanless Review Report defines the need for care:

*“as measured against the outcomes that individuals and society more broadly wish to achieve. In a general sense a need will exist where a person is restricted – as a result of disability, social exclusion and so on – from being able to undertake activities or to achieve outcomes that they value...such as being clean, fed, independent, safe (to a reasonable degree), socially included, fulfilled, etc. Need is therefore synonymous with a shortfall in outcomes, particularly where support and care could help people to improve outcomes.”*

**POPULATION OF OLDER PEOPLE**

Current

- Herefordshire’s current population is 177,800 (2004 mid-year estimate) of which 20% are 65 years and over (35,400 people). The county has an older age profile than both the West Midlands Region and England and Wales, with a noticeably higher proportion of its population in the older age groups as shown in Table 1.

**Table 1: Percentage of the population in older age-groups, 2004**

Area	65-74	75-84	85+	65 & over
<i>Herefordshire (number)</i>	18,400	12,900	4,200	35,400
<b>Herefordshire</b>	<b>10.3%</b>	<b>7.3%</b>	<b>2.4%</b>	<b>20.0%</b>
West Midlands Region	8.6%	5.8%	1.8%	16.2%
England & Wales	8.4%	5.8%	1.9%	16.1%

Source: ONS 2004 mid-year estimates. Note: Figures may not sum due to rounding

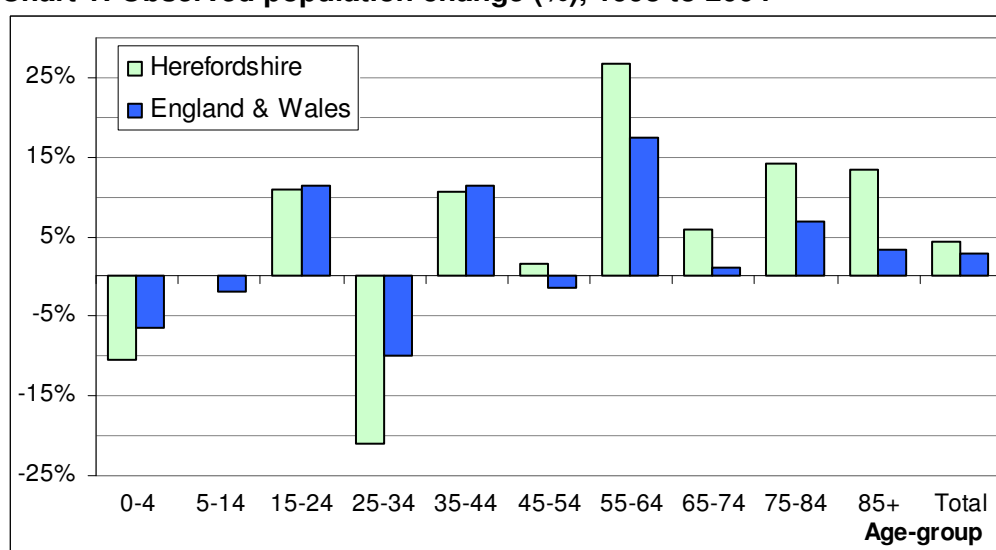
- Females outnumber males in every age group of 65 and over, reflecting the higher mortality rates for males at younger ages. The gender imbalance widens as age increases; women form just over half the 65-74 age group; by age 85 and over women outnumber men by more than 2:1.
- The 2001 Census provided data on ethnicity for Herefordshire’s population aged 65 and over: 99.8% White, 0.2% Mixed, Black, Asian, Chinese or Other Ethnic Group. Experimental statistics from the Office for National Statistics shows that the percentage of ethnic groups other than ‘White British’ has increased from 2.6% in 2001 to 3.3% in 2003 in Herefordshire.

This is a growth of 2.8% since 2001 compared to just a 1.1% for the total county population. The figures for England show that the non-‘White British’ population has grown at an even higher rate. Anecdotally over the last few years Herefordshire has experienced a large influx of migrant workers from Poland, Lithuania and other nationals of new European Union member states.

## Recent trends

- Although Herefordshire’s total growth has been broadly similar to the national rate, the numbers of people in older age groups have increased much more rapidly in Herefordshire than in England and Wales as a whole, as shown in Chart 1.

**Chart 1: Observed population change (%), 1998 to 2004**

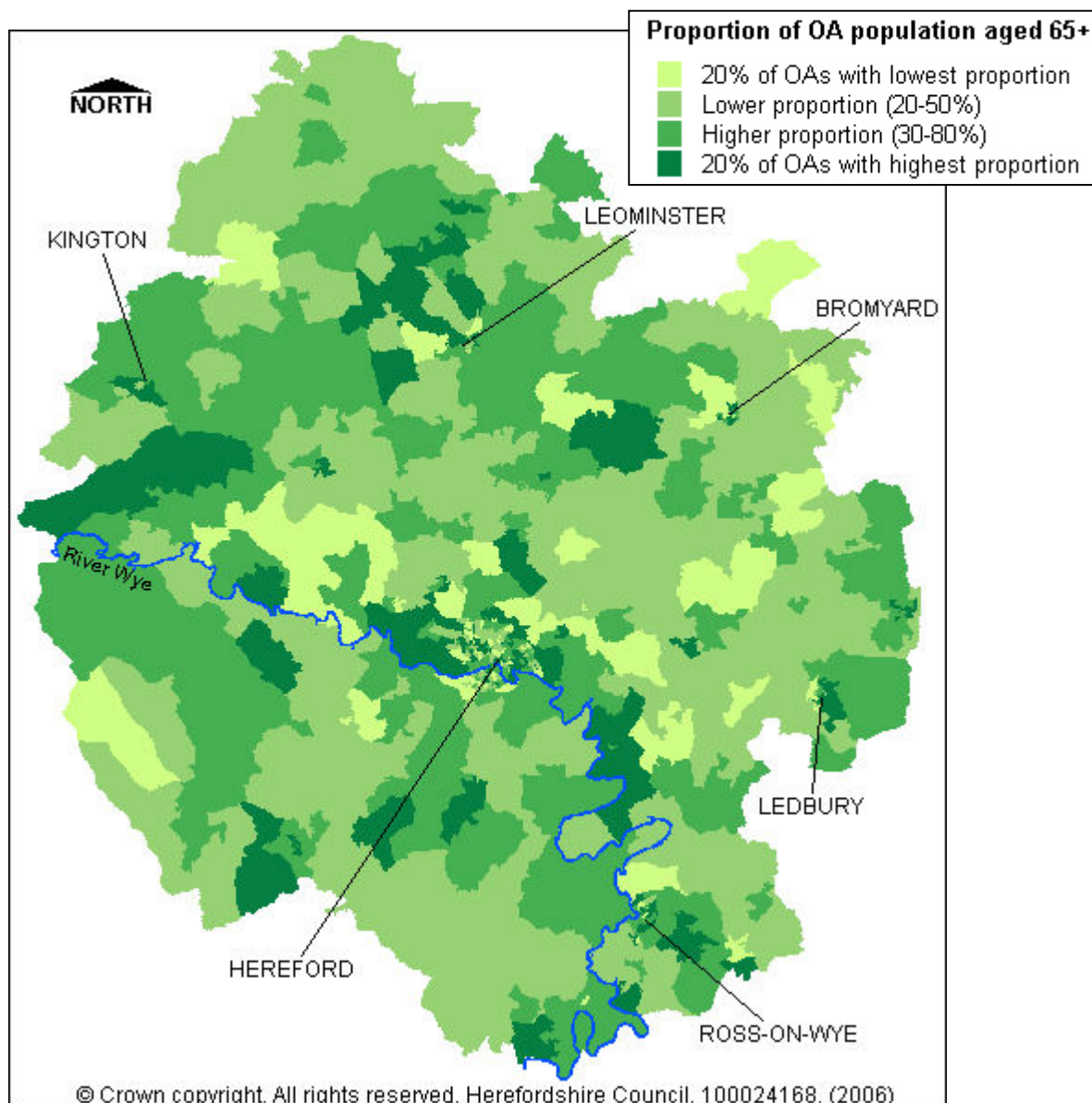


Source: ONS mid-year estimates

## Spatial distribution within the county

- Despite perceptions that rural areas have higher proportions of older people, Map 1 shows that there is no clear pattern. Census Output Areas (small geographies) with high proportions of their populations aged 65 and over are scattered all over the county, from some of the most rural areas to Hereford City.
- Considering only those Herefordshire residents aged 65 and over, and grouping Output Areas according to the official urban/rural classification, 56% live in rural areas, which is only slightly higher than the proportion of Herefordshire’s total population that live in rural areas (54%).
- About 29% of the 65 and over age group live in Hereford and a further 10% in rural areas within 8 miles of the City centre. The market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington are home to a further 26%, whilst the remaining 35% live in villages and rural parts of the County.

**Map 1: Proportion of Herefordshire population aged 65 and over  
(2001 Census Output Areas)**



## Migration

- Migration estimates indicate that, between mid-1998 and mid-2004, Herefordshire had a net increase of nearly 7,000 people due to 'within UK' migration. So, whilst the annual natural change due to births and deaths has been negative, the county has gained just over 1,100 people on average each year from other parts of the country.
- Detailed information on the ages of migrants between Herefordshire and the rest of the UK is only available from mid-2000. The smallest flows (both in and out) are in the 65-69 and 70-74 year-old age groups, with averages of around 200 or fewer people moving in each direction per year. (The largest flows are within the 20-24 year age group).
- 2001 Census data indicates that a significantly lower percentage of Herefordshire's migrants (both in and out of the county) were either retired

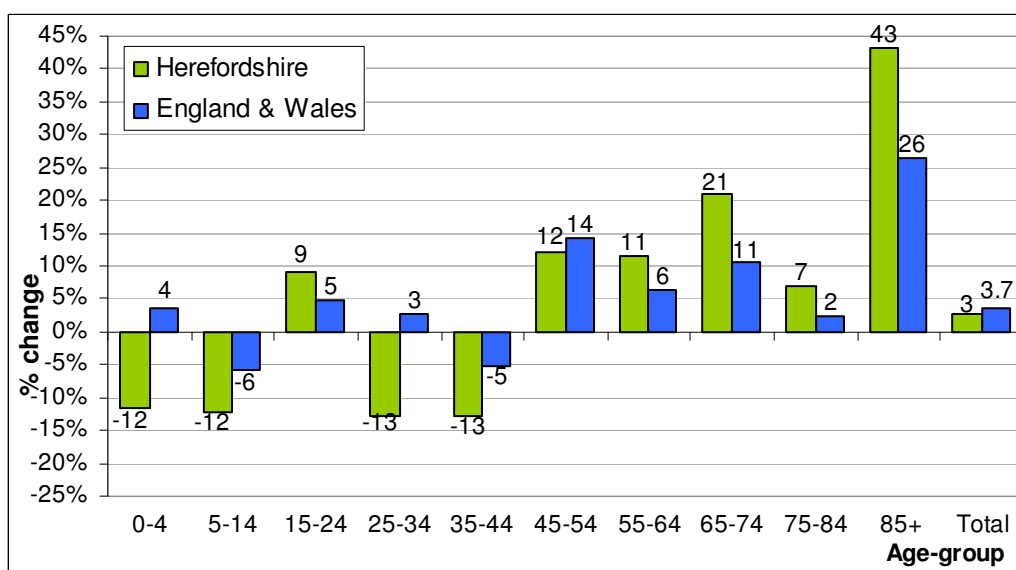
or aged 75 and over than the percentage in the population as a whole (economic activity was only classified for those people aged 16-74).

- The only available information regarding permanent international migration into Herefordshire from outside the UK is from the Census. This represented just 0.3% of the county population at the time but 54% were aged under 30 – a much higher rate than migrants from within the UK and of the population as a whole.

## Forecast population to 2011

- Population forecasts for Herefordshire are based on recent and nationally projected trends in births, deaths and migration, and also take into account future housing provision expected under the UDP. The 2002-based forecasts show that the ageing of Herefordshire's population structure is expected to continue<sup>1</sup>.
- Whilst the total population is expected to grow at a slightly lower rate (2.6%) than that of the whole of England and Wales (as projected by the Government Actuary's Department), the population in the 55-64 and older age groups is expected to increase much more rapidly in Herefordshire than nationally. See Chart 2.
- The 65 and over age group in Herefordshire is forecast to grow by 18.4% by 2011 to 42,000 people.

**Chart 2: Expected population change (%), 2004 to 2011**



Source: GAD 2004-based population projections for England and Wales; Herefordshire Council Research Team 2002-based forecasts for Herefordshire using ONS mid-year estimates.

<sup>1</sup> Please note that the 2011 forecasts for Herefordshire are currently being updated using 2004 figures but are not yet available.

## Projected population in 2020

- The Government Actuary's Department produces population projections, based on recent and nationally projected trends in births, deaths and migration. They do not take account of future housing provision expected under the UDP as the population forecasts do (for Herefordshire).
- The population of people 65 years and over in Herefordshire is projected to increase by 50% between 2004 and 2020, compared with a projected 8% increase in the total population.
- The 2020 population of people 65 years and over is projected to be 53,000 people comprising 28% of the population in Herefordshire
- The population of people aged 85 years and over is projected to increase by 79% between 2004 and 2020 to 7,500 people.
- A summary of the current, forecast and projected population of older people is shown in Table 2.

**Table 2: Summary table of current, forecast & projected population of older people in Herefordshire**

Older people	2004	Forecast pop. 2011	%change 2004-11	Projected pop.2020	%change 2004-20
65-74 years	18,400	22,200	20.7%	27,600	50.0%
75-84 years	12,900	13,800	7.0%	17,900	38.8%
85 years & over	4,200	6,000	42.9%	7,500	78.6%
<b>65 years &amp; over</b>	<b>35,400</b>	<b>42,000</b>	<b>18.6%</b>	<b>53,000</b>	<b>50.1%</b>

Source: ONS 2004 mid-year estimates, Herefordshire Council Research Team 2002-based forecasts, GAD 2004-based population projections for England and Wales.

Note: Figures may not sum due to rounding

## HEALTH & DISABILITY

Detailed information on the health and disability rates at a local authority level is lacking so several datasets are shown in this section. (The Wanless report also acknowledges that estimates of the numbers of people with disability are uncertain). The 2001 Census provided two direct measures for Herefordshire: a self-defined rating of health and self-reported long-term illness or disability which limited daily activities. More detailed information on type of disability and effective demand for social care are given by applying modelled rates from national research and applied to Herefordshire's population.

### Overall health

- At the 2001 Census, residents were asked to rate their overall health over the previous 12 months (good, fair or not good). Overall 69% of Herefordshire's population said they were in good health and 8% 'not good', which was similar to regional and national figures.
- The proportion stating their health was 'not good' increased with age from 15% of 65 to 74 year olds to 32% of people 85 years and over (20% overall for people 65 years and over).
- Herefordshire's population are expected to live longer on average than the population of England in general with increases over the last 10 years broadly in line with national trends. Based on 2002-04 data, life expectancy for males at birth is 77.5 years whilst for females it is 82.5 years (compared to 76.6 and 80.9 respectively for England).

### Limiting long-term illness

- Nearly half (47%) of the residents aged 65 or above self-reported having a limiting long-term illness (LLI) at the time of the 2001 Census i.e. a long-term illness, health problem or disability, which limits daily activity or work. This is a lower rate than that of older people in the West Midlands (53%) and England and Wales (52%).
- The proportion steadily increases from 36% of 65 - 74 year olds to 75% of the 85 and over age group. See Table 3.

**Table 3: Herefordshire's 65 years and over population with a limiting long term illness at the 2001 Census**

Age Group	Number with a limiting long term illness	% of population
65 - 74	6,334	36%
75 - 84	6,320	53%
85 and over	2,983	75%
<b>65 and over</b>	<b>15,637</b>	<b>47%</b>

Source: 2001 Census – Crown Copyright, T05.

Note: Includes people in communal establishments.

- Assuming that the Census rates will continue to apply, there may be another 3,200 people with a limiting long term illness or disability in 2011 and a further 5,100 by 2020 compared with 2004.
- Table 4 shows simple estimates of numbers of older people with a limiting long term illness in 2004, 2011 and 2020, done by applying the Census rates to the current, forecast and projected population of these age groups.

**Table 4: Estimates of Herefordshire’s 65 years and over population with a limiting long term illness in 2004, 2011 and 2020**

Herefordshire	2004	2011	2020
<b>65 to 74</b>	6,600	8,000	9,900
<b>75 to 84</b>	6,800	7,300	9,400
<b>85 and over</b>	3,200	4,500	5,700
<b>65 &amp; over</b>	16,500	19,600	24,700

Source: Herefordshire Council Research Team

An analysis of the population with a limiting long term illness by urban/rural areas shows that there is a higher proportion living in urban areas (47%) in Herefordshire compared with rural areas (22% live in ‘rural village’ areas, 20% in ‘rural dispersed’ and 11% in ‘rural town’ areas).

## Disability

- Research at a national level (Bajekal & Prescott) suggests that the prevalence of LLI is higher than that of disability for all ages, except those aged 85 and over when disability rates become higher. Older people may under-report LLI because they consider activity limitation to be a normal consequence of ageing.
- Assuming this estimated overall rate of serious disability continues and applying this to the forecast and projected population in Herefordshire, Table 5 shows estimated numbers of older people with a serious disability in 2004, 2011 and 2020.
- However these rates differ slightly from those of more recent estimated national rates from the PSSRU model<sup>2</sup> of 30% of older people with some disability and 7 to 8% with a severe disability. However a further breakdown by age was not given. The Wanless Review Report provided ‘base case’ modelled estimates of population by level of dependency, which gave rates of 30 to 31% of older people with some dependency from help with shopping to 2 or more ADLs (help with personal care).

**Table 5: Estimated numbers of people 65 years and over with a serious disability in Herefordshire**

<b>HEREFORDSHIRE</b>	% with a serious disability	<b>2004</b>	<b>Forecast 2011</b>	<b>Projected 2020</b>
65-74	9%	1,656	1,998	2,484
75-84	17%	2,187	2,340	3,035
85+	39%	1,640	2,342	2,928
65 & over	15%	5,256	6,236	7,870

<sup>2</sup> Personal Social Services Research Unit (PSSRU) model of future demand for long-term care, Wittenberg *et al*, 2006.



## Mental Health

This section summarises information from the Banerjee report for the West Midlands Strategic Health Authority. National prevalence rates of dementia in older people were applied to local areas, using the Medical Research Council's Cognitive Function and Ageing Study (MRC CFAS), 1998. This provided information on the distribution of dementia in terms of severity (minimal, mild, moderate or severe dementia) and type of residence (institutional or community). However there was a caveat in the Banerjee report that *"results presented should be used to give a general 'ball park' idea of the expected increased pressure on services in the coming years rather than be used as a robust planning tool"*.

- The overall prevalence of dementia for those aged 65 and over was given as 7.3% of which most (57%) are estimated to have moderate or severe dementia with a greater need for ongoing social and medical support.
- The prevalence rate increases with age from less than 2% in those aged 65 to 69 to affect around a quarter of people aged 85 or over. There is a gender effect with more women than men with dementia in those aged 75 and over.
- The estimated number of dementia cases in Herefordshire in 2005 is 2,660 people or 14.9 per 1,000 population, which is the highest in the West Midlands South SHA area, which is also projected to increase at a greater rate, as shown in Table 6.
- The number of people with dementia in need of regular ongoing support (those with moderate to severe dementia needing community support and mild to severe dementia needing institutional care) is estimated to be 1,051 people in 2005, projected to grow to 2,070 by 2015. Incidence rates of dementia rise exponentially with age so due to the numbers entering this group, the rates of increase are very high as shown in Table 6.

**Table 6: Estimates of numbers of people aged 65 and over with dementia in Herefordshire 2005 – 2015**

HEREFORDSHIRE	Estimated Number			% change in number	
	2005	2010	2015	2005-2010	2005-2015
<i>Older people with dementia</i>	2,660	3,029	3,450	14%	30%
Older people with dementia in need of regular ongoing support	1,051	1,775	2,070	69%	97%

Note: Based on MRC CFAS results and ONS 2003 based sub national population projections

- Prevalence rates from the Health Survey for England (2000) used in the 2006 Wanless Review Report show just over 3% of the older population have severe cognitive impairment based on its cognitive function scoring. This is similar to the proportion of older people with dementia in need of regular ongoing support (Banerjee estimates) of all older people in Herefordshire.
- The Wanless Report also stated that rates of severe cognitive impairment are much higher for people aged 85 and over: 14% for 85-94 year olds



and 40% for 95 and over. Almost 40% of older people who need help with 1 or more ADLs have a severe cognitive impairment.

## HOUSING

### Type of housing

Housing tenure is included here as a proxy for socio-economic status<sup>3</sup>. Another reason is that the current means test for local or health authority funded support in residential or nursing home care generally takes account of the value of the person's home (unless it is occupied by their spouse or an older or disabled relative). This means that older home-owners who live alone generally need to fund their residential or nursing home care privately, while older tenants and older home-owners living with their spouse are often eligible for public funding. If assets (savings, investments and value of home if left empty) are more than £20,500 then older people must pay for the full cost of residential or nursing home care.

- 73% of people aged 65 and over are owner occupiers (73%), very slightly higher than the population as a whole. However this is predominantly in the 65-74 age group where 78% are owner occupiers, which decreases to 56% for people aged 85 and over. See Chart 3.
- People aged 85 and over are more likely to live in communal establishments such as care homes, than other age groups.
- The 65-74 age group is slightly less likely to live in rented social housing (i.e. housing association) than the 75 and over groups.
- Older people with a limiting long term illness or disability are more likely to live in social housing and communal establishments.
- Home Point is a choice-based letting agency for social housing in Herefordshire. As of the end of 2005, 17% of the applicants on the register were over 60 years (740 applicants) compared with 26% of Herefordshire's population being over 60. Since its inception in 2002 sheltered housing properties have had a much lower average number of bids per property (5.6) than general purpose properties (19.1).
- In 2005 CSCI<sup>4</sup> commissioned a national MORI survey of preferences for care and support when older if needed. People overwhelmingly preferred to stay in their own home with care and support from friends and family (62%) or from trained care workers (56%) compared to sheltered housing with a warden (27%) or 'move in with a son or daughter' (14%).
- It is difficult to assess the effect that higher home ownership rates and high house prices<sup>5</sup> in Herefordshire have on the self-funding for social care. The Wanless Review report stated that there is no reliable data for the total private expenditure on care home fees and self-funded domiciliary care, however estimates are that between one-quarter and one-third of

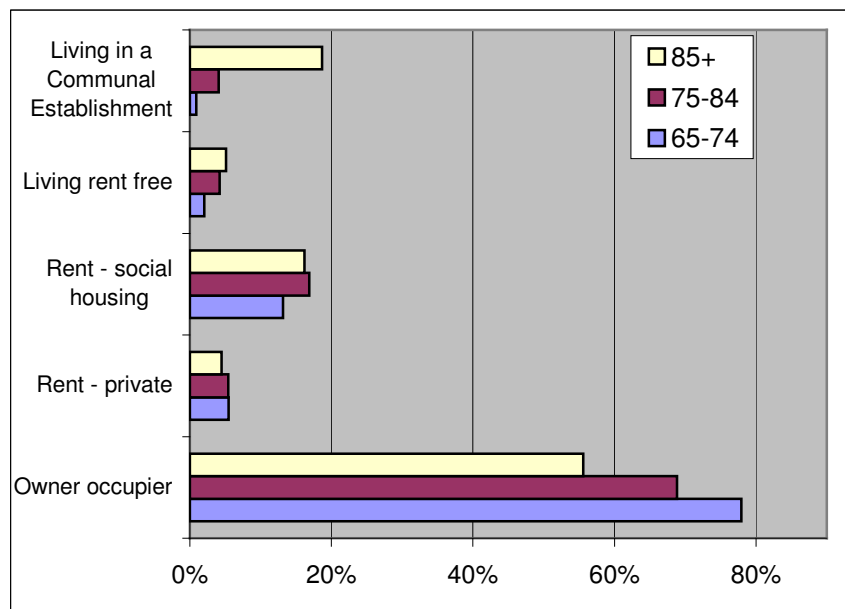
<sup>3</sup> As used in the PSSRU model, Wittenberg et al, 2003

<sup>4</sup> CSCI = Commission for Social Care Inspection, figures from background paper to Wanless Social Care Review Report.

<sup>5</sup> Average price of property in Herefordshire was £204,180 compared to £191,327 in England and Wales and £160,341 in the West Midlands (HM Land Registry, 4<sup>th</sup> quarter 2005)

care home places are wholly privately funded. Some research done locally (Herefordshire Council Adult Social care) suggests a third of care homes are probably privately funded in Herefordshire.

**Chart 3: Housing tenure of people aged 65 years and over**



Source: 2001 Census – Crown copyright

## Condition of housing

A House Condition Survey was undertaken in 2005 (including owner occupied and rented properties) and the findings from the draft report are shown below.

- 44% of heads of households surveyed were over 60 compared with just 34% found in the national survey, reflecting the age structure in Herefordshire.
- The survey found that housing with the highest rate of 'non-decency' or unfitness<sup>6</sup> (41%) were for households where the head of household is over 85 years of age. Those headed by people from the 75- 84 age group had the second highest rate of unfit housing at 39%.
- These results indicate an association between condition of housing and older age groups, potentially issues of affordability or inability to attend to maintenance issues. Affordability of necessary repair work is likely to be an issue for 'equity rich cash poor' older households.
- Lowest incomes were strongly associated with the oldest and the youngest (under 25 year olds) heads of households.
- The survey found a strong association between residents with disabilities and income, with 58% of dwellings where a resident with a disability lives having a household income below £10,000 per annum, compared to 30% of households where no persons with a disability live. This represents approximately 9,100 such dwellings in Herefordshire.

<sup>6</sup> Dwelling decency categories: meets the minimum fitness standard for housing, in a reasonable state of repair, has reasonably modern facilities and provides a reasonable degree of thermal comfort (House Condition Survey, Herefordshire Council, Nov 2005)

- One of the reasons given by social workers for admissions to care homes in the Wanless Report was having physically unsuitable housing. Health-related causes are the primary reasons but *“poor housing is an issue that goes beyond social care”*. The findings of the housing condition survey therefore have implications for the potential of improvements in housing condition for older people as one way of reducing the need to go into residential care.

## Living arrangements

Burholt & Windle’s report (2006) highlights that older people living alone, and in particular women living alone are more likely to live in poverty than people living with others. In addition the potential for informal care is higher for those people living with others than those living alone (Wittenberg et al, 2006).

- At the 2001 Census, 65% of people 65 and over in Herefordshire lived in a household with other people, 31% lived alone and about 4% lived in communal establishments such as care homes,.
- The proportion living alone rises from 22% for the 65-74 age group to 47% of the 85 and over age group.
- Similarly, people aged 85 and over are more likely to live in residential homes and other communal establishments (19%) than younger age groups.
- Assuming that the current trends in living arrangements prevail, there are likely to be about 13,000 older people living alone in Herefordshire by 2011 and 16,400 in 2020. Of those aged 85 and over the numbers living alone will rise from 2,000 people to 3,000 in 2011 and 3,500 in 2020. These may be conservative estimates; the trend towards single person households amongst younger age groups will eventually be manifested in the older cohorts and there will be an increasing prevalence of single person households amongst older people. There was a slight increase in the proportion of older people living alone between the 1991 and 2001 Census in Herefordshire and ODPM household projections show that in England average household size fell over this time period and is expected to fall from 2.37 in 2001 to 2.14 by 2021.

## Marital status

Burholt & Windle’s report (2006) stated that marital status had a bearing on material resources – older people who are widowed, divorced or separated are more likely to experience low levels of material resources (no rates given).

- Overall for people aged 65 and over 32% were widowed at the 2001 Census, much higher rates than the population as a whole in Herefordshire (9%). There were slightly lower rates of divorce for people aged 65 and over (5%) compared to the overall population (9%).
- The proportion of those who are widowed increases with age from 18% of 65-74 year olds widowed to 68% of people 85 years and over; with the divorce rate remaining similar over these age groups.

- Assuming the proportion of those who are widowed stays constant, there are likely to be about 13,400 older people widowed in Herefordshire by 2011 and 17,000 in 2020.

## ABILITY TO PAY

Social care for older people is funded in a number of different ways. One estimate in the Wanless Report suggests that 38% was funded by local authority social services, 27% by the NHS and 35% by individual service users or their families. Charge rates for care home places are determined nationally with state funding unavailable to older people with assets above £20,500 but charges for domiciliary care are decided by local authorities under national guidelines so vary considerably across the country. The report also asserts that *“those who more most likely to need long-term care are also least likely to be able to pay for it”*, from survey data for people aged 50 and over showing that disability is correlated with lower income and assets.

A Joseph Rowntree Foundation report (Burholt & Windle, 2006) found that older people with low levels of material resources were over-represented by women, those living alone, people who are widowed, divorced or separated, in poor health, with lower education and living in deprived neighbourhoods. Aspects of the population in these sectors are shown in the following sections.

### Income deprivation affecting older people

- 11% of older people in Herefordshire live in income deprived households i.e. aged 60 and over who are claiming income support<sup>7</sup>, a possible underestimate due to lower take-up rates of benefits. No further breakdown of age is given in this dataset.
- This varies by area from 4% to 28% with 5 areas in Herefordshire falling within the 25% most deprived nationally for this aspect of deprivation. These areas with higher proportions of older people living in income deprivation are in Hereford, Bromyard and Leominster.
- If this rate is applied to the current, forecast and projected population of older people in Herefordshire; in 2004 about 3,900 older people lived in income deprived households and potentially about 5,800 would in 2020.

### Benefits

#### Pension Credit

- Pension Credit was introduced in October 2003 as a replacement for the aspect of Income Support Benefits that ensured a Minimum Income Guarantee (MIG) for people aged 60 years and over. Latest figures show that there were 7,470 people aged 60 years and over receiving pension credit in Herefordshire in 2004.
- The claim rate calculated by DWP is the proportion of this age group that are claiming this benefit, where Herefordshire has a lower claim rate than England & Wales.

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<sup>7</sup> Income Deprivation affecting Older People Index (ODPM, 2004), measured in 2001 and 2002. Comprises the percentage of a super output area's population aged 60 and over, claiming Income Support/Jobseeker's Allowance-Income Support and their partners (if also aged 60 or over).

- However it is important to note that benefits need to be claimed for and the proportion of older people claiming benefits consistently falls short of the proportion eligible for support. It has been estimated that the level of income provided by the state is lower than that required to cover the costs of living and that in 2002/03 about a fifth of pensioners in the UK lived in households with low income (below 60 per cent of median income)<sup>3</sup>.

### **Attendance Allowance**

- Attendance Allowance (AA) is a benefit for people over the age of 65 who are disabled (physically or mentally) and need a great deal of help with personal care or supervision. This help is provided during the day or night but a higher rate of attendance allowance is given if they need both. It is one of the main universal state benefit of older people with dependency.
- There were 5,645 claimants of Attendance Allowance in Herefordshire in August 2004. 68% of these claimants were aged 80 years or over, 68% of claimants were female and 54% of claimants were claiming the higher rate of Attendance Allowance.
- National figures (English Longitudinal Study of Ageing) show that only 27% of Attendance Allowance claimants used either state or privately funded formal social care, 29% received neither informal or formal care and 44% received informal care. Another data source showed that 70 – 80% of community-based service users claim Attendance Allowance (Wanless Report).

### **Earnings**

- Earnings in for people who work in Herefordshire are lower than those for the West Midlands region and England. Figures for 2005 show that the average annualised earnings for Herefordshire were £18,313 compared with £20,988 for the West Midlands and £22,750 for England<sup>8</sup>.

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<sup>8</sup> Annual Survey of Hours and Earnings, Office for National Statistics, 2005.

## PROVISION OF UNPAID CARE

The supply of informal care affects the demand for social care provided by the local authority or organisations.

- In 2001, 10% of Herefordshire's population provided unpaid care<sup>9</sup> at some level (17,600 residents), which is the same as England as a whole but slightly lower than the West Midlands Region (11%). Across all areas the majority of carers provide between 1 and 19 hours a week.
- There are higher proportions of people in rural dispersed and village locations who provide unpaid care (11%) compared with 9% in urban areas in Herefordshire. This trend is reflected across the whole West Midlands Region although with slightly higher proportions: 12% and 11% respectively. The Wanless Review Report stated that very rural areas have a higher proportion of adults providing care and also in the previously industrialised areas such as the West Midlands Region.
- 21% of the carers in Herefordshire were aged 65 or over, 14% were 65-74, 7% were 75-84 year olds and 1% were 85 and over. (50% of carers were aged between 45 and 64). Of all people aged 65 and over living in households, 7% provided 1-19 hours unpaid care per week; 1% gave somewhere between 20 and 49 hours care per week whilst 4% provided in excess of 50 hours per week each on average.
- The general health of older carers must be a cause for concern; in the event of a breakdown, the burden of care could well fall on statutory agencies. 16% of all older carers, suffered from poor health, of whom 45% supplied on average more than 50 hours per week of unpaid care.
- Demand for informal care is estimated to increase by about 45% from 2003 to 2026 according to the PSSRU model. However availability of informal care may be reduced by a projected decrease in co-residence between adults and elderly parents, an increase in single person households and potentially people may not be so willing in future to provide informal care. The Wanless Report states that great carer support is needed (currently only received by a minority of carers) to *"relieve some of the pressure of care, as the costs of increasing formal care to meet a significant reduction in informal care would be prohibitively high."*

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<sup>9</sup> The 2001 Census asked whether respondents provided unpaid care, i.e. did they look after or help any family member, friend or neighbour who needed support because of long-term physical or mental ill-health or disability or problems related to old age.

## EFFECTIVE DEMAND FOR SOCIAL CARE

Several factors drive demand for social care services by older people as distilled in the Wanless Review Report: health and disability-related impairment (physical and cognitive), housing, income/wealth and family and (informal) carer circumstances as discussed above.

**However the most significant factor in determining effective or higher levels of need is disability which results in an inability to carry out one or more of the main Activities for Daily Living (ADL).** These include being able to wash, dress, feed, toilet, get in and out of bed or a chair. This would cover the basic daily living needs and safety needs of older people but not necessarily address the whole agenda of the Government White Papers “Independence, well-being and choice” and “Your health, your care, your choice”.

- National research using ONS figures shows that increases in healthy life expectancy have not kept up with improvements in total life expectancy over the last 25 years. In other words disability-free life expectancy as a proportion of total life expectancy has decreased.
- The Wanless Review report gave estimates of the numbers of older people with a disability (using age-specific prevalence of diseases) and in need of help with 1 or more ADL, under 3 different future scenarios:
  1. **No change:** age-specific prevalence of diseases remain the same with prevention strategies and effective treatments offsetting potential increases in obesity and other trends.
  2. **Poor health** (projected increased rates of obesity and arthritis): obesity trends continue with subsequent effect on prevalence of arthritis, stroke, coronary heart disease and vascular dementia. Some prevention strategies in place but fail to offset increased prevalence. Treatment focus on reduction in mortality rather than disability.
  3. **Improved population health:** Individuals ‘take their health seriously and there is a decline in risk factors, particularly obesity and smoking’. The health service is responsive with effective disease prevention and treatments.
- All 3 scenarios show significant projected rises in the numbers of disabled older people in England by 2025, to varying degrees: 67% increase in scenario 1, 69% in scenario 2 and 57% in scenario 3.
- Wanless also incorporated another model (PSSRU, 2004) used to calculate rates of dependency measured by ability to do ADLs, which included rates of severe cognitive impairment in older people. These rates were applied to population projections (GAD, 2004). The numbers from this ‘base case’ closely approximated the improved population health scenario figures for England.
- Therefore, the improved health scenario rates of dependency given for England were applied to Herefordshire’s current, forecast and projected population, to provide estimates of the numbers of people in need of social care in the future. Those in need of help to do 1 or more core Activities of Daily Living (ADL) are in high demand of social care, as shown in Table 7.
- The Wanless Review estimates that nationally the number of older people with substantial needs will rise by 43% by 2022 and 55% by 2025 (from



2002). This rate of increase will be much higher in Herefordshire due to the older age profile and projected higher rate of increase in the older people population, potentially an increase of 55% between 2004 to 2020 and 71% between 2004 and 2025.

**Table 7: Estimates of the number people aged 65 and over with a higher demand for social care in Herefordshire from 2004 to 2020**

<b>HEREFORDSHIRE</b>	<b>2004</b>	<b>2011</b>	<b>%change 2004-11</b>	<b>2020</b>	<b>%change 2004-20</b>
Number of older people with HIGH demand for social care*	4,200	5,100	21%	6,500	55%
Number of older people with SOME dependency**	10,500	12,800	22%	16,200	54%
* Groups 3 & 4 dependency classification: dependent for help with 1 or more core Activity for Daily Living (ADL) such as getting out of bed or getting dressed. ** Groups 1 to 4 dependency classification: includes those with no core ADL difficulties but only IADL difficulties e.g. shopping or cleaning, those with difficulty in doing core ADLs (Group 2) and upwards (Groups 3 & 4).					

Source: Wanless Report, 2006; applied to Herefordshire population figures.

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**THE CURRENT AND FUTURE NEEDS OF PEOPLE  
WITH A LEARNING DISABILITY IN HEREFORDSHIRE**

**APRIL 2006**

**Lydia Bailey and  
Mike Metcalf**

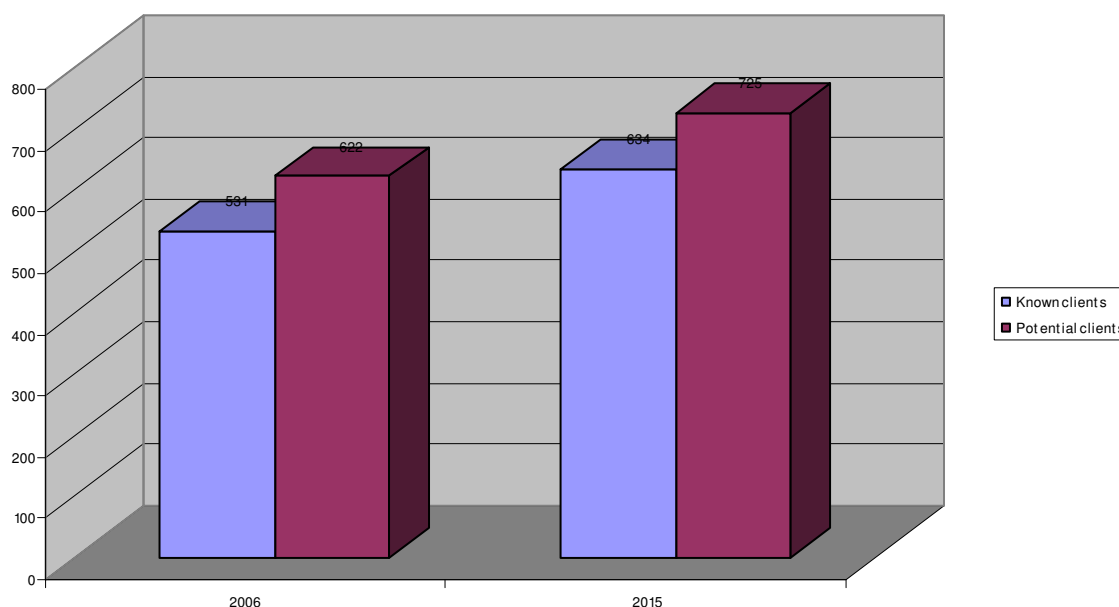
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## SUMMARY

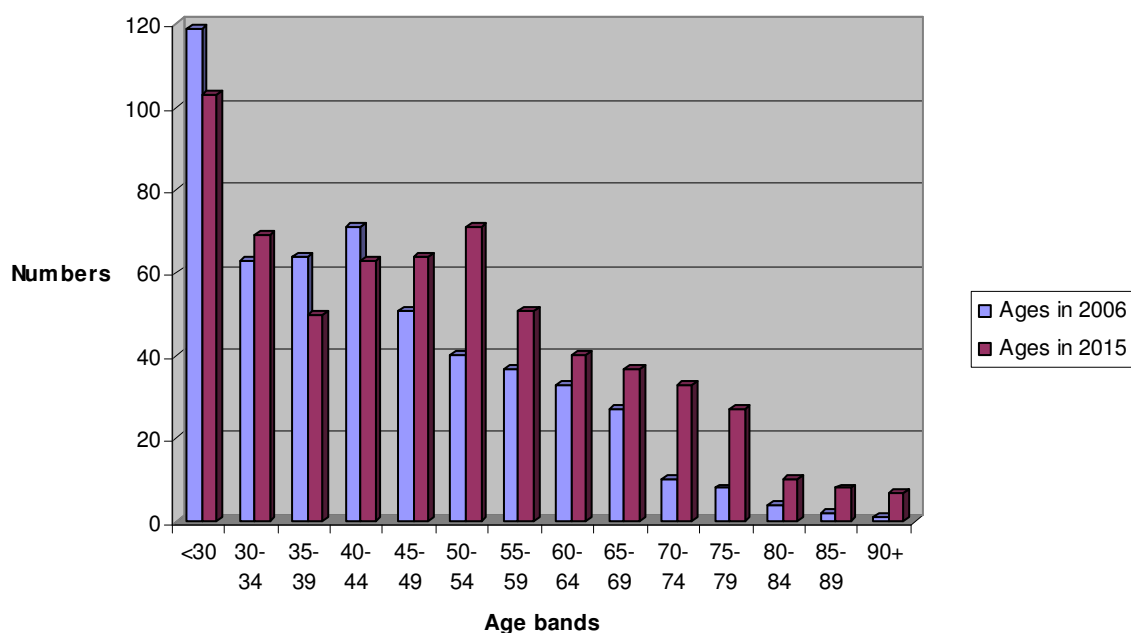
### Population and trends

- 531 adults are known to Herefordshire Learning Disability Services in April 2006. The majority of these people have a moderate, severe, or profound learning disability, but the service also supports some people with mild learning disabilities.
- 531 is lower than the number that could be anticipated by national prevalence rates for people with moderate to profound learning disabilities, and might imply that some people who would be eligible for services are currently unknown. It is quite possible that these people will be referred for services in the future. The chart below shows the range between known and potential numbers of service users.



- As in the rest of the population, people with learning disabilities are living longer, and the effects of this on service demands are already being felt. The age profile of the client group for the service will change substantially over the next 15 years, and shift towards the older groups, as shown in the chart below.

Age bands in 2006 and 2015 (known clients only)



### Demands for social and health care

- By the time people with learning disabilities reach their mid 40s, most have moved from the family home into other accommodation and support (ranging from independent living to intensive residential or nursing care). At this age, most family carers are around 70 years old or more. In Herefordshire, there are currently 27 people over 45 living with a family carer (18% of those in family care).
- The level of demand for care and support services is largely reflected in the dependency levels of the client group. Two major factors influence the changes to the dependency profile of the client group in 2006 and future years:
  - the transfer of children and young people with learning disabilities to adult services (many of whom are now surviving very severe disabling conditions into adulthood)
  - the ageing population of people with learning disabilities, who consequently need more care and support in daily living.

In Herefordshire, clients are assigned into 6 dependency bandings (with 1 being lowest and 6 highest). The changing dependency profile is shown in the table below:

	2006	2015	% change
Lower dependency (Bands 1 & 2)	226	245	+8%
Higher dependency (Bands 3 – 6)	305	388	+27%

- Overall, the number of people in the higher dependency bands will rise by ¼ in the next 10 years.

- An important but unknown factor is that people with milder learning disabilities who are not eligible for a service at present may become eligible in the future as their age and dependency increases.
- Another factor is a purely local phenomenon. Herefordshire has a high level of learning disability residential care beds per head of population compared with other authorities (the highest in the West Midlands). The availability of beds has led to an influx of people from outside Herefordshire. At present, out-county people comprise up to 22% of the total population of adults with learning disabilities living here.
- The impact on local services is twofold:
  - Demands for health services from both general teams and the specialist Community Learning Disabilities Team (CLDT)
  - Referrals to the Community Team for adult protection investigations (this currently amounts to between 25-30 per annum)These already impinge on the capacity of the CLDT to meet local needs, and any further expansion of residential facilities will add to these demands.

## Herefordshire Learning Disabilities Needs Analysis April 2006

### Herefordshire Background Information

- Herefordshire is a Unitary Authority, which has co-terminus boundaries with the Primary Care Trust.
- Current population is 177,800 (mid 2004 estimate).
- There is a low population density with only Northumberland and Cumbria being lower. This creates challenges with regard to transport and access to services.
- Herefordshire faces specific challenges in the future as it is predicted that although the general population increase will be in line with England, the number of people over retirement age will increase significantly. This will be accompanied by a large decrease in the number of people aged 25 – 44.
- In 2005 property prices in Herefordshire have increased above that of the England average (6.2% compared with 4.6% average) with the average house price being £204,180 in the last quarter of the year (£191,327 for England and Wales).\*
- Unemployment in Herefordshire remains low at 1.7%. This is compared to 2.6% in the West Midlands and 3.3% in Great Britain. (*Source – ONS January 2006*)
- Average earnings are well below the West Midlands average. In November 2005 full time gross earnings were £257.20 per week for Herefordshire compared with £402.50 for the West Midlands\*.
- Although there has been little ethnic diversity in the past, the situation is changing rapidly since the recent expansion of the European Union.
  - 97.54% are White British (compared with 87.49% in England and Wales).
  - 0.2% are Asian or Asian British (compared with 4.36% in England and Wales).
  - 0.1% are Black or Black British (compared with 2.18% in England and Wales).
  - 0.21% are from Chinese or other ethnic backgrounds (compared with 0.86% in England and Wales).
  - The largest single ethnic minority group has been traditional or Romany travellers.
  - For some years there has been a large influx of seasonal workers from Eastern European countries in the summer, to work as fruit pickers.
  - Very recently, many people from both Eastern Europe and Portugal are becoming full time residents, as economic migration brings a fairly rapid change to the ethnic and cultural composition of the county.

\*Quarterly Economic Report February 2006 – Herefordshire Council



## National Prevalence of learning Disability

### Definition of Learning Disability

The World health organisation defines a learning disability as 'a state of arrested or incomplete development of mind'. Someone with a learning disability is also said to have 'significant impairment of intellectual functioning' and 'significant impairment of adaptive/social functioning.

Although no official statistics exist which show how many people have a learning disability within the UK, there is information available from epidemiological studies and known prevalence rates.

The latest work in this area done by Eric Emerson and Chris Hatton (Institute of Health Research, Lancaster University, 2004) suggests that the true rate of learning disability in the U.K. is 2% of the population (higher in some age groups than others) making a total of 985,000 people in England.

This figure would cover the total range of learning disability across the general population. However some people would not need to access specialist services and would manage well within their local communities with support from generic services.

People with a learning disability are often categorised by the level of learning disability they have. This usually includes 4 divisions:

Degree of Disability	IQ range	Typical levels of need
Mild	Between 50 -70	<p>People with a mild learning disability are usually self-sufficient and live independently, although they sometimes need community and social support.</p> <p>Skills: Hold a conversation. Full independence in self-care. Practical domestic skills. Basic reading/writing</p>
Moderate	Between 35 -50	<p>People with a moderate learning disability can carry out work and self-care tasks with moderate supervision. They typically acquire communication skills in childhood and are able to live and function successfully within the community in a supervised environment such as supported housing.</p> <p>Skills: Limited language. Need help with self-care. Simple practical work (with supervision). Usually fully mobile.</p>
Severe	Between 20 -35	<p>People with a severe learning disability will be able to fulfil basic self-care tasks and have some communication skills. They need to live in highly supported environments such as small residential homes or supported living.</p> <p>Skills: Use of words/gestures for basic needs. Activities need to be supervised. Work only in very structured/sheltered setting.</p>

		Impairments in movement common.
Profound	Less than 20	They may be able to develop basic self-care and communication skills with appropriate support and training. However will always require high levels of care and support (24 hour) Often have additional impairments such as mobility, and associated health needs.  Skills: Cannot understand requests. Very limited communication. No or very limited self care skills. Usually incontinent. May have mobility difficulties.

Some individuals are also described as having 'profound and multiple disabilities', indicating they also have physical disabilities with varying degrees of sensory and mobility problems, and may use a wheelchair.

People with a learning disability may also have behavioural problems, which can range from mild to very challenging. This may be linked to specific disabilities, communication difficulties, epilepsy, or mental health problems.

The majority of specialist services funded through a local authority are usually to meet the needs of people with moderate, severe and profound learning disabilities (including people with multiple disabilities), and providing some support and preventative services to a number of vulnerable people with mild learning disability.

Typically there are 3 - 4 people with a moderate to profound learning disability for every 1000 people in the population (0.4%) This means nationally there are approximately 210,000 people in England. This figure would include 65,000 children and young people, 120,000 of working age and 25,000 older people.

Evidence suggests that the number of people with a moderate to profound learning disability will increase by 1% per annum for the next 15 years. This is for four main reasons:

- Increased life expectancy, especially among people with Down's Syndrome.
- Growing numbers of children and young people with complex and multiple disabilities who now survive into adulthood.
- A rise in the number of school age children with autistic spectrum disorder, some of whom also have a learning disability.
- Greater prevalence among some minority ethnic populations of South Asian origin.

## Herefordshire Profile

### **Prevalence of learning disabilities**

There are 2 methods to calculate the expected number of people and the results can be compared with the true caseload of the service;

#### 1. National prevalence and levels of disability method:

In Herefordshire, given the current population figures of 177,800, the number of adults with a moderate to profound learning disability would be approx. 711 people, of which approximately 23% would be under the age of 20. This means that Herefordshire would expect to be supporting approx 547 adults with a moderate to profound learning disability, and providing preventative services to a number of vulnerable people with a mild learning disability.

The number of people currently known to the Adult Learning Disability Services is **531**. This matches the predicted number fairly closely and is the figure that has been used for all analysis purposes within this report.

#### 2. Administrative prevalence:

Emerson and Hatton (2004)\* used a more pragmatic measure of “people with learning disabilities who are known to learning disability services”, based on studies of LD registers in 24 authorities. This produced an administrative prevalence rate of 0.46% of the general population, of which 75% are 20 or older, 64% between 20 – 59, and 12% over 60. People with moderate and mild disability levels but receiving support would be included in these numbers.

Estimates for Herefordshire become 818 people of whom 614 are over 20 – ie. an additional 91 over those currently known to the service. There could be discrepancies relating to different eligibility criteria for services in the areas studied for this prevalence rate.

#### Need for services

It is worth mentioning that, even with a perfect match between national and local figures, there is never a perfect correlation between levels of disability and the need for services. This is because the need for service supports varies considerably even within each level of disability. Factors such as social support networks, capacity of families, previous experience, individual health factors etc. are different for each individual.

Other factors, which have direct relevance are now examined.

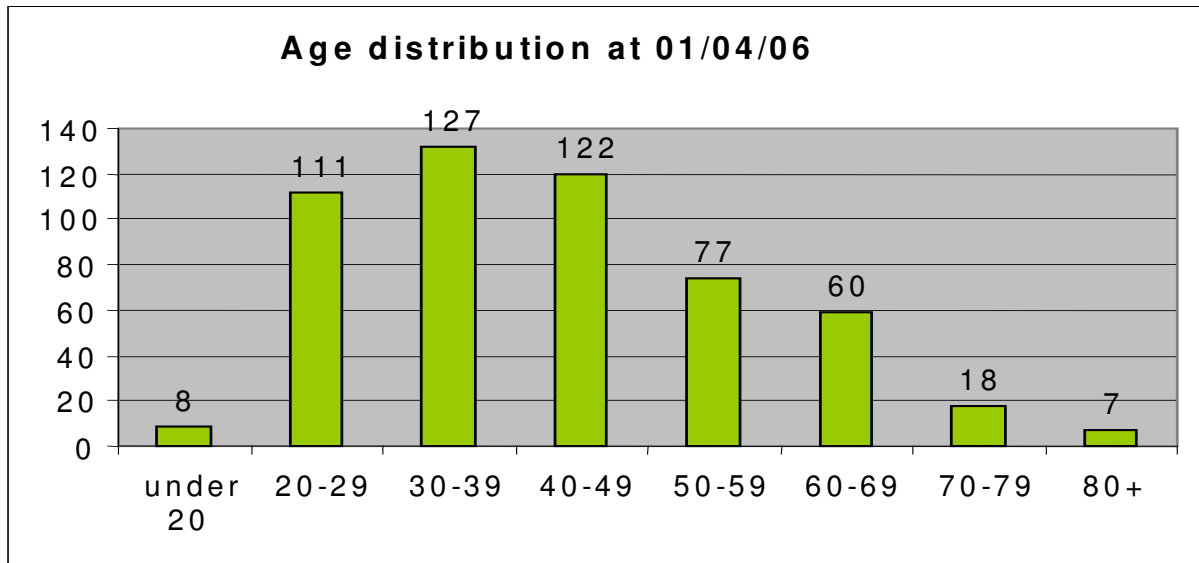
### **Age Distribution**

This is analysed in some detail because the balance between younger and older age groups is set to change significantly (see above).

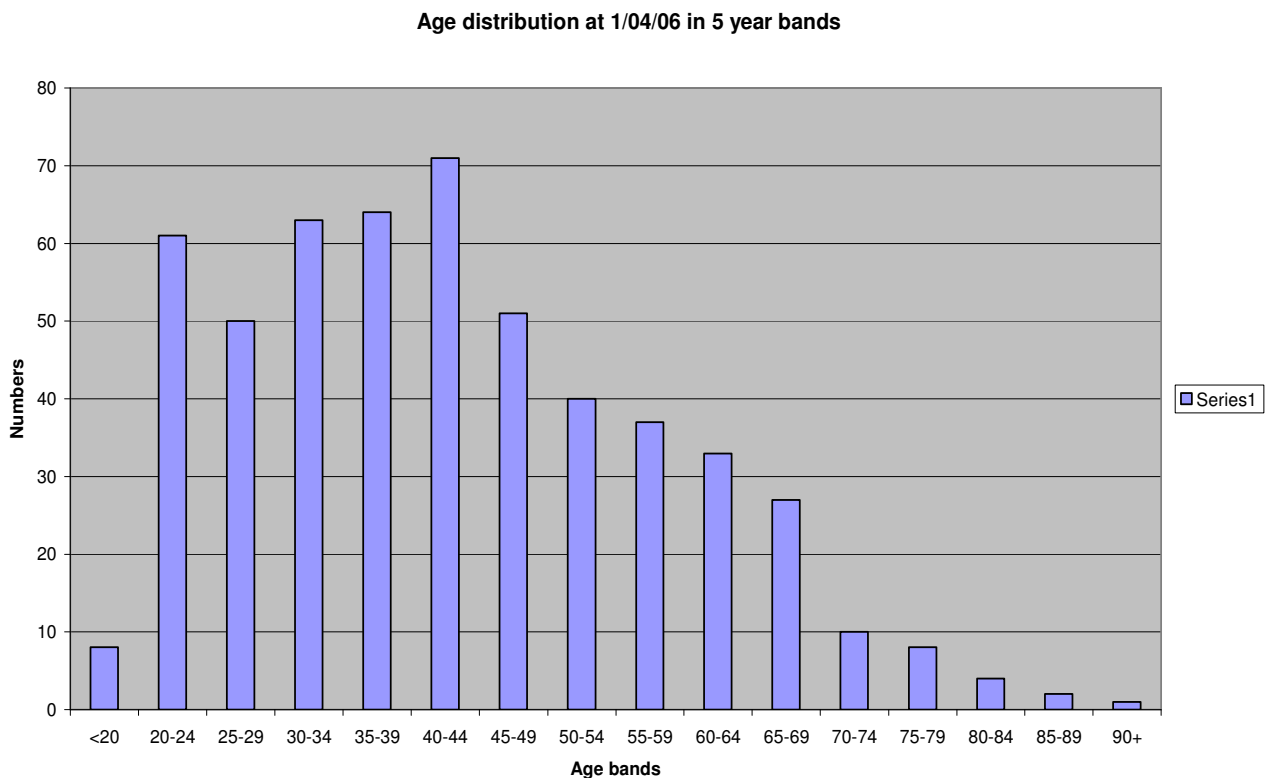
*\*Estimating the current Need/Demand for Supports for People with Learning Disabilities in England (2004) Eric Emerson and Chris Hatton, Institute for Health Research, Lancaster University.*

Fig. 1

Age distribution of people with a learning disability, known to Herefordshire learning disability services.



And in more detail .....



### Dependency Bandings for all current clients

All people known to the service have been assigned to a dependency category that reflects the demands on the service. **This reflects the "effective demand" for local services in early 2006.** Band 1 represents low dependency and Band 6 represents high

LD Banding matrix

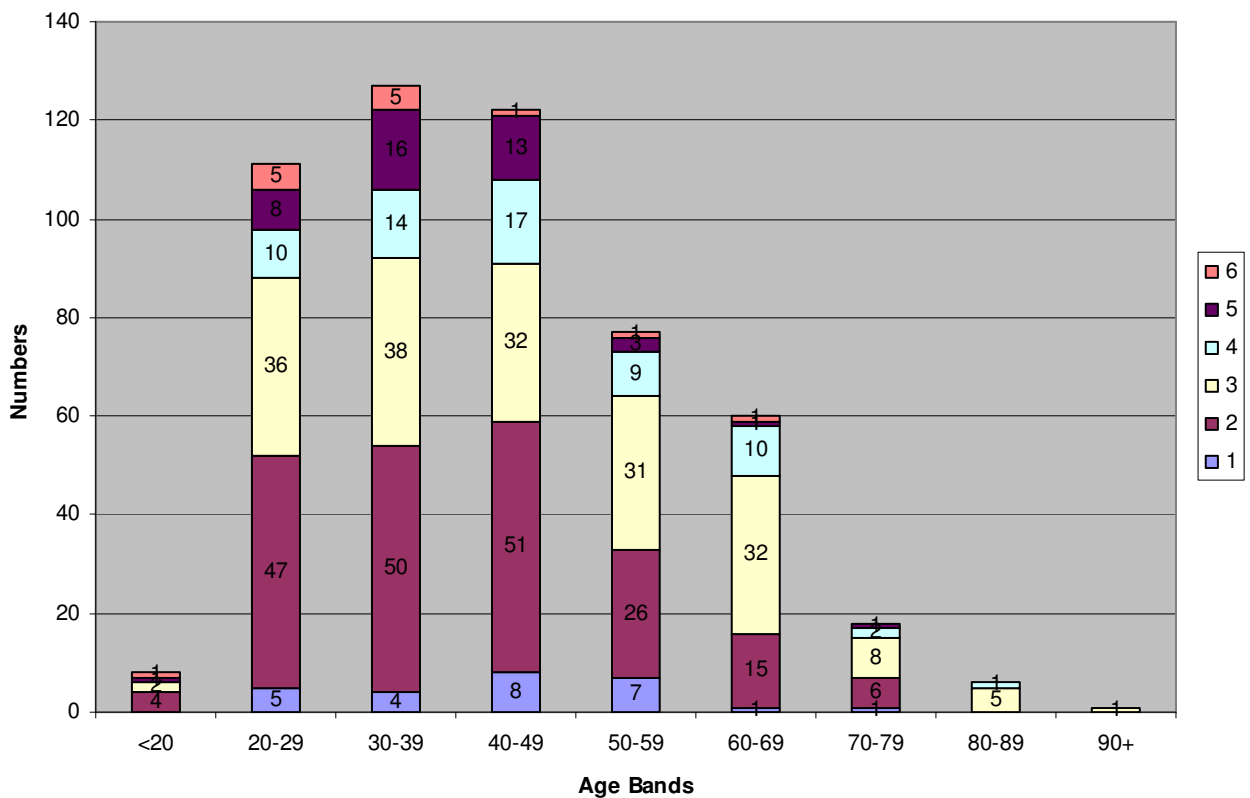
<u>Band</u>	<i>Description</i>	<b>Possible Indicators</b>
<b>BAND 1</b>	<b>Minimal support</b> People with low level need. Need minimal support.	<ul style="list-style-type: none"> <li>• With minimal/community support can keep safe, meet own personal care needs, travel independently, and can sustain some involvement in activity (social, occupational)</li> <li>• May need some support because of Mental Health problems, adult protection issues etc.</li> </ul>
<b>BAND 2</b>	<b>Low-medium support/no care</b> People with low/medium levels of support need, may require 24 hour support (not care) vulnerable	<ul style="list-style-type: none"> <li>• Needs supervision or support for set times of the day, in the form of prompts and guidance, There can be gaps in support (either short or medium gaps)</li> <li>• Reduced ability to sustain community involvement (social, occupational).</li> <li>• Vulnerable and possible mental health problems, adult protection etc.</li> </ul>
<b>BAND 3</b>	<b>Medium-high support/low level care</b> People with medium/high support needs (24hour) and low-level, personal care needs.	<ul style="list-style-type: none"> <li>• There can be no gaps in support, over the 24 hour period.</li> <li>• May need assistance with some personal care,</li> <li>• Does not require night time attention (waking night support)</li> </ul>
<b>BAND 4</b>	<b>High support/low - medium care</b> People with medium/high level support/care needs, may have additional needs, such as low level challenging behaviour or epilepsy etc	<ul style="list-style-type: none"> <li>• Needs 24 hour support and/or personal care</li> <li>• May require night- time assistance possibly because of epilepsy.</li> <li>• May have behaviour which is difficult to manage, including self injurious but does not pose a serious risk or danger.</li> <li>• May have low level physical disability which limits independence.</li> </ul>
<b>BAND 5</b>	<b>High Support/High Care</b> People with profound and multiple disabilities or specialist needs because of challenging behaviour or complex health needs.	<ul style="list-style-type: none"> <li>• Needs 24 hour support and care</li> <li>• May have medical needs which require ongoing management</li> <li>• May display difficult behaviour which requires ongoing management and presents some risk to self or others.</li> <li>• May have extensive physical disability requiring hands on support.</li> </ul>
<b>BAND 6</b>	<b>Specialist support/care</b> People with very specialist needs either because of very challenging behaviour or complex MH or health problems.	<ul style="list-style-type: none"> <li>• Needs specialist 24 hour care and support</li> <li>• May have very challenging behaviour, which requires management by specially trained staff and poses serious risk to self or others.</li> <li>• May have ongoing medical needs which require management</li> </ul>

This is the profile for clients in Herefordshire in April 2006:

	<b>Numbers</b>	<b>%</b>
Band 1	<b>27</b>	5%
Band 2	<b>199</b>	37%
Band 3	<b>185</b>	35%
Band 4	<b>63</b>	12%
Band 5	<b>43</b>	8%
Band 6	<b>14</b>	3%
<b>Total</b>	<b>531</b>	100%

The dependency bandings are fairly evenly distributed in the younger age groups, but obviously increase proportionately in the older clients. For example, the proportion in bands 1 and 2 (lower dependencies) is 46% in the under 50s, but drops to 35% in the over 50s. The chart below illustrates this.

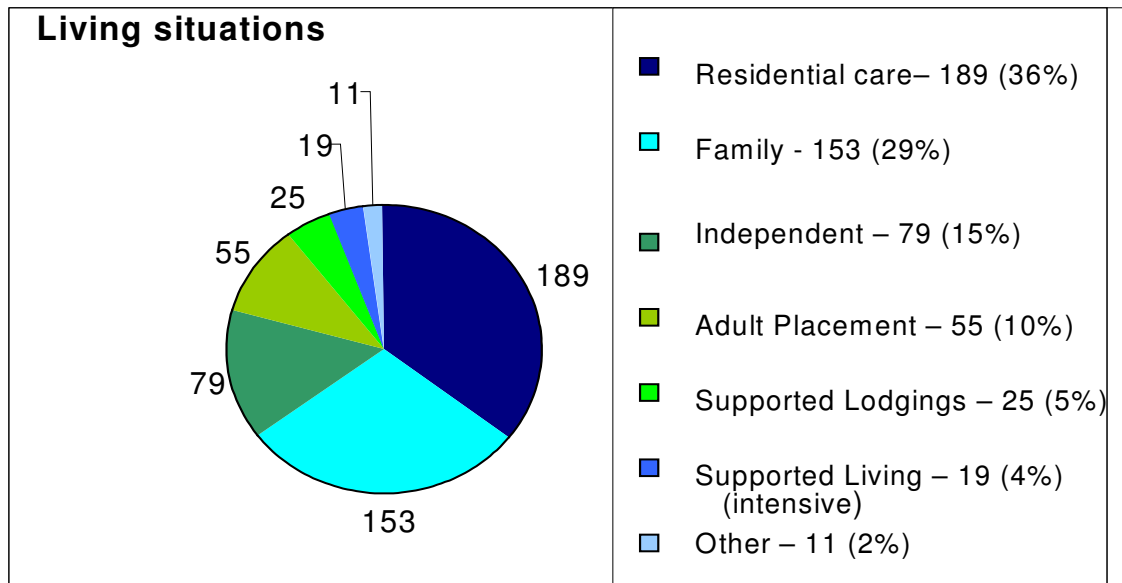
Dependency categories in 10 year age bands



NB. The graph only illustrates the situation at present, and does not reflect the future. In the next section, the changing age profile is illustrated, and this will be reflected in the banding profile too.

## Where people live

This is obviously a critical factor for predicting future service demands. The current pattern is as shown in the chart:



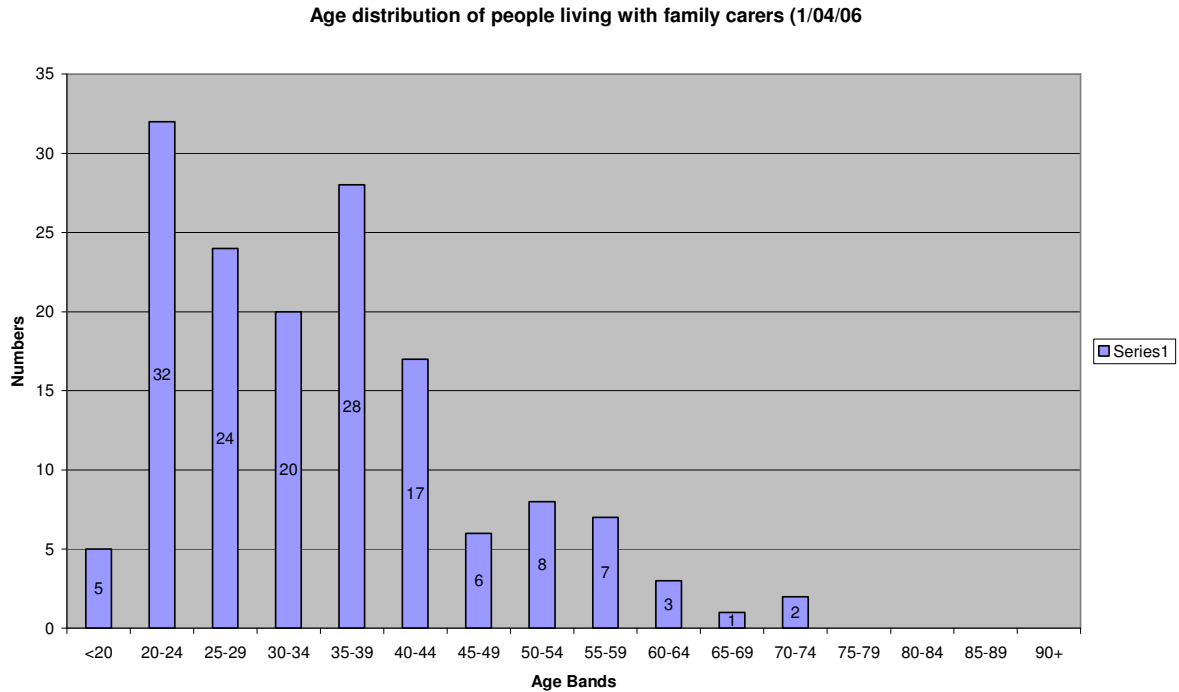
It can be seen that the largest number of individuals are living in registered care homes, although this is balanced with a higher than average number of people living in their own home with or without support and supported lodgings. However the most unusual aspect of the breakdown is the very low proportion of people who are living with family carers (153 out of 531 people).

In the majority of authorities 75% of the know population would be living with family carers. In Herefordshire this is 29%. This means that a much higher proportion of people are living in registered care, resulting in Herefordshire having the highest number of care beds as a percentage of the population in the West Midlands.

### People living with family carers

This group needs special attention in predicting future service needs.

The following shows the breakdown of ages of the 153 people currently living with unpaid family carers.



It is clear that the numbers of people remaining in family care drops dramatically after 45 years of age when parents are in their late 60s and 70s. It is this group that is set to increase in relation to the younger group, and this is examined later in the analysis.

#### Older Carers

It is estimated nationally that about 1/3<sup>rd</sup> of people with learning disabilities living in the family home will be living with an older carer (aged 70+). (*Valuing People, Department of Health Cm 5086, March 2001*)

In Herefordshire, the number for learning disabilities is lower, and amounts to 18% or 27 people over 45.

#### **NB.**

A complete age profile for family carers is not currently available from the CLIX database and would need specific analysis.



## FACTORS AFFECTING FUTURE SERVICE NEEDS

This section examines the following:

- ⇒ General growth in the adult population, related to ageing and reduced mortality
- ⇒ Transitions – the flow of children into adult services
- ⇒ Specific ethnicity factors
- ⇒ Other local authority clients in Herefordshire.

and calculates the impact to 2011 and 2021.

### Changes to the Demographic Profile of the General Adult Population

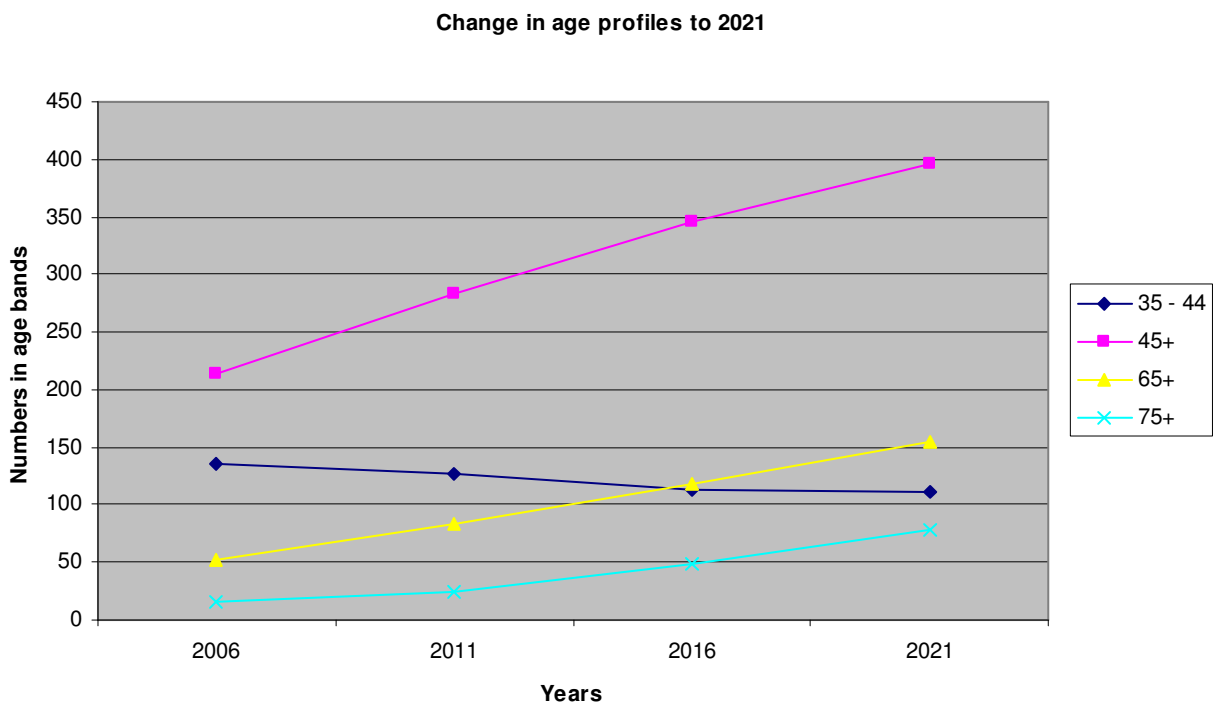
Emerson and Hatton\*\* estimated the growth in the numbers of people with learning disabilities from general population changes from 2001 – 2021. The general rise is primarily from the huge increase in the numbers of people over 60.

The two main factors here are reduced mortality in adults with learning disabilities and the transition of children to adult services. These factors are examined in more detail.

### Reduced Mortality

Emerson and Hatton used the Sheffield LD Case Register to predict the changes to age-specific prevalence rates as follows. There was little significant change in mortality in the younger age bands, but in older groups they calculated significant increases.

In Herefordshire, irrespective of mortality rates, as people age and move through the age bands, the profile changes as shown in the chart. Younger age bands from 35 to 44 years start to decrease, whilst those above 45, 65 and 75 increase steeply:



**Important note.** The figures analysed above are of known service users, they do not “factor in” those who are not known. People with mild learning disabilities may be living independently with success either with or without support from generic services at present. However, in their older years, their dependency may increase and make them eligible for a support from the learning disability service.

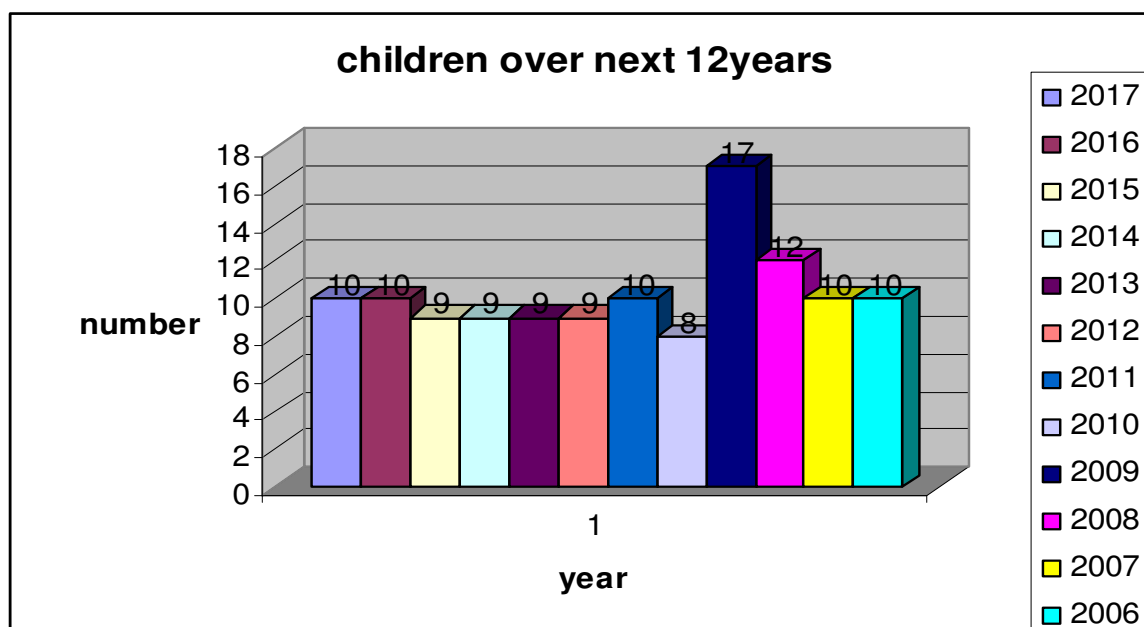
**Transitions and increased survival among young adults with severe and complex disabilities**

Each year a number of children transfer over from children’s services to adult learning disability services. These can roughly be defined into three different groups

1. Young People who live with family carers and attend one of the two ‘special’ schools in Herefordshire. These are more likely to be people with moderate to profound learning disabilities who will require ongoing support and services from adult learning disability services. As information is already available regarding these young people it is possible to use information to plan future services.
2. Young People who are placed at residential special schools, either because they have very specialised needs or their home situation has broken down. These children are unlikely to be able to return home and will therefore need housing and support. Again it should be possible to plan for their needs as they are already clearly identified.
3. Young People who live with family carers and have attended mainstream education. The majority of these individuals will have a mild learning disability and will access mainstream services. However for some individuals, either because of adult protection issues or specific needs, they may require support from Adult learning disability services. The difficulty is that it is impossible to identify how many of these young people will require a service, at what stage and at what level. This group therefore remains an unknown quantity.

Each year the number of children who will transfer to adult learning disability services will vary. The figure below shows the numbers who are currently attending a special school and will transfer in the next 12 years.

Transitions from Special Schools – numbers transferring

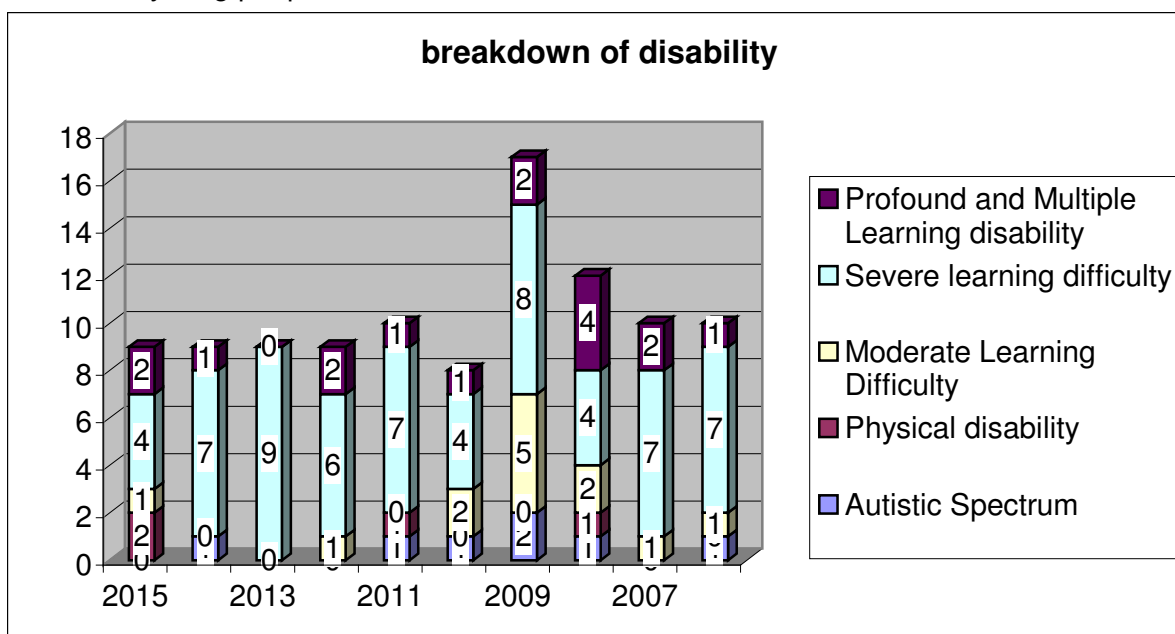


Using Education coding categories, the profile of dependency levels for the next 10 years is:

Dependency level	Number
Profound and Multiple disability	16
Severe learning disability	63
Moderate learning disability	13
Physical disability (+ moderate learning disability)	4
Autistic spectrum (+ learning disability)	7
Totals	103

As predicted in national studies, the number of young people transferring will have predominantly severe and profound/multiple needs.

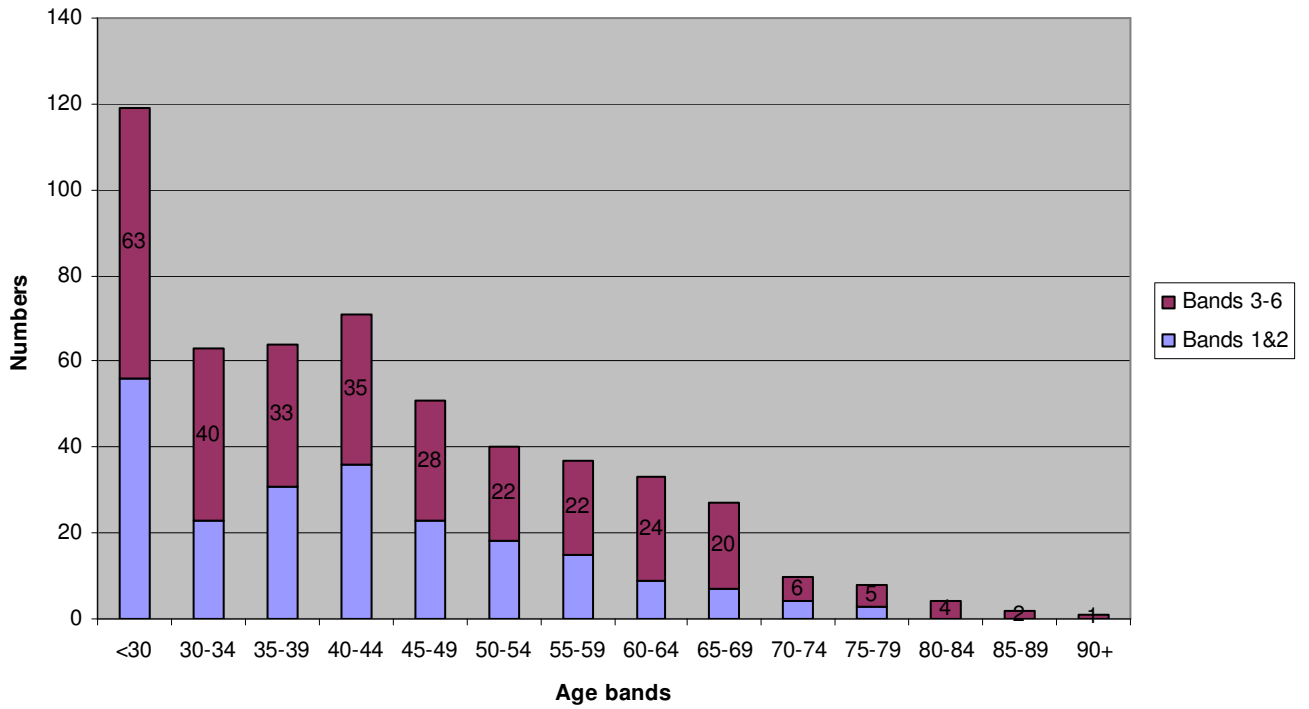
The flow of young people to the adult service will be as follows:



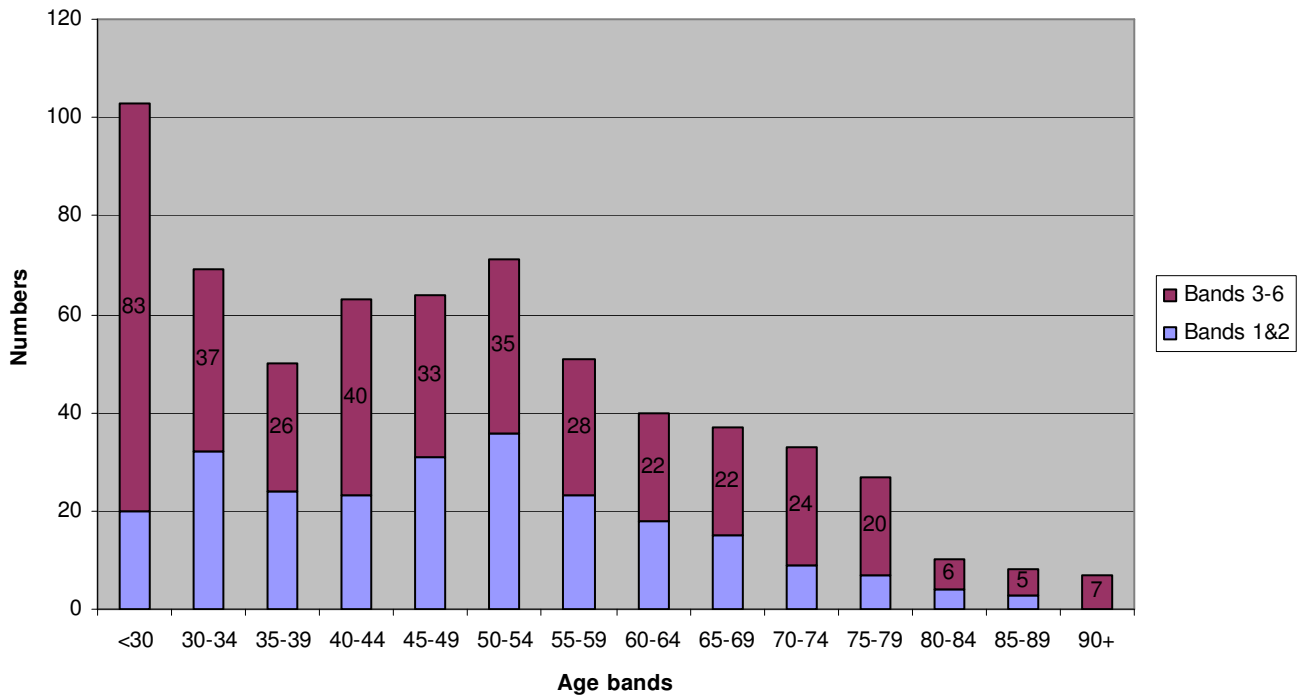
In summary, in the 5 years to 2010 the adult service can expect to support an additional 57 young people of whom the large majority will have severe and profound learning disabilities (40). In the following 5 years, 2011 – 2015 the service can expect a further 46 young people of whom almost all (39) will have severe and profound needs.

The affect on the total profile of age and dependency is now illustrated in the charts below. Young people with autistic spectrum disorders will span the dependency ranges (although all in this case have learning disabilities) and have been split between the higher and lower dependency bands.

Summary of age and dependency bandings at April 2006



Profile of age and dependency bandings in 2016 with school leavers added



The upwards shift in terms of age and dependency can be tracked in these charts. The conclusions are that:

- the number of people over 65 years old will more than double in the next 10 years
- the number of people in the higher dependency bands in all age groups will rise by over one quarter in the next 10 years.

### **Ethnicity factors**

The prevalence of learning disabilities in South Asian (Bangladeshi and Pakistani) communities is significantly higher. This will have an impact on areas where high proportions of the population come from these ethnic minority communities.

The total population of people of Asian origin in Herefordshire in December 2004 was:

<b>Asian or Asian British</b> (0.2% of county population, or c.350 all ages)	<i>Indian</i>	0.10% (c.100 adults)
	<b>Pakistani</b>	<b>0.03%</b> <b>(c.40 adults)</b>
	<b>Bangladeshi</b>	<b>0.02%</b> <b>(c.25 adults)</b>

From this it is clear that there is unlikely to be any tangible impact on learning disability services unless there is considerable inward migration from these particular communities.

### **Other new demands on the service**

#### a) Out-county clients

Because of the high level of residential provision in Herefordshire, there is a significant group of people placed by other local authorities and health trusts. It is impossible to be predictive about these people because they are largely unknown to the service, but may number up to 160, from CSCI information. No age and dependency profile is thus available.

Herefordshire is accustomed to demands for health services for these out-county people as they arise, including specialist services from psychiatry, psychology and nursing, plus social work intervention to investigate allegations of adult abuse under the vulnerable adult policies.

These factors, although not quantified here in any detail, already represent a significant operational factor for the community learning disability services, and have done for several years.

#### b) Other clients not known to services

As indicated above, the service can expect an average of only 2 referrals per year.

c) People with borderline learning disabilities but with high cost needs. These include people who may be referred via the police or courts. Recent experience is an average of 2 – 3 referrals per year. Clearly, the numbers are very small, but the cost of the service response for individuals can place severe strain on the existing budgets. As in other areas of social care, it is extremely hard to forecast this type of demand.

## WHAT DOES THIS MEAN FOR HEREFORDSHIRE?

To sum up, this is how the needs and demands for services will change in future years:

1. **The balance between younger and older clients will change.**
  - The local analysis matches the conclusions of national research by Emerson and Hatton.
  - Whilst the proportion of clients aged 35 – 44 will start to decline, the number of people aged over 45 will rise steeply in the next 10 years. This is particularly significant, because at this age, most people have started to leave the care of the family as their carers approach 70 years.
  - The number of clients over 65 will double in the next 10 years.
  
2. **The balance in dependency levels will change.**
  - The first main reason is the ageing client group, and presents no surprises. At present, the higher dependency bands (3 – 6) increase from 54% of the under 50s to 65% of the over 50s.
  - An important factor here is that people with milder learning disabilities who are not eligible for a service at present may become eligible in the future as their age and dependency increases.
  - Another major reason is the transition of children and young people to adult services. Herefordshire can expect about 10 new young people each year for the next 10 years, and 79% will have severe or profound learning disabilities.
  - Overall, the number of people in the higher dependency bands will rise by ¼ in the next 10 years.
  
3. **Ethnicity factors are unknown at present**
  - The specific factors that affect south Asian communities have no bearing on Herefordshire at the moment.
  - However, the ethnic mix of the county is rapidly changing as eastern European and Portuguese communities are growing. The possible impact of this is unknown.
  
4. **The easy availability of residential care is having an impact**
  - There are already additional demands on the community team for health and adult protection services from non-Herefordshire people in residential homes.
  - If the Herefordshire policy is to assist people in homes to achieve supported living in their own tenancies it is possible that the spaces will be filled by more out county people in order for the homes to remain viable.

## ADULT SOCIAL CARE IMPROVEMENT PLANNING

**Report By: Head of Business Services**

### Wards Affected

County-wide

### Purpose

1. To report progress with the adult social care improvement plan.

### Financial Implications

2. As contained in the report.

### Background

3. The Council and its partners face major challenges in providing a consistently high standard of adult social care both immediately and over the long term. Many of our services are at a lower level than comparable authorities, with particularly low provision of intensive support for people at home. Big increases in demand are being experienced. These increases are set to continue in the years ahead, not least as a result of an ageing population.
4. In the December 2005 ratings assessment, Adult Social Care services were judged by the Commission for Social Care Inspection (CSCI) as serving some people well with uncertain prospects for improvement.
5. Since then, the Council, with the support and agreement of the Commission of Social Care Inspection (CSCI) and the Department of Health (DH) has taken a number of proactive steps to improve its service delivery and capacity within Adults Services:

### Progress

6. The Council held a workshop, facilitated by a former CSCI Director, for service managers in March 2006 where a number of improvement areas were identified.
7. The activity from the service manager workshop resulted in an improvement proposal for adults services, which outlined themes where specific improvements were required. This proposal was approved by CSCI and the Department of Health in April 2006. The proposal sets out the pillars of improvement; describes how they are being tackled; and identifies the aspects in respect of which external support is requested.

8. Some elements of the proposal, such as the systematic assessment of future needs and the patterns and levels of services needed to meet them, are already well in hand and being managed within the Council.
9. In other areas work, has not yet commenced and these are the activities which will be managed as a project, with external support. Sue Alexander, Head of Business Services, has been appointed as the internal project manager, to oversee and manage the successful delivery of this work.
10. An external project manager, Emily Davis from PricewaterhouseCoopers, has been provided by the Department of Health to provide additional capacity and support.

## **Scope of the External Support**

11. There are five workstreams that will form the basis of the external support:

### 11.1 Performance data

External support is required to undertake the independent analysis of existing practices and to recommend improvements. Information sharing and dialogue with suitable comparator authorities is also envisaged.

### 11.2 Workforce strategy for adult social care

A joint workforce strategy is required that will support and enable the development of future services. The external support will establish a framework and process for working with partner agencies across Herefordshire to develop a multi-agency approach to workforce development.

### 11.3 Market management activities with local service providers

Central to the achievement of the Council's vision for future services is the need for more open and on-going communications with local service providers. The Council wishes to see providers more actively involved in discussions and work to develop future service models. Building on the areas of good practice that already exist, external support will be required to help develop and establish models for engaging with current providers and to work with them to develop and modernise service provision.

### 11.4 Fair Access to Care (FAC)

The Council is keen to learn from other local authorities about how they apply and manage their FACS thresholds. External assistance will undertake the benchmarking and comparisons with other local authorities. The work will produce the analysis and make recommendations for consideration.

### 11.5 Charging Policy

External support will provide an independent review of current practices and make recommendations for improvement.



## **Summary**

12. The external support for the improvement plan will be managed by a Project Board, which met for the first time on 22nd May, 2006 to agree the scope of the work. The Board is chaired by the CSCI Business Relationship Manager and includes representatives from the Council, Department of Health and the Primary Care Trust.
13. The internal aspects of improvement planning will be managed within the Directorate by the Adult Social Care management.

## **RECOMMENDATION**

**THAT report on Adult Social Care Improvement planning be noted.**

## **BACKGROUND PAPERS**

- None

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Further information on the subject of this report is available from Sue Alexander, Head of Business Services on 01432 260069

## PERFORMANCE MONITORING

Report By: Performance Improvement Manager

### Wards Affected

County-wide

### Purpose

1. To report on the performance indicators position and performance management initiatives for the Adult Social Care and Strategic Housing Divisions within the Adult and Community Services Directorate.

### Financial Implications

2. No direct implications.

### Background

3. The Performance Management Framework of the Council requires reporting to Scrutiny Committee at 4,6,8,10 and 12 months. This report covers the position as at the end of December, 2005, with some updated information.
4. As outlined in previous reports to this Committee, the Department of Health (DH) publishes statistical information on the performance of all Social Care Departments. There is a national set of 27 indicators covering Adult Social Care 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.

### Social Care

6. Of the 27 Adult Social Care indicators used to assess the performance of the Directorate none are currently in Band 1 and only two are in Band 2 – nine of the PIs are returning in the top two Bands.
7. The out-turn figures represent a very positive step forward and are a reflection of the hard work in both Team Performance Appraisals and through the PI Champions clinics. Much work has been carried out to work with the operational teams to better understand how practice informs performance management, along with an injection of support to reconcile performance data contained on CLIX.
8. The detail of all 27 performance indicators is included as Appendix One.

9. The Delivery and Improvement Statement (DIS) was returned by 31<sup>st</sup> May, as required. This is the primary means of data collection by CSCI and includes details of our strategies to improve Social Care services to and for the people of Herefordshire. The DIS is our opportunity to inform CSCI about our intentions for the forthcoming year.

## **Strategic Housing**

10. The detail of the housing indicators is shown in Appendix Two.
11. A new Performance Improvement Officer working specifically with Strategic Housing Performance data took up post on 8th May, 2006.

## **RECOMMENDATION**

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

**and**

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

## **BACKGROUND PAPERS**

- None identified

## Appendix One – Adult Social Care

PAF	BVPI	Local Indicator	Definition	04-05 Out-turn	Target	End of Year Out-turn 2005-06 (Banding)	Plan 06-07 (DRAFT)	Status
AO/B11			Intensive Home Care as a percentage of intensive home	16%	22%	17% - (3)	TBC	☹
AO/B12			Cost of Intensive Social Care	£477	£442	TBC	TBC	
AO/B17			Unit cost of home care for adults and older people	£15.2	£14.5	TBC	TBC	
AO/C26 (old definition)			Admissions of supported residents aged 65 or over to resi	72.2	71	67 – (4)	-	
(C72) AO/C26 (new definition)			Admissions of supported residents aged 65 or over	n/a	n/a	70 - (5)	60	
AO/C27 (old definition)			Admissions of supported residents aged 18 - 64 to resi	2	2	2.7 – (5)	-	
(C73) AO/C27 (new definition)			Admissions of supported residents aged 18 - 64	n/a	n/a	2.8 – (3)	2.8	
C28	53		Households receiving intensive home care per 1000 population aged 65 or over	6.0	9.0	5.7 - (2)	7.5	☹
C29			Adults with physical disabilities helped to live at home per 1000 population aged 18-64.	4.3	4.2	4.8 – (4)	5.0	☺

PAF	BVPI	Local Indicator	Definition	04-05 Out-turn	Target	End of Year Out-turn 2005-06 (Bandings)	Plan 06-07 (DRAFT)	Status
C30			Adults with learning disabilities helped to live at home per 1000 population aged 18-64.	2.2	2.8	2.5 – (4)	2.8	☹
C31			Adults with mental health problems helped to live at home per 1000 population aged 18-64.	2.8	3	3.7 – (5)	4	☺
C32			Older people helped to live at home per 1000 population aged 65 or over.	65	80	82.9 – (3)	85	☺
C51	201		Adults and older people receiving direct payments per 100 000 population aged 18 or over.	61	100	79.8 – (3)	100	☹
C62			The number of carers receiving a specific carers' service as a percentage of clients receiving community based services.	1.8	2	10% - (4)	10%	☺
AO/D37			Availability of single rooms	88%	91%	88% - (3)	88%	☹
AO/D39			Percentage of people receiving a statement of their needs and how the	91%	95%	91% - (3)	98%	☹
AO/D40			Client receiving a review	67%	73%	75% - (3)	75%	☺
AO/41			Delayed transfers of care	18		Calculated Nationally		
D54			Percentage of equipment and adaptations delivered within seven days	81	86	94% - (5)	94%	☹
D59			Practice Learning	12	12	12.8 – (4)	TBC	☺

PAF	BVPI	Local Indicator	Definition	04-05 Out-turn	Target	End of Year Out-turn 2005-06 (Bandings)	Plan 06-07 (DRAFT)	Status
D55	195		Acceptable waiting time for assessments (new older clients).	70	71	70 – (3)	85	☹
D56	196		Waiting time for Services	81	83	81 – (4)	83	☹
E47			Ethnicity of older people receiving assessment	0.7	0.8	0.6 – (2)	1.1	☹
E48			Ethnicity of older people receiving services following an assessment	1.1	1.1	1.1 – (3)	1.1	☹
E50			Percentage of assessments of adults and older people leading to a service	28	70	84% - (Not known)	84	☺
D52			Older people home care user survey (service satisfaction)	n/a	n/a	n/a	n/a	
D71			Older people home care user survey (PI to be decided)	n/a	n/a	n/a	n/a	

**Appendix Two – Strategic Housing**

PAF	BVPI	Local Indicator	Definition	04-05 Out-turn	Target	Actual Q1	Actual Q2	Actual Latest Data	Actual Q4	Status
	64		Number of private sector dwellings returned to occupation	33	45	14	29	45	54	☺
	183a		Average length of stay for FWC in B&B	4	0	8.65	9.61	9.74	10.62	☹
	183b		Average length of stay for FWC in hostel accommodation	15	12	20	29.29	0	0	
	202		Number of people sleeping rough	0	0	0	0	0	0	☺
	203		% change in FWC in temporary accommodation compared to previous year	14.40%	0%	21.15%	23.76%	27.41%	26.10%	☹
	213		Number of homeless households where casework resolved situation	N/A	No target	0	1	2	68	
	214		% households accepted as homeless who have been previously accepted within last 2 years	0	2.00%	2.61%	2.23%	2.52%	2.88%	☹



## **Enabling Section**

### **Successes**

Enabling & Housing Needs have exceeded the target of bringing 45 properties into use by working with a number of internal and external partnerships. All the properties have been in areas of identified housing need and have assisted the homelessness prevention team in reducing the need for B & B accommodation.

### **Issues and Concerns**

It is becoming increasingly noticeable that private landlords are reluctant to assist those households who are vulnerable and in receipt of benefits. Additional partnership working will be crucial through existing networks, if the target of 50 is to be achieved during 2006/7. It is proposed to address these issues through the private landlords forum during the course of the year.

## **Private Sector Housing**

### **Successes**

With the introduction of national HMO licensing this year, Herefordshire has received consent to transfer all HMO properties within its successful HMO Registration Schemes to an additional licensing scheme for a 3-year period. Those properties meeting the stricter criteria for mandatory licensing will remain licensed indefinitely on a renewable 5-year cycle.

The [You@Home](#), Home Improvement Agency service was successfully transferred in-house in October 2005, following withdrawal of the service by the previous provider, Anchor Staying Put. The team, located at 84 Whitecross Road, provides a comprehensive service to vulnerable people, assisting them to access grants, services and other forms of assistance, and includes a handyman service.

### **Issues and Concerns**

The only Best Value Performance Indicator applicable to Private Sector Housing has been deleted due to a significant change in the assessment of housing standards from the fitness standard to a risk assessment based system. It is to be hoped that a new indicator will be issued in due course.

A recent House Condition Survey indicates that Herefordshire's progress towards the psa7 'decent homes' target is much less than previously thought. Baseline data had been set on the previous survey undertaken in 2001 in conjunction with a government approved 'ready reckoner' formula. On this basis Herefordshire had been on course to achieve the target of 'ensuring that 65% of vulnerable households occupy a decent home' by 2006,(where vulnerability and decency are clearly defined) However the new House Condition Survey results indicate that the figure is nearer 51%.

## **Homelessness**

Progress on the number of units in temporary accommodation continues. By late May, the number of families in Bed and Breakfast had reduced to 31. The number of families in Bed and Breakfast for more than 6 weeks has dropped to 20.

The number of homelessness applications and acceptances has also continued to fall, and we are confident we will meet the targets set for this area of our work during 2006/07.



## **BEST VALUE REVIEW OF THE PROVISION OF PRIVATE SECTOR HOUSING STAGE 4 - IMPROVEMENT PLAN**

**Report By: Head of Strategic Housing Services**

### **Wards Affected**

County-wide

### **Purpose**

1. To consider the Stage 4 Report and outcomes of the Best Value Review of the Private Sector Housing team.

### **Financial Implications**

2. Efficiency savings have been identified with the transfer of the Home Improvement Agency. Any other financial implications will have to be met from within existing budgets.

### **Background**

3. The Improvement Plan is the outcome of the Best Value Review of the provision of the Private Sector Housing Services carried out during 2005 with the recommendations of the Third Stage Report being agreed by the Adult Social Care & Strategic Housing Scrutiny Committee on the 10th June 2005 and endorsed by the Strategic Monitoring Committee on 1st July, 2005. The Improvement Plan covers all the issues raised in the recommendations section of the Third Stage Report and updates current legislative and organisational changes.

### **RECOMMENDATION**

**THAT the draft Improvement Plan be considered and any comments referred to the Cabinet Member (Social Care Adults and Health) for her to consider prior to finalising the Plan.**

### **BACKGROUND PAPERS**

- None

**PROVISION OF PRIVATE SECTOR HOUSING SERVICES  
IMPROVEMENT PLAN**

**1. Introduction**

This Improvement Plan is the outcome of the Best Value Review of the provision of Private Sector Housing Services, carried out in accordance with the corporate guidance on the Best Value Review process.

The Improvement Plan covers the 3 year period from 2006-2008 within which further recommendations may be identified.

The responsibility for implementing the Improvement Plan remains with the Private Sector Housing team within the existing staff resources.

A Lead officer has been appointed to each improvement area, and will be responsible for meeting the improvement, identifying any additional resources required and to seek the necessary approval should areas require additional financial considerations.

**2. Vision of the Service**

The overall vision of the service is to improve housing conditions and to support independent living to meet the accommodation needs of those living in Herefordshire.

**3. Aims of the Service**

The key aims of the service are:

To ensure the maintenance, improvement and energy efficiency of residential property across all tenures, for the health, safety and well-being of the people of Herefordshire; and

Through partnership working to support independent living for the disabled and other vulnerable groups by providing access to facilities required for everyday living.

This is achieved through:

- The provision of a comprehensive advice service;
- The provision of financial and other assistance under the Housing Renewal Policy 2003-2006 (now due for review);
- The enforcement of standards of fitness for human habitation under the Housing Act 1985. The fitness standard is to be replaced in April 2006 by the Housing Health and Safety rating System under the provisions of the Housing Act 2004;
- The registration of Houses in Multiple Occupation (HMOs) (Housing Act 1996) The local HMO Registration Schemes will be replaced in April 2006 by HMO Licensing, also under the provisions of the Housing Act 2004;
- The development and implementation of energy efficiency initiatives and energy audits in the residential sector to address targets set in the Home Energy Conservation Act 1995 and associated legislation;

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Further information on the subject of this report is available from  
Richard Gabb, Head of Strategic Housing Services on 01432 261092

- The annual assessment of housing conditions as required by the Housing Acts 1985 and 2004;
- Ensuring the provision of an effective Home Improvement Agency in Herefordshire;
- Promoting partnership working and encouraging best practice.

**4. Services Provided**

The Best Value Review has shown the need to further develop the existing services provided by the Private Sector Housing team.

<b>FUNCTIONS</b>	<b>USERS</b>
Enforcement including Houses in Multiple Occupation	Landlords, tenants
Financial and other forms of assistance to improve and repair properties	Homeowners, landlords and tenants in the private sector
Major and Minor Adaptations	Disabled groups through all tenures.
Home Improvement Agency – assisting vulnerable groups to access grants, benefits and other services.	Vulnerable groups mainly in the private sector
Energy Efficiency- promotion, initiatives and responsibilities under the Home Energy Conservation Act 1995	All tenures, with direct funding to the private sector

**5. Improving the Service**

As a result of the Best Value Review of the provision of Private Sector Housing services, key areas for improvement were identified in the Stage 3 report. They are summarised, with relevant objectives, proposed implementation dates and named lead officer on the attached Improvement Plan – Appendix 1.

In addition to the improvements originally identified under the Best Value process, there are a number of improvements that are proposed to ensure a more efficient and effective range of services.

These include:

- a team restructure;
- the development of a range of new performance indicators;
- staff training in line with new legislative requirements;
- provision of a Housing Occupational Therapist post, as highlighted within the Physical Disabilities Best Value Review;
- the [You@Home](#), Home Improvement Agency;

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Further information on the subject of this report is available from Richard Gabb, Head of Strategic Housing Services on 01432 261092

- IT software.

Each improvement area has been prioritised and a proposed completion date set.

However, as the implementation progresses it will be necessary to monitor and review the aims, objectives and completion dates as they impact on the overall period of the plan. The improvements are prioritised 1-3, 1 being high priority, 2 medium and 3 low priority.

## **6. Efficiency Savings**

The Home Improvement Agency service has recently been transferred in-house due to the previous service provider having given notice of withdrawal of service from October 2005. It is envisaged that some efficiency savings may be created as a result of the transfer.

Many of the imminent changes in Private Sector Housing services arise as a result of legislative changes under the Housing Act 2004, for which Commencement Orders are currently being issued; and to address national policy and targets. Efficiency savings identified above will be used to resource these developments in service.

## **7. Monitoring and Reporting**

The Improvement Plan will be monitored by the Head of Strategic Housing Services.

Item No.	Priority	Improvement Area	Aim	Target	Comment	Completion Date	Officer Responsible
1.	1	Housing Conditions – Decent Homes Strategy	Develop a strategy to improve housing conditions in accordance with Decent Homes Targets and local performance indicators	Strategy to address national target of 65% of vulnerable households to occupy 'decent' homes by 2006, 70% by 2010	New baseline data available from House condition survey completed December 2005  Complete strategy	December 2006	Principal Private Sector Housing Adviser
2.	1	Initiate a rolling programme of proactive inspections to target vulnerable households	Identify all vulnerable households occupying non-decent housing	To meet the national target for Decent homes in the private sector	Some targeting of these groups through the existing signposting and similar referral schemes	January 2007	Principal Private Sector Housing Adviser
3.	3	To provide an Advisory Inspection Service on Housing Conditions, and Home Maintenance Information	To promote responsible homeownership and prevent unnecessary deterioration in housing stock.	Reduce requirement for local authority intervention through enforcement and financial assistance		January 2007	Principal Private Sector Housing Adviser
4.	1	Houses in Multiple Occupation	Manage the transition from current HMO	License all relevant HMOs including	Licensing commences	January 2007	Principal HMO and

Item No.	Priority	Improvement Area	Aim	Target	Comment	Completion Date	Officer Responsible
		Occupation	from current HMO Registration to National Licensing	HMOs, including 'additional' licensing provisions	commences April 2006 New enforcement provisions commence July 2006		and Enforcement Officer

Item No.	Priority	Improvement Area	Aim	Target	Comment	Completion Date	Officer Responsible
5.	2	Landlords Accreditation scheme	Re launch, promote and effectively manage	Thriving Accreditation Scheme in Herefordshire	Encourage landlord participation through incentive schemes in the Housing Renewal Policy Review  Operational Review	September 2006 September 2008	Principal HMO and Enforcement Officer
6.	1	Develop comprehensive	Develop and distribute information	Users and other stakeholders are	Web Page update training		Private Sector Housing



Item No.	Priority	Improvement Area	Aim	Target	Comment	Completion Date	Officer Responsible
		comprehensive service information and promotional material for all areas of Private Sector Housing and Home Improvement Agency	distribute information through a variety of media	stakeholders are fully aware of services provided.	update training commenced. Some draft leaflets prepared Information for all areas available	February 2006  July 2007	Housing Manager and senior officers
7.	2	Housing & Health Links- engage more fully with health and social care partners	Continue to develop better partnership working between Private Sector Housing and health partners to ensure added value	Investigate further options for improved working through publicity of services and engaging with common agendas	Particularly relevant for the Home Improvement Agency service.	July 2007	Principal Home Improvement Agency officer

Item No.	Priority	Improvement Area	Aim	Target	Comment	Completion Date	Officer Responsible
8.	3	Home Sellers Information Pack- feasibility of involvement	Investigate use of team knowledge and experience in providing elements of pack	May provide additional income	Investigations ongoing re: viability and legality  Sellers Pack to be mandatory prerequisite of house sales	January 2007	Private Sector Housing Manager
9.	2	List of Registered Contractors	Develop further	Include full range of contractors specialising in adaptation work	Integrate with contractors list used by the Home Improvement Agency from October 2005	September 2006	Private Sector Housing Manager
10.	2	Specifications	Develop standard specifications for all areas of work. Include scheduled rates for common adaptations	Produce comprehensive list of standard clauses	Base on existing HIA and best practice, for greater uniformity and efficiency	April 2008	Private Sector Housing Manager
11.	1	Accessible/ adapted	To match needs of disabled people with	In conjunction with partners establish	Partners to include private	January 2007	Principal Home

Item No.	Priority	Improvement Area	Aim	Target	Comment	Completion Date	Officer Responsible
		adapted properties database	disabled people with existing adapted properties across all tenures, and maximise resources	partners establish and maintain data base of adapted properties	include private landlords, social landlords, letting and estate agents.		Home Improvement Agency Officer / Housing Occupational Therapist
12.	3	Project Officer feasibility study	To explore options of a resource to project-manage private sector housing initiatives	Access to a project officer for special initiatives especially energy efficiency schemes	Additional post unlikely to receive funding, option to look at existing directorate resource.	January 2007	Private Sector Housing Manager
13.	1	Energy Efficiency	Develop and implement Affordable Warmth Strategy/Continue to generate additional funding for energy efficiency projects	Maximise partner funding through innovative schemes to address set target of 30% energy efficiency savings by 2011	Home Energy Conservation Officer post vacant since June 2005-recruitment in progress	April 2007	HECA Officer

## ADDITIONAL IMPROVEMENTS

Item No.	Priority	Improvement Area	Aim	Target	Comment	Completion Date	Officer Responsible
14.	1	<a href="#">You@Home</a> Home Improvement Agency transfer and set up	Develop and implement policies, procedures, and performance indicators to ensure an improved service to customers.	Provide a sustainable, effective and efficient service for all users.	Home Improvement Agency transferred.  Complete recruitment to vacant posts  Progress to Quality Mark status	October 2005  June 2006  April 2008	Principal Home Improvement Agency Officer
15.	1	Training	Ensure staff are trained to meet changing demands and legislative requirements	All staff to reach their full potential.  Training needs mainly identified through the Staff Review and Development process	For example: Housing Health and Safety Rating training in progress, proposed completion	April 2006	Private Sector Housing Manager
16.	1	Provision of a Housing Occupational Therapist post	To improve the efficiency of the adaptation process	Reduce unreasonable delays for those awaiting an Occupational Therapist's	A Housing Occupational Therapist has now been appointed	April 2006	Private Sector Housing Manager

Item No.	Priority	Improvement Area	Aim	Target	Comment	Completion Date	Officer Responsible
				assessment			
17.	1	Staffing	Restructure the Private Sector Housing team	Ensure maximum use of resources and optimum range of services	Recommendation for consultation Implementation of changes	May 2006 September 2006	Private Sector Housing Manager
18.	2	Performance Management	Review Local Performance Indicators.	Establish clear local Performance Indicators for benchmarking	Initial indicator-setting workshop Completion of range of local indicators	Feb 2006 December 2006	Private Sector Housing Manager
19.	1	IT specialist software requirements to ensure efficiency in the provision of Private Sector Housing Services	Purchase software that will effectively upgrade and integrate all existing systems to provide a reliable resource for imminent changes and future requirements.	Access to a reliable specialist software resource	Subject to current corporate review of all IT requirements	2006	Private Sector Housing Manager and the Corporate Review Strategy Group



## CO-OPTED MEMBERSHIP

**Report By: Director of Adult and Community Services**

### Wards Affected

County-wide

### Purpose

1. To review representation on the Committee from the Voluntary Sector.

### Financial Implications

2. There may be some financial implications arising from claims for travel, subsistence and dependent carer's allowances.

### Background

3. Scrutiny Committees have a statutory power to co-opt people who are not Members of the Council to participate in their work. Co-option implies regular attendance at meetings as a matter of course and is only one means of engaging partners and stakeholders. The Council's Standing Orders also provide for the Scrutiny Committees to invite public participation in their meetings and work and receive information, evidence and presentations from internal experts and other witnesses.
4. The former Social Care and Housing Scrutiny Committee last formally reviewed its approach to co-option and user and carer involvement in April 2002. It agreed that two voluntary sector representatives would be invited to meetings as a matter of course with other advice being sought from service users, carers and others as necessary.
5. Regular invitations to attend meetings of the Scrutiny Committee have since that time been extended to Mrs Barbara Millman of Herefordshire Centre of Independent Living and Ms Margaret James of Herefordshire Carers Support as formal voluntary sector representatives. However, it is understood that they are not now empowered to speak on behalf of the Alliance of Voluntary Sector Organisations in Health and Social Care in Herefordshire (the Alliance).
6. The Chairman of this Committee considers that the Committee should review its representation and strengthen its formal links with the Alliance by seeking a co-opted representative from the Voluntary Sector, who is authorised to speak on behalf of the Alliance as a whole. The Alliance's statement of purpose is appended.
7. The Alliance has indicated that it would like to nominate someone from its Board of Directors who would attend meetings of this Committee with a remit to speak on behalf of the Alliance as a whole, with a proviso that the Board can nominate a substitute to attend if the nominated person is for some reason unavailable.
8. In accordance with the Council's constitution any Members co-opted onto this Committee would have the right to speak but not to vote.

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Further information on the subject of this report is available from  
Tim Brown, Committee Manager (Scrutiny) on 01432 260239

9. In addition to considering the co-option of a formal representative of the Alliance the Committee then needs to consider whether it wishes to seek any additional representation on the Committee or adhere to its current practice of inviting participation in its work as the nature of its enquiries requires.

## **RECOMMENDATION**

**THAT (a) the Committee considers co-opting a formal representative of the Alliance as a whole;**

**and**

- (b) the Committee considers whether it wishes to seek any additional co-opted representation or adhere to its practice of inviting participation in its work as the nature of its enquiries requires.**

## **BACKGROUND PAPERS**

- None



## The Alliance

*Voluntary and community, and not for profit organisations working collaboratively for improved health and social care services in Herefordshire*

### Statement of Purpose

#### **The purposes of the Alliance are to:**

- Be a point of contact, forum and voice for the sector on health and social care matters;
- Lead change in introducing standards in sector organisations providing health and social care services; and
- Provide effective mechanisms for the public authorities to work constructively with the sector over health and social care matters.

#### **To achieve these purposes, the Alliance is being funded to fulfil the three principal functions of:**

- Influencing the design, commissioning, delivery and development of health and social care services for children, young people and adults;
- Maintaining a register of approved voluntary and community sector and not for profit providers of health and social care services; and
- Effecting good practice in working together between public service agencies and voluntary and community and not for profit organisations, within the framework of the Compact.

#### **The outcomes of the Alliance's work, with others, are planned to be:**

- A genuinely joint planning and commissioning process, that is transparent, fair and accountable;
- Voluntary, community and non profit organisations fit for purpose and adding value as service providers; and
- Smoother working relationships between statutory agencies and the sector, based on complementary roles, enhanced understanding and mutual respect.

