

A G E N D A

Adult Social Care and Strategic Housing Scrutiny Committee

Date: **Friday, 1st December, 2006**

Time: **10.00 a.m.**

Place: **The Courtyard Centre for the Arts,
Edgar Street, Hereford**

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

For any further information please contact:

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**County of Herefordshire
District Council**

AGENDA

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

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

Councillors K.G. Grumbley, J.W. Hope MBE, J.G. Jarvis, R. Mills,
Ms. G.A. Powell, R. Preece, D.C. Taylor, Mrs E.A. Taylor and P.G. Turpin

Co-opted Member: Mr R Kelly (Voluntary Sector)

	Pages
1. APOLOGIES FOR ABSENCE To receive apologies for absence.	
2. NAMED SUBSTITUTES To receive details of any Member nominated to attend the meeting in place of a Member of the Committee	
3. DECLARATIONS OF INTEREST To receive any declarations of interest by Members in respect of items on this Agenda.	
4. MINUTES To approve and sign the Minutes of the meeting held on 2nd October, 2006	1 - 6
5. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY To consider suggestions from members of the public on issues the Committee could scrutinise in the future.	
6. BUDGET 2006/07 To report on the revenue budget's financial position for Adult Social Care and Strategic Housing as at the end of October 2006 and to provide projections to the end of the financial year.	7 - 14
7. ADULT SOCIAL CARE AND STRATEGIC HOUSING PERFORMANCE MONITORING 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.	15 - 22
8. SCRUTINY REVIEW OF LEARNING DISABILITY SERVICES - CABINET'S RESPONSE To consider Cabinet's response to the recommendations made to it in the Scrutiny Review of services for people with a learning disability.	23 - 36

9.	FUTURE SOCIAL CARE NEEDS FOR OLDER PEOPLE AND ADULTS WITH LEARNING DISABILITIES IN HEREFORDSHIRE	37 - 126
	To consider the findings and recommendations of the review of future social care needs of older people and people with learning disabilities and the services needed to meet them.	
10.	LOCAL AUTHORITY RESPONSIBILITY FOR PROVISION OF CARE IN REGISTERED SETTINGS	127 - 140
	To provide information on the Local Authorities (LA) responsibilities in relation to the provision of care in registered care home settings and to explain the associated financial commitments.	
11.	ACCESSING MINOR ADAPTATIONS	141 - 148
	To inform the Committee about the provision of minor adaptations to homes within Herefordshire and to outline the ways in which these can be accessed.	
12.	ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE WORK PROGRAMME	149 - 156
	To consider the Committee's work programme.	

PUBLIC INFORMATION

HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES

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

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

The principal roles of Scrutiny Committees are to

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

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

PUBLIC INFORMATION

Public Involvement at Scrutiny Committee Meetings

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

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

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

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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 Monday, 2nd October, 2006 at 10.00 a.m.

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

Councillors: K.G. Grumbley, J.W. Hope MBE, J.G. Jarvis, R. Preece and Mrs E.A. Taylor

Co-opted Member: Mr R Kelly (Voluntary Sector)

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

21. APOLOGIES FOR ABSENCE

Apologies were received from Councillors R.Mills, Ms G.A. Powell and P.G. Turpin.

The Chairman welcomed Councillors J.G. Jarvis, R. Preece and Mrs E.A. Taylor as new Members of the Committee and Mr R. Kelly to his first meeting as a co-opted Member representing the Voluntary Sector.

22. NAMED SUBSTITUTES

There were no named substitutes.

23. DECLARATIONS OF INTEREST

There were no declarations of interest.

24. MINUTES

A Member said that he could recall an exchange at the Committee's meeting on 26th July, 2006 about the availability of exempt Cabinet reports to Members of the Committee and questioned why this was not reflected in the Minutes of that meeting.

The Chairman acknowledged that an exchange had taken place and that it related to the availability of an exempt report to Cabinet on the Adult Social Care budget on 29th June, which she had considered would inform the Committee's debate on the budget and which she considered had not been properly highlighted to Members. However, the exchange itself was not directly relevant to the Committee's consideration of the issue. The draft Minutes sent to her had not included reference to the exchange and she had seen no reason to propose that a reference should be included.

The Cabinet Member (Social Care Adults and Health) also agreed that the exchange had taken place and emphasised the importance of the Scrutiny Committees having access to all relevant papers and her view that everything should be done to facilitate this.

**ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE MONDAY,
2ND OCTOBER, 2006**

The Committee was advised that the question of Members' access to information including the availability of exempt reports had been discussed by the Constitutional Review Working Group and then by Cabinet in January 2006 with a report then being considered by Council in February. Democratic Services had subsequently distributed papers in accordance with Council's decision.

The Committee was then asked to decide whether it wished to amend the Minutes of 26th July or confirm them as a correct record. It was noted that reference to the exchange about the availability of exempt reports at the July meeting would be recorded in the Minutes of the meeting on 2nd October.

RESOLVED: That the Minutes of the meeting held on 26th July, 2006 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions from Members of the Public.

26. BUDGET 2006/07

The Committee considered a report on the revenue budget's financial position for Adult Social Care and Strategic Housing as at the end of July 2006 and projections to the end of the financial year.

The Interim Finance Manager presented the report. This noted that the projected overspend on adult social care at the end of July was £3.3 million. This was before any use was made of the social care contingency.

She reported that the risk sharing agreement with the Primary Care Trust (PCT) on spending on Learning Disabilities Services had been suspended and the PCT had agreed that it would fund its share of any overspend. However, variations to government funding for Health Services due to budgetary pressures had resulted in reduction of £205,000 in the Local Delivery Plan. The overspend on Learning Disabilities would therefore increase.

Ongoing pressures on the budgets for older people, physical disabilities and for mental health were also outlined.

In relation to strategic housing she noted that the projected overspend for Strategic Housing was £31,000 against a £2.10 million budget, rather than £2.01m as indicated in the report. Also, the average number of families in temporary accommodation in 2005/06 had been 45 rather than 405 as indicated in the report. Homelessness remained the main reason for the projected overspend. This had, however, reduced by £52,000 since the last report. The use of the homelessness prevention fund had been an important factor in reducing the demand for temporary accommodation.

The report concluded by noting that in adult services there were projected overspends across all service user groups, with the position on Learning Disabilities requiring particularly close monitoring.

**ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE MONDAY,
2ND OCTOBER, 2006**

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

- A question was asked about progress on the needs analysis assessing future social care needs and the services to meet them for older people and adults with learning disabilities. The Director of Adult and Community Services replied that consideration had been given to a range of service delivery models and a report would shortly go to Cabinet setting out options. An update would be provided to the Committee at its next meeting. The indications to date were that comparator authorities focused more on preventative measures and that this brought them cost benefits. However, given the demographics within Herefordshire additional investment would be needed to change to the pattern of service delivery.
- Clarification was sought on the funding arrangements with the PCT and the respective responsibilities for funding various service areas given the pressure on the PCT to make budget reductions. The Director commented that in the case of the pooled budget for learning disabilities the PCT could no longer provide the resources it had originally allocated. Some £178,000 of development monies was being withdrawn due to the funding of continuing healthcare being outside the pooled budget, placing pressure on that budget. Negotiations were ongoing with the PCT over funding for these cases. The Council recognised the pressure under which the PCT had been placed by the Government's decision to top-slice the budgets of all PCTs to help fund the NHS deficit. However, the Council had to meet its own pressures and negotiations with the PCT over funding were appropriately robust. He added that the last report to Cabinet had shown some reduction in the projected overspend on the adult social care budget. However, the position was now being reversed because of the PCT's predicament.
- A report on residential placements including an explanation of the budget available to support day activities was requested.
- The Committee's attention was drawn to the upheaval in health bodies in Herefordshire noting the departure of the Chief Executives of the PCT and the Hospitals NHS Trust to new posts outside the County and the replacement of the Chairman of the PCT. It was also noted that the difficulties faced by the PCT in responding to the requirement to top-slice its budget were severe in comparison with those PCTs who could readily identify savings as a result of amalgamation following the recent reconfiguration of NHS bodies.
- A question was asked about how the social care contingency fund set aside to fund both adult social care and children's services might be allocated. In reply it was confirmed that no decision had been taken as to how the sum might be divided between the two services and business cases would have to be presented to justify the release of money from the fund.

RESOLVED:

- That (a) the projected 2006/07 financial outturn for Adult Social Care and Strategic Housing be noted but with continuing concern;**
- and**
- (b) a report be made to the Committee on residential placements including an explanation of the budget available to support day activities.**

27. ADULT SERVICES AND STRATEGIC HOUSING PERFORMANCE MONITORING

The Committee considered the performance indicators position and performance management initiatives for the Adult Social Care and Strategic Housing Divisions within the Adult and Community Services Directorate.

In presenting the report particular attention was drawn to the Annual Review Meeting with the Commission for Social Care Inspection (CSCI). It was noted that a Record of Achievement setting out a balanced and clear view of the Directorate's performance in 2005-06 had been prepared and submitted to the Commission's Business Relationship Manager. This included benchmarking comparisons with the Council's Institute of Public Finance family showing that in many aspects the Council's performance compared favourably and setting out the context within which services in Herefordshire were delivered and the particular issues this raised. It was noted that the Commission would publish its judgement of performance for all Councils in December 2006.

In giving consideration to the detailed performance indicators the following principal points were made:

- Questions were asked about indicator C51 for the number of people helped to live at home per 1000 population aged 18 or over. It was suggested that progress in the second quarter would need to be examined.
- It was suggested that whilst Direct Payments were perceived as a good idea providing service users with choice there were complications and the overriding issue was that people required a good service. Setting a target for the number of people receiving direct payments was not in itself an indicator of a good service. In reply the Director of Adult and Community Services said that there was a national debate over how meaningful some of the existing performance indicators were. CSCI was consulting on a revised inspection framework and how best to capture performance outcomes.
- In relation to target 183a, the average length of stay for families with Children in Bed and Breakfast accommodation it was suggested that the requirement to provide for affordable housing as part of the granting of planning permission for new housing developments was something to which the Council needed to give further consideration.

RESOLVED:

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

and

(b) areas of concern continue to be monitored.

28. SCRUTINY OF HOMELESSNESS

The Committee considered an update on homelessness and possible future issues for scrutiny.

The report set out the background to the rise of homelessness as an issue in Herefordshire, reminded Members of the homelessness consultation event, with

ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE MONDAY, 2ND OCTOBER, 2006

representatives from the Council and a range of relevant agencies across the County, held under the Committee's auspices in October 2005, the Committee's recommendations in response to the event in December 2005 and progress in relation to those recommendations. It also set out at paragraph 27 a number of issues which might need to be kept under review.

The Change Manager - Homelessness presented the report. He remarked on the progress which had been made in tackling homelessness, informing the Committee that the Council's performance in housing prevention was now in the top quartile. The key now was to sustain that performance and continue to manage the issues effectively.

In the ensuing discussion the following principal points were made:

- The work of the homelessness team was praised, recognising in particular the benefits arising from the use of the Homelessness Prevention fund. The Homelessness Manager reported that a key aspect of the fund's success had been that by preventing people being declared homeless it had removed the stigma and changed the focus of the debate. The emphasis now was on rehousing people and this had helped the Council to work more closely with private sector landlords and had improved access to the private rented sector.
- Concern was expressed about the growing level of debt across the County and the potential implications of this for homelessness.
- The work being undertaken in schools to prevent youth homelessness was welcomed. However, it was asked why children in year 10 were being targeted rather than year 11. The Homelessness Manager replied that national research showed that the earlier the engagement with children and families the greater the chances of preventing parental eviction when children reached the school leaving age.
- The Change Manager - Homelessness alerted the Committee to the impact that the work to prevent homelessness was having on the Home Point system and on some other organisations. He advised that this was something which was likely to generate further discussion in future months.
- It was asked whether the Voluntary Sector had been helpful in addressing the issues of homelessness. The Change Manager - Homelessness replied that the Sector had in the main been very helpful. Some concern had been expressed to him about the changes which had been made to the Council's approach to homelessness and the robust stance now being taken. Further feedback from the Voluntary Sector would be welcome.
- It was proposed that a further homelessness event with representatives from the Council and a range of relevant agencies across the County be held on the afternoon of 20th November.

RESOLVED:

- That (a) the updated position be noted;**
- (b) the Committee be kept informed of progress and developments in homelessness prevention and the work of the Homelessness & Housing Advice Steering Group;**

and

- (c) a further homelessness event be arranged on the afternoon of 20th November to review issues identified at paragraph 27 of the report.**

29. EVERY CHILD MATTERS TRANSITION TO ADULT LIFE - SCRUTINY REVIEW

The Committee considered an approach to a short Scrutiny exercise to look at the Council's approach to transition issues for looked after children with support needs from childhood into adult life.

The report noted the consideration given to the Council's scrutiny programme by the Strategic Monitoring Committee, as reported to the Adult Social Care and Strategic Housing Scrutiny Committee on 26th July. The area of transition from leaving care to adult life had been identified as an issue on which the Adult Social Care and Strategic Housing Scrutiny Committee would lead, working jointly with Members of the Children's Services Scrutiny Committee. A proposed approach to the scrutiny exercise was set out in the report. Nominations were invited to serve on the Review Group.

RESOLVED:

- That (a) the approach to the scrutiny review of the approach to transition issues for looked after children with support needs from childhood into adult life as set out in the report be endorsed;**

and

- (b) Councillors: Mrs P.A. Andrews, J.W.Hope M.B.E and J.G. Jarvis be appointed to serve on the Review Group.**

30. ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY WORK PROGRAMME

The Committee considered its work programme.

The Committee noted that in its discussions earlier in the meeting it had requested a report on adult placements and identified a date for a further piece of work for homelessness. Both of these items could accordingly be added to the programme for its December meeting.

- RESOLVED: that the work programme as amended be approved and reported to the Strategic Monitoring Committee.**

The meeting ended at 11.25 a.m.

CHAIRMAN

BUDGET REPORT 2006/2007

Report By: Interim Finance Manager Adult Social Care & Strategic Housing

Wards Affected

County-wide

Purpose

1. To report on the revenue budget's financial position for Adult Social Care and Strategic Housing as at the end of October 2006 and to provide projections to the end of the financial year.

Financial Implications

2. These are contained in the report.

Background

3. The Adult Social Care and Strategic Housing Scrutiny Committee receives regular budget monitoring reports. The previous report covered the first four months of the financial year to the end of July. The position presented to the Committee on 2nd October 2006 showed a projected overspend of £3.4m on Adult Social Care and a projected overspend of £31k on Strategic Housing.
4. As indicated in the previous reports the major budget pressure within Adult Social Care is residential and nursing care placements. This remains a consistent pressure across all service user groups. Appendix 1 details the number of nursing and residential packages for each client group.

Adult Social Care

Summary

5. The projected outturn as at the end of October for Adult Social Care is an overspend of £1.437m against a budget of £31.1m. The projected outturn in the Integrated Performance Report as at the end of September, as reported to Cabinet on 16 November, was £2.743m.

6. Details of the service area projected outturn under or overspends are as follows and includes the information supplied this Committee on 2nd October:-

	31 October 2006 £ Over / (Under)	31 July 2006 £ Over / (Under)
Learning Disabilities	1,217,574	1,288,493
Older People	(522,273)	680,617
Physical Disabilities	319,777	559,020
Mental Health	389,250	643,117
Service Strategy	53,055	100,493

7. It should be noted that the £1.437m projected overspend is before any use is made of the £1.3m Social Care contingency. The contingency covers Adults and Children's services. Appendix 2 summarises the position.
8. There is a significant decrease in the projected outturn compared with the previous report. A cautious approach was taken in respect of the Access and Systems grant at the start of the year to ensure the grant was used appropriately and met its terms of use. The report to this Committee on 2nd October indicated work was underway to review the position. This work has been completed and included in this report.
9. The Access and Systems grant funding for financial year 2007/08 has been notified to the Council. Work is underway to ensure that recurrent commitments are allocated to the funding. Any uncommitted funding will be allocated to specific client groups in the next couple of months. The funding is to be utilised for vulnerable older people.
10. Since the last report additional resources of £830,955 have been transferred from the budget previously held centrally for job evaluation into the base budget. In the previous financial year (05/06) the adjustment was £569,277. The increase in budget is to fund additional salary increments and costs from successful appeals.

Learning Disabilities

11. The projected outturn for this area is a £1.218m overspend. The risk sharing agreement for this Section 31 arrangement with the Primary Care Trust (PCT) has been suspended for 2006/07. The Council and PCT will fund their respective proportion of the projected overspend.
12. In the previous financial report it was indicated that the Council was in discussion with the Primary Care Trust (PCT) regarding the impact from central government funding variations for the Health Service. The position has

been clarified and the PCT has transferred £178k of continuing healthcare funding to outside of the pooled budget agreement.

13. The main areas of overspend are Community Care residential, nursing care and agency placements. The overspend has decreased between month 4 and 7 due to renegotiation of a community supported living contract.

Older People

14. The projected underspend of £599k in the Older People service area is the result of reviewing the Access and Systems grant. A review was completed covering the terms of grant and its regulations to ensure the full use of the funding. The grant must be utilised to ensure vulnerable older people retain their independence.
15. Community care residential and nursing placements still remain a key pressure within this area. Within October there has been an increase of 10 nursing placements. This is an exceptional month and it is unlikely that this increase will be sustained each month until the end of the financial year. However if the increase does materialise the additional cost is approximately £200k.

Physical Disabilities

16. Similar pressures affect the Physical Disabilities service user group where a £320k overspend is projected. The main budget pressure within this service group is residential and homecare packages.

Mental Health

17. This service group is covered by a Section 31 agreement with the PCT being the lead partner for this agreement. The Adult Services element of the overspend is £383k.
18. The overspend is largely a result of community care placements. Since August an additional 4 residential packages have been agreed.

Strategic Housing

19. The projected underspend for Strategic Housing is £45k against a £2.1m budget.
20. The last report showed a £31k projected overspend. The current position represents a £76k reduction in the projected outturn. All sections within Strategic Housing have a reduction in the projected outturn.

21. This year the major budget pressure within Strategic Housing has been around temporary accommodation to support the homeless service. As the figures in the table below indicate, since 2005/06 there has been a decrease in the number of clients in bed and breakfast accommodation.

	Families	Couples	Singles	Total
Highest 2005/06	49	7	42	98
Lowest 2005/06	39	3	24	66
Average 2005/06	45	5	32	82
Average 2006/07	19	1	11	31

22. Appendix 3 indicates the number of clients within bed and breakfast accommodation has significantly decreased since April 2006.
23. Within Strategic Housing some one-off savings have occurred due to vacant posts. This is a non-recurrent underspend against the annual budget.

RECOMMENDATION

THAT the Committee notes and comments on the projected 2006/07 financial outturn for Adult Social Care and Strategic Housing.

BACKGROUND PAPERS

- **None**

Appendix 1

Community Care Placements

Mental Health

	Nursing	Residential	Total
Budget Assumption 05/06	90	149	239
Budget Assumption 06/07	94	148	242
1st April	99	151	250
End of May	98	156	254
End of June	102	151	253
End of July	102	155	257
End of August	101	158	259
End of Sept	103	153	256
End of Oct	106	157	263

Older People

	Nursing	Residential	Total
Budget Assumption 05/06	131	156	287
Budget Assumption 06/07	126	161	287
1st April	127	167	294
End of May	134	175	309
End of June	134	171	305
End of July	136	167	303
End of August	130	167	297
End of Sept	133	160	293
End of Oct	143	162	305

Physical Disabilities

	Nursing	Residential	Total
Budget Assumption 05/06	4	8	12
Budget Assumption 06/07	9	21	30
1st April	8	20	28
End of May	9	19	28
End of June	9	19	28
End of July	11	19	30
End of August	11	19	30
End of Sept	13	20	33
End of Oct	12	19	31

Appendix 1

Learning Disabilities

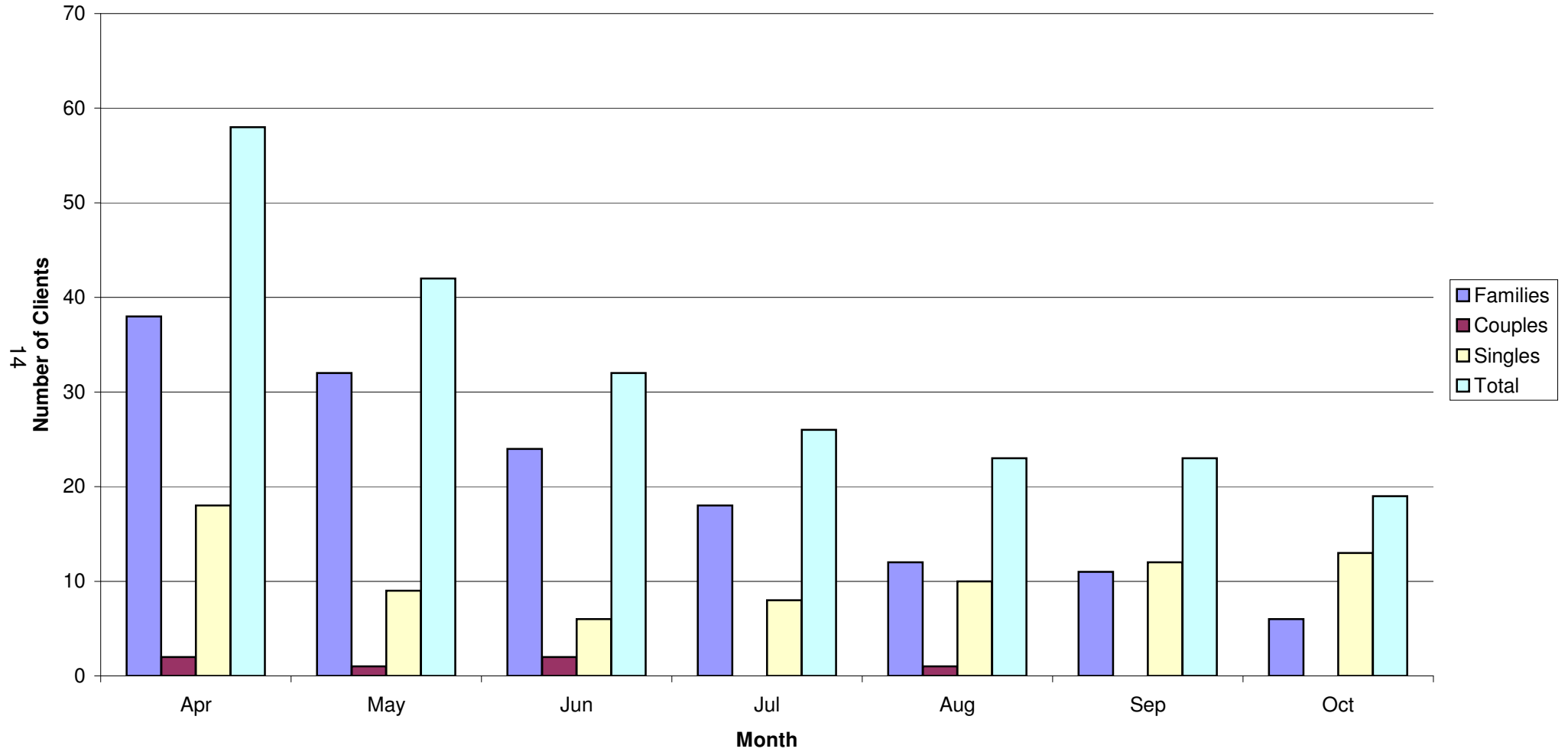
	Nursing	Residential	Total
Budget Assumption 05/06	2	59	61
Budget Assumption 06/07	5	93	98
1st April	5	95	100
End of May	5	99	104
End of June	5	99	104
End of July	5	100	105
End of August	5	100	105
End of Sept	5	100	105
End of Oct	6	103	109

Appendix 2

	2006/07 Annual Budget	YTD Actuals @ October 2006	YTD Budget @ October 2006	YEAR END PROJECTION As of End October	YEAR END PROJECTION As of End September	YEAR END VARIANCE Over (+) Under (-)
Strategic Housing	2,108,299	(2,778,604)	(935,903)	2,063,284	2,115,935	(45,015)
Commissioning & Improvement	1,561,088	274,575	895,364	1,476,321	1,980,038	(84,767)
Adults	1,311,219	(1,366,678)	604,850	1,333,890	1,233,375	22,671
Learning Disabilities	7,938,196	6,922,606	3,914,076	9,155,770	9,232,109	1,217,574
Older People	12,816,479	6,636,722	6,535,823	12,294,206	12,882,291	(522,273)
Physical Disabilities / Sensory Impairment	2,844,088	1,663,084	1,448,227	3,163,865	3,539,999	319,777
Mental Health	4,488,615	2,327,187	2,247,808	4,877,865	5,068,949	389,250
Section 31 Arrangements	974,249	472,674	477,095	934,103	1,117,488	(40,146)
Joint Finance	(210)	(17,057)	(105)	0	0	210
Preventative Management	105,024	53,114	59,952	101,427	0	(3,597)
Service Strategy	624,082	271,513	292,229	677,137	728,918	53,055
Total Adult Social Care	31,101,742	16,963,165	15,579,953	32,538,263	33,803,129	1,436,521
Total Adult Social Care & Strategic Housing	34,771,129	14,459,136	15,539,414	36,077,868	37,899,102	1,306,739

Appendix 3

Number of Clients in Bed & Breakfast Accommodation 2006



ADULT SERVICES & STRATEGIC HOUSING PERFORMANCE MONITORING

Report By: 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 for a selection of data available as at the end of September 2006.
4. As outlined in previous reports to this Committee, the Department of Health (DH) publishes statistical information on the performance of all Adult 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 regular reports to the Government Office of the West Midlands and the Department for Local Government and Communities.

Social Care

6. Of the 27 Adult Social Care indicators used to assess the performance of the Directorate none were in Band 1 and ten of the PIs returned in the top two Bands for 2005-06.
7. The out-turn figures for the end of September represent the position based on the data contained on the CLIX system. The current data-set represents the minimum position and is likely to improve significantly as an exercise is undertaken to reconcile records and cleanse the system. It is usual at this stage in the year for the out-turn figures not be aligned with the targets set – hence the number of ‘frowning’ faces in the status column. It is expected that there will be improvements for the end of third quarter and subsequently at the end of year.

8. The out-turn figure for C28 does represent the final position for 2006-07 and has already been reported. This activity is based on a sample week of activity, which took place in September. Whilst the out-turn figure was less than the target set, there is a marked improvement on the position compared with 2005-06.
9. The detail of all 27 performance indicators is included as Appendix One.

Annual Judgement

10. Following the Annual Review Meeting (ARM) with the Commission for Social Care Inspection (CSCI) in September, the Council has received its provisional judgement and star rating for Adult Social Care. The Director will be in a position to report at the Scrutiny Committee meeting, although there is an embargo on sharing this information in advance of 30th November.

Adult Social Care Improvement Plan

11. Following a competitive tendering exercise, two firms of consultants have been appointed to take forward the five work-streams within the Improvement Plan. PricewaterhouseCoopers successfully won the work for three work-streams: Performance Data, Market Management and Workforce Development; and OLM won the contracts for two work-streams: Fairer Charging and Fair Access to Care Services.
12. Good progress is being made on all five work-streams with reports due in December and January outlining the findings and proposing implementation action plans.
13. The Performance Data work-stream is working towards the following outputs:
 - A critical appraisal of current recording and reporting processes and arrangements.
 - A set of standard report templates, including requirements for content, detail and format.
 - An approach to maximise accurate data capture across operational teams using CLIX.
 - An objective and comparative interpretation of an agreed set of performance indicators, specifically focused on their definition and the process by which they are calculated.
 - A realistic and agreed basket of local Performance Indicators.
 - An agreed and documented approach to target setting.
 - For staff across the Directorate to have felt totally engaged with this work-stream and own the findings and recommendations.
 - A clear and realistic Implementation Plan to take forward recommendations.

Service Planning

14. Draft Directorate and Divisional (Service) Plans will be submitted in December setting out the broad range of activities and priorities for the Adult and Community Service Directorate in line with the Community Strategy and Corporate Plan. Robust performance management arrangements will be put in place to monitor progress against these plans.

Strategic Housing

15. The detail of the housing indicators is shown in Appendix Two.

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**

**ADULT SOCIAL CARE AND STRATEGIC HOUSING
SCRUTINY COMMITTEE**

1ST DECEMBER 2006

Appendix One – Adult Social Care

PAF	BVPI	Local Indicator	Definition	Out-turn 05.06	Target 06.07	Q1	Q2	Q3	Q4	Status
C28	53		Households receiving intensive home care per 1000 population aged 65 or over	5.7	7.5	6.7				☹
C29			Adults with physical disabilities helped to live at home per 1000 population aged 18-64.	4.8	5.0	2.9	2.9			☹
C30			Adults with learning disabilities helped to live at home per 1000 population aged 18-64.	2.5	2.8	2.2	2.40			☹
C31			Adults with mental health problems helped to live at home per 1000 population aged 18-64.	3.7	4	3.4	3.20			☹
C32			Older people helped to live at home per 1000 population aged 65 or over.	83.0	85	48.0	74.43			☹
C51	154		Adults and older people receiving direct payments per 100 000 population aged 18 or over.	80.0	100	66.3	74.10			☹
C62			The number of carers receiving a specific carers' service as a percentage of clients receiving community based services.	10%	10%	12%	9.00			☹
AO/D37			Availability of single rooms	88%	88%	88.4%	86.36			☹

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Further information on the subject of this report is available from
Andrew Hasler, Improvement Manager on 01432 260655

**ADULT SOCIAL CARE AND STRATEGIC HOUSING
SCRUTINY COMMITTEE**

1ST DECEMBER 2006

PAF	BVPI	Local Indicator	Definition	Out-turn 05.06	Target 06.07	Q1	Q2	Q3	Q4	Status
AO/D39			Percentage of people receiving a statement of their needs and how they will be met.	91%	98%	90%	86.00			☹
AO/D40			Client receiving a review	75%	75%	44.8%	53.00			☹
D54		56	Percentage of equipment and adaptations delivered within seven days	94%	94%	97%	96.00			☺
D55	195		Acceptable waiting time for assessments (new older clients).	70	85	96	81.00			☹
D56	196		Waiting time for Services	79	83	81	80.00			☹

**Adult Services
Successes**

The In Control pilot now has 5 individuals with learning disability who have indicative individual budgets. Herefordshire Council is part of the second phase of a national programme to test out the implications of providing individuals with an allocation of money instead of the traditional options for meeting their needs. A funding formula has been constructed which allocates funds in direct relation to the level of need of individuals. Individuals can combine other income e.g.. Welfare benefits, Independent Living Funds with the funds provided by the local authority. A brokerage service is being provided through Herefordshire Centre for Independent Living to support people in making their support arrangements. The first phase of the national pilots found that the scheme was more cost effective, with some support arrangements costing less than a traditional model of service. People in receipt of an individual budget reported having more control of their lives, more choice in life style and more opportunities to do ordinary activities in their community. The pilot is closely linked with the Person Centred Planning initiative which helps people on the pilot identify how the funds can help them fulfil their life plan. Herefordshire hopes to provide 20 people with individual budget within a year.

Telecare - A central Gov Grant has been provided this year to support local authorities to develop Telecare services. Telecare is a term used to describe a means of supporting people to live independently and more safely in their own homes by means of new technology. For example a movement censor can alert a monitoring centre of someone leaving their property - this can be helpful in protecting people who may be vulnerable when going out alone; a censor can indicate how many times a fridge has been opened indicating whether an individual is active during a given period. A co-coordinator has been appointed and 14 items of Telecare have been installed. Telcare in Herefordshire will build on the existing partnership with Herefordshire Housing who provide the community alarm system. Herefordshire Housing will provide the installation and monitoring function.

Four people with Learning disability have gained employment through a new social enterprise in Leominster. The Pavilion on the cricket green has been renovated and opened as an ice-cream parlour.

Issues and Concerns

C32 - this performance indicator measures the numbers of older people helped to live at home. Teams have been working hard to ensure we are recording all our activity in this area but Herefordshire continues to report less activity than comparable authorities. Performance indicators are intended to prompt authorities to look more closely at the activity and ask further questions about performance. The new vision for Adult Social Care was described in the recent government green paper "Independence Choice and well being" and in the white paper "Our health our care our say". Both stress the importance of local authorities and local health services promoting the take up of universal services and community cohesion as a means of supporting the growing numbers of older people in our communities. The challenge facing the council is that of demonstrating improvement measured by this PI and promoting these concepts. The Adult social care Improvement work-stream due to report in the New Year will provide some direction on this. Advice from the Care Services Improvement Partnership is that Herefordshire should commission a piece of research on how people who are not using our services are supporting themselves, with a view to ensuring the systems identified are supported in future plans.

Appendix Two – Strategic Housing

PAF	BVPI	Local Indicator	Definition	Out-turn 05.06	Target 06.07	Q1	Q2	Q3	Q4	Status
	64		Number of private sector dwellings returned to occupation	54	50	9	16			☺
	183a		Average length of stay for FWC in B&B	10.65 weeks	0 weeks	18	15.5			☺
	183b		Average length of stay for FWC in hostel accommodation	29.3 weeks	12 weeks	12	72			☹
	202		Number of people sleeping rough	Less than three	NA	NA	NA	NA	NA	☺
	203		% change in FWC in temporary accommodation compared to previous year	+26%	0%	-10.65%	-16.4%			☺
	213		Number of homeless households where casework resolved situation (measured per 1000 households)	0.93 (300 hseholds)	4 per 1000	48				☺
	214		% households accepted as homeless who have been previously accepted within last 2 years	+2.88%	2%	1 repeat case	2 repeat cases			☺

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Strategic Housing

Enabling Section

Enabling and Housing Needs have been in negotiations with 13 developers on a number of S106 planning gain sites across the County, which will provide over 442 affordable units over the next 2 to 3 years.

Private Sector Housing

The HMO and Enforcement team have drawn up a new Enforcement Policy in accordance with current guidelines. Landlords were invited to comment on the draft document.

The team also attended the recent Landlords Forum to explain the changes recently introduced by the Housing Act 2004 and how it affects both partners in driving up standards in the private rented sector.

Completion of outstanding notices under the Housing Act 1985 continue to rise and remains a priority.

Homelessness

Prevention work has impacted positively on the number of homelessness applications and acceptances which have continued to fall. Acceptances for Q1 & Q2 this year total 69. At the same time in 05/06 there were 224 acceptances.

The number of families with children placed in temporary accommodation (BVPI 203) is 16% lower than last year. However, due to a) the method of measuring & b) the nature of the clients, the outturn of BV183b has worsened, rather than reflect the success of moving a 'difficult' household from a long stay in temporary accommodation, to a secure tenancy.

REVIEW OF SERVICES FOR PEOPLE WITH A LEARNING DISABILITY – CABINET’S RESPONSE

Report By: Director of Adult and Community Services

Wards Affected

County-wide

Purpose

1. To consider Cabinet’s response to the recommendations made to it in the Scrutiny Review of services for people with a learning disability.

Background

2. In July 2006 this Committee approved the findings of the Scrutiny Review of the services for people with a learning disability.
3. Cabinet considered its response to the findings on 12th October 2006
4. This Committee agreed in July that the Executive’s response to the Review including an action plan be reported to the first available meeting of the Committee after the Executive had approved its response; and that a further report on progress in response to the Review then be made after six months with consideration then being given to the need for any further reports to be made.
5. Cabinet’s response to the Review as reported to and approved by Cabinet is appended.
6. The report elsewhere on this agenda on future social care needs for older people and adults with learning disabilities complements the Committee’s review.
7. It is also important to advise the Committee that confirmation had been received that the Commission for Social Care inspection will be carrying out an inspection of the Council’s Learning Disability Services in January 2007. Members will be kept informed of the inspection.

RECOMMENDATION

THAT Cabinet’s response to the findings of the review of the services for people with a learning disability be noted, subject to any comments, which the Committee wishes to make.

BACKGROUND PAPERS

- None

Further information on the subject of this report is available from
Stephanie Canham, Head of Adult Social Care on 01432 260320

RESPONSE TO THE SCRUTINY COMMITTEE REVIEW OF LEARNING DISABILITIES SERVICES

PORTFOLIO RESPONSIBILITY: SOCIAL CARE, ADULTS AND HEALTH

CABINET

12TH OCTOBER, 2006

Wards Affected

County-wide.

Purpose

To set out the Cabinet's response to the Adult Social Care and Strategic Housing Scrutiny Committee's review of Learning Disabilities Services in Herefordshire Council.

Key Decision

This is a Key Decision because it is likely to be significant in terms of its effect on communities living or working in Herefordshire in an area comprising one or more wards.

It was not included in the Forward Plan however inclusion in the agenda gives the required notice in accordance with Section 15 of the Local Authorities (Executive Arrangements) (Access to Information) Regulations 2000.

Recommendation

THAT the response to the Scrutiny Committee's review of Learning Disabilities Services be approved.

Reasons

The Scrutiny Committee's review was designed to gain a fuller understanding of the operation of learning disability services, the demands on the service and, in particular, the factors behind the significant budget pressures that had become apparent over recent years.

In addition, the Committee examined the existing change project plans and reviewed the current balance of services.

The Review's aim was to provide guidance to the Cabinet Member (Social Care Adults and Health) on the current and future service needs and service models and the allocation of resources.

Recommendations from the review have been considered and an action plan prepared.

Considerations

1. Learning disability services for adults are operated as an integrated service between the Council and the Herefordshire PCT under a Section 31 agreement, with the Council as the lead agency. These arrangements are to be reviewed (along with those for mental health and community equipment services) by the end of March

Further information on the subject of this report is available from Stephanie Canham, Head of Social Care - Adults on 01432 260320

2007.

2. For a number of years, the service has been unable to meet demands within the level of resources allocated, and the Council and PCT have invested additional resources. Despite this, the difficulties in maintaining services within budgets have persisted.
3. Against this backdrop, the Adult Social Care & Strategic Housing Scrutiny Committee decided on 2nd December 2005 to divide into 3 groups to look at the main areas of service provision in more depth over a 3-month period between March - June 2006. These groups were:
 - Accommodation and Support;
 - Day Opportunities;
 - Assessment and care management.
4. Following the formation of the Adult and Community Services Directorate in the restructuring of Council departments, the Director commissioned a parallel Needs Analysis project in older people's services to investigate the longer term future demands on Council services and resources up to 2020. Adult learning disability services were included in the analysis to anticipate the resource implications for the Council. This will result in recommendations about future service models and their costs.
5. The Scrutiny review group was given a series of presentations about the national and local service context, covering demography, demand for services, changing expectations, threats to existing funding, assessment and care management, accommodation and support and day opportunities.
6. Members then conducted a series of visits to services and met the Valuing People Partnership Board (which represents the major stakeholders in learning disabilities) to begin to develop recommendations.
7. The work of the Scrutiny Committee, and the intelligence gained from the Needs Analysis work will combine to inform the development of a detailed Commissioning Plan for the integrated services. Preparation work on the plan has already begun, and will soon be able to specify the commissioning and procurement intentions of the Programme Board for Learning Disabilities and the Joint Commissioning Group of the Health and Care Partnership. Cabinet will ensure consistency between these work streams. A copy of the Scrutiny Committee report is available in the Members' room.
8. The Scrutiny Committee's report is welcomed as an important and timely contribution to the consideration of the issues facing the Council in learning disability services. The report has been carefully considered and the response to the specific conclusions and recommendations of the Scrutiny Committee's report are highlighted in bold type below for information and are followed by the Executive's proposed response. The corresponding action plan is shown in Appendix 1.

Scrutiny Recommendations/Executive's Response

9. **An over-arching aim of the Directorate's Learning Disability Service should be adopted that seeks to support individuals to live as full and independent lives as possible, based on the premise of "ordinary lives" and social inclusion.**

This recommendation is predicated upon the basic principles in the White Paper, Valuing People (2001). Social inclusion is also a fundamental aim embraced in the Herefordshire Community Strategy and as such is accepted and endorsed without reservation. This has implications for the Council and its partners in the Herefordshire Partnership that extend well beyond the responsibilities of health and social care. Although the agenda for social inclusion will, in the short term, be driven by social care, the aim is to highlight the role of the community as a whole and to ensure that this is translated into real support for people with learning disabilities. The recommendation is fully accepted.

10. **Appropriate accommodation is the key to achieving this aim. The Council and its partners should explore all opportunities for providing different options for accommodation and support for people with a learning disability.**

At present, a disproportionate amount of the learning disabilities pooled budget is consumed in providing residential care. It is understood that this imbalance between residential care and more independent living options is not the case in many other authorities, and that the need for a wider range of options is voiced consistently by groups of people with learning disabilities. As such, the principle behind this recommendation is accepted.

11. **All the Council's existing sites providing services for people with a learning disability must be reviewed, with a view to using capital receipts for developing alternative accommodation.**

It is accepted that it is appropriate to keep the use of the Council's resources under constant review in order to ensure the most efficient use of assets. This recommendation will be referred to the Cabinet Member for Resources, for consideration.

12. **Examine the possibility of providing an extra care housing model for people with a learning disability.**

In order to provide the range of options to meet a range of needs, it is accepted that extra care housing could indeed have an important role to play.

13. **Following the needs analysis, engage partners in the independent sector to develop the balance of community and residential services for people with a learning disability.**

The need to change and develop services is accepted in order to meet demands for services and secure best value. It is preferable to see developments progressed through a partnership arrangement with one or more key providers, in order to ensure capacity to respond to changing needs.

14. **Develop a greater understanding of the costs of individuals' care arrangements, using the In Control Model.**

The pilot project for In Control will ensure that a more equitable approach is developed to the allocation of resources to meet a range of needs. The project is founded on a Resource Allocation System that is based on levels of need and is transparent to service users, carers and staff.

- 15. The Council move away from a building-based day opportunities model and work with the voluntary and independent sector to develop more opportunities for choice and inclusion. Better understanding of the unit costs of providing transport and a range of in-house services is required.**

This recommendation is entirely consistent with Valuing People principles and the direction already adopted in the service. Once again, the approach should be through partnership arrangements between the Council and the Third Sector, who are better placed to bring in other funding streams to widen the range of options for users. Unit costing of services is being developed and will inform the commissioning of future services. The recommendation about the unit costing of transport is accepted, and Directorate transport budgets should be targeted at those whose needs cannot be met by public transport. Service users who can travel independently should be encouraged to do so, but there will continue to be a need for transport provision for those less able to travel independently and safely.

- 16. Models of provision should be developed which maximise funding streams.**

This recommendation follows the principle of rebalancing the responsibilities for commissioning learning disability services between statutory health and social care bodies and other government institutions, (as well as society as a whole). The comments under recommendation 11 apply equally here – that third sector partners in particular, can access resources that statutory agencies cannot.

Moving away from registered residential provision to more independent living will promote access to other funding streams e.g. housing benefit/supporting people.

- 17. The Council should use its wider inclusion and disability and diversity strategies to support the social inclusion of people with learning disabilities.**

It is proposed that this recommendation is endorsed in full. The conclusion of the Needs Analysis work also highlights the enormous potential within Council and Herefordshire Partnership strategies and services to enhance the social inclusion of this group and other groups with social disadvantages. There are some practical steps being adopted by the Valuing People Partnership Board to make this a reality. The Community Strategy will be used as a vehicle.

- 18. That the Executive's response to the Review, including an action plan, be reported to the first available meeting of the Committee after the Executive has approved its response.**

This response is being made to the first available meeting of the Scrutiny Committee.

- 19. That a further report on progress in response to the Review then be made after six months with consideration then being given to the need for any further reports to be made.**

A further report will be made as requested after six months. This will have the benefit of further consideration of the Needs Analysis and Commissioning Plan work.

Financial Implications

The Needs Analysis work will include costings of future models of service. This will identify the financial implications both for the Council and the Primary Care Trust.

Alternative Options

Not applicable.

Risk Management

The Learning Disabilities Programme Board has both commissioning and Section 31 responsibilities for the services. This Board will monitor the current and future pressures on the services and the pooled budget and report risks to the Joint Commissioning Group and the partner agencies.

The Programme Boards will form a key feature of the Public Service Trust arrangements for joint commissioning and monitoring services.

Consultees

None at this stage.

Background Papers

Report by Adult Social Care and Strategic Housing Committee – Review of services to People with a Learning Disability.

Herefordshire Council Executive response to the review of Learning Disability Services – Action Plan – October 2006 - 2007

	Recommendation	Summary of Cabinet/Cabinet Member Response	Action	By Who	By When	Target/Success criteria	Progress
a	An over-arching aim of the Directorate's service should be adopted that seeks to support individuals to live as full and independent lives as possible, based on the premise of "ordinary lives" and social inclusion.	Accepted. Tackling social exclusion is a fundamental aim of the Council and Herefordshire Partnership	This has been adopted as the fundamental principle behind the Joint Commissioning Plan for Learning Disabilities, which will be signed off by the Programme Board.	Stephanie Canham	November 2006	Commissioning Plan to demonstrate the mechanisms to rebalance from residential care to supported living alternatives, and from specialist, centre-based day services to community based opportunities.	
b	Appropriate accommodation is the key to achieving this aim. The Council and its partners should explore all opportunities for providing different options for accommodation and support.	Accepted.	This will be apparent in the Accommodation and Support section of the Commissioning Plan and in the recommendations of the Needs Analysis report. There will be specific plans to reduce the reliance on registered residential care, and increase the range of tenancies	Stephanie Canham and Lydia Bailey	December 2006	Commissioning Plan to demonstrate the mechanisms to rebalance from residential care to supported living alternatives.	

			with support and owner occupation.				
c	All the Council's existing sites providing services for people with a learning disability must be reviewed, with a view to using capital receipts for developing alternative accommodation.	Referred to Cabinet member for Resources	The Council will engage in a tendering exercise for in house residential provision as part of the modernisation work. This will form part of the Commissioning Plan. The Council's current policy is that capital receipts are managed corporately and redirected to Council priorities.	Sonia Rees	November 2006	The tendering exercise will specify which sites could be released for capital receipts or to develop accommodation.	
d	Examine the possibility of providing an extra care housing model for people with a learning disability.	Accepted	Extra care housing will be considered for people in the lower dependency bands. The approach will be two-fold: to seek ECH places within developing schemes for older people, and to examine the effectiveness of specialist ECH schemes for people with learning disabilities in Birmingham and other authorities.	Stephanie Canham and Lydia Bailey	April 2007	The Council's Housing Strategy will specify the need for ECH for people with learning disabilities.	
e	Following the needs analysis, engage partners	Accepted.	The actions for this follow those of (c)	Stephanie Canham	October 2007	Partners are selected for the	

	in the independent sector to develop the balance of community and residential services.		above. The exercise will seek partners in the third sector and private sector to work with the Council to achieve this new balance of services. This will follow the Funding and Procurement Guidelines agreed with the Alliance.	and Lydia Bailey		development of Accommodation and Support services and contract details finalised.	
f	Develop a greater understanding of the costs of individuals' care arrangements, using the In Control Model.	Accepted.	The In Control pilot project Resource Allocation System will link resources to needs for those receiving an individualised budget. The pilot project evaluation will determine the implications for commissioning future services..	Stephanie Canham and Catherine Nolan	April 2007	A transparent Resource Allocation System for individualised budgets is developed and evaluated.	
g	The Council move away from a building-based day opportunities model and work with the voluntary and independent sector to develop more opportunities for choice and inclusion. A review of the unit costs of	Accepted.	An analysis of current service configuration provides a baseline for change. The Day Opportunities Modernisation section of the Commissioning Plan will show in more detail where and how the reconfiguration of	Stephanie Canham and Laura Ferguson	February 2007	The Commissioning Plan will be developed to specify the mechanisms to modernise services in each locality.	

	providing transport across the County and a range of in-house services is required.		<p>services will occur. Examination of unit costs will be an integral part of this exercise.</p> <p>The transport consequences of these changes will be analysed as part of this exercise to ensure maximum use of public/existing forms of transport.</p>	Stephanie Canham and Laura Ferguson	March 2007	The transport implications of these plans will be included.	
h	Models of provision should be developed which maximise funding streams.	Accepted.	<p>All sections of the Commissioning Plan will aim to encourage alternative funding streams into learning disabilities support. This will include access to capital and revenue for supported living, and opportunities to expand employment and training through generic sources.</p>	Stephanie Canham	April 2007	Additional funding streams achieved	
i	The Council should use its wider inclusion and disability and diversity strategies to support the social inclusion of people with learning disabilities.	Accepted	<p>The Valuing People Partnership Board has close links with the Council's Diversity Team, and joint initiatives will continue.</p>	Stephanie Canham & Senior Management team			

j	That the Executive's response to the Review including an action plan be reported to the first available meeting of the Committee after the Executive has approved its response;	Accepted	To be reported to Social Care and Strategic Housing Scrutiny Committee Dec 2006	Cabinet member for Social Care	Dec 2006	Scrutiny Committee receive report	
k	That a further report on progress in response to the Review then be made after six months with consideration then being given to the need for any further reports to be made.	Accepted	A progress report will be made as requested.	Cabinet Member for Social Care	April 2007		

FUTURE SOCIAL CARE NEEDS FOR OLDER PEOPLE AND ADULTS WITH LEARNING DISABILITIES IN HEREFORDSHIRE

Report By: Director of Adult and Community Services

Wards Affected

County-wide

Purpose

1. To consider the findings and recommendations of the review of future social care needs of older people and people with learning disabilities and the services needed to meet them.

Background

2. Herefordshire's adult social care services have been facing increasing financial pressures, against a background of continuously increasing user demand.
3. In order to understand the demographic pressures facing the County and the way the pressures might translate into service needs to vulnerable adults the Council, jointly with the Primary Care Trust (PCT), agreed to commission a detailed needs analysis looking at the demographic pressures and how these might translate into service needs.
4. A small project team led by the Council's Corporate Policy and Research Manager and involving the PCT, Adult Social Care and Finance staff has undertaken the needs analysis work. This work has been independently validated and has been benchmarked with high-performing authorities elsewhere in the country.
5. The attached report and appendices set out the analysis undertaken and summarise the conclusions both in terms of the demography and the way in which that demography will translate into increased service needs and budget pressures.
6. The reports also set out a strategy for the future based on a significant shift to a more preventative model of services, which will require a much greater contribution from the voluntary sector.
7. This new model of service would require some additional investment but not as much as would the current model of service. It would also enable the Council to improve significantly the quality of services available to the residents of Herefordshire.
8. Following consideration by Adult Social Care And Strategic Housing Scrutiny Committee, the report will be considered by Cabinet at its meeting on 14th December, 2006 and it is intended that a seminar will be organised so that the information in the report can be shared with all Members. This will be followed by a stakeholder seminar with key representatives of the voluntary sector, PCT and other stakeholders to agree the way forward.

RECOMMENDATION

THAT the attached reports be considered and endorsed for consideration by Cabinet, subject to any comments the Committee wishes to make.

BACKGROUND PAPERS

- None

Future social care needs and services for older people and adults with learning disabilities in Herefordshire

September 2006

Herefordshire Council Corporate Policy and Research Team
Contact e-mail address: smartin@herefordshire.gov.uk

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Summary

Working with its partners, Herefordshire Council is committed to maximising the independence, well-being and choice of vulnerable adults. In doing this, it faces a major double challenge: despite substantial additional investment and service improvements in recent years, it still lags behind what is provided by high-performing authorities serving comparable areas; and the demand for services continues to rise significantly year-on-year.

Older people

The already disproportionately high number of older people in the county will continue to increase more rapidly than nationally. In particular, the number of people over 85, who are by far the heaviest users of social care, is expected to increase 43% by 2011 (1,800 more people), and nearly 79% by 2020 (3,300 more people).

Even after allowing for what may be optimistic national forecasts of improved health, there is expected to be a 55% increase by 2020 in the number who need help with essential activities like washing and going to the toilet. There is likely to be a similar increase in those who will need help with shopping or cleaning.

Within these totals, there will be a disproportionate increase in those suffering from dementia: by as early as 2010 there are expected to be 700 more such people who need continuous support.

These changes will be accompanied by a disproportionate increase in the number of older people living alone, and there are already signs that fewer family members may be willing to provide care.

Compared with generally high-performing East Riding, Shropshire and Somerset, Herefordshire proportionately provides much lower levels of residential and nursing home care, helps fewer people to live at home, and is slower to complete assessments and provide services. It spends less but has higher unit costs, which is partly because it raises less income from charging service users. It has fewer social workers, care managers, support staff and senior managers. It has much poorer systems for data collection and analysis.

Compared with Shropshire, it appears to have a significantly lower level of voluntary-sector community support that enables people to live fulfilled lives in their own homes and communities. These are needed as the bed-rock for sustainable and cost-effective services. They are not about professional social care and should be developed as part of the comprehensive strategy *Growing older in Herefordshire*.

This community support needs to have good links to professional social care and health services, especially reablement that supports people intensively for

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a limited time to enable them to return to independent lives in their communities.

Other crucial ingredients of future services are: a network of active-ageing centres in existing community buildings; changing the eligibility criteria for social care to require that the non-social care options should first have been exhausted; extending direct payments and individualised budgets to as many people as possible; extra-care housing; telecare; much more intensive home care, especially to meet the needs of the rapidly rising number with dementia; but also (because of our current low level of provision) a more modest increase in residential and nursing home places, with a shift in the balance towards nursing and specialist care; and the closer integration of community hospitals in the delivery of services to avoid hospital stays that undermine independent living.

If Council Tax increases are to be kept low, these better services won't be possible unless the Council raises more income from service users who can afford to pay; attracts more money from external sources for multi-use community facilities and other developments; drives more radical approaches to care and support packages; streamlines its assessment and other processes, maximising the potential of the *Herefordshire Connects* programme, including the new contact centre and Info. shops; and puts in place a strong partnership commissioning strategy.

Equally vital for success will be an injection of additional management capacity and better ICT. These are mainly common to the changes needed in respect both of older people and adults with learning disabilities. As such, they are summarised below.

Just to maintain the current, inadequate pattern and levels of services to meet the minimum expected increases in demand for social care, making the maximum efficiency savings possible in those circumstances, would cost an estimated additional £3.6 million a year by 2011, compared with costs in 2005-06 (all figures at 2005-06 prices).

On the assumption that the Council would increase its income from charging for social care and operate as efficiently as possible, high-performing services would cost an estimated additional £1.9 million a year by 2011, compared with 2005-06 (i.e. £1.7 million less a year than continuing with the current pattern of services).

This takes no account of the costs of developing the wider preventative services under *Growing older in Herefordshire* that are crucial to reduce to the essential minimum the growing demands on social care. If this isn't achieved, the net costs for the high-performing social care services described above are unlikely to be adequate. Accurate costs are not yet available for the non-social care developments, but it is reasonable to assume that at least an additional £1 million a year would be needed to achieve substantial initial impact. Even with that investment, the net costs would still be lower than continuing with the current pattern of services.

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Adults with learning disabilities

Many more children with severe learning difficulties (often together with severe physical disabilities) are surviving into adulthood. More generally, people with learning disabilities are living longer, increasingly into old age.

As a result, the number of adults with learning disabilities (AWLD) is expected to increase 13% (69 more people) by 2011 and 19% (102 more people) by 2015; and to carry on increasing thereafter.

The number with higher levels of dependency (needing more care and support) is expected to increase 16% (50 more people) by 2011 and 27% (83 more people) by 2015; and to continue to increase thereafter.

At the same time, the average age of family carers is increasing, with already 33 AWLD living with a carer over 70; and younger parents are much more likely to expect their children to live independently, away from the family home.

Herefordshire could face even bigger demands for social care because the current number of AWLD known to services is 17% below the national prevalence; and if there were unexpected increases, such as from the large number of people placed here from other counties, whose residential care is paid for by the placing authorities. Since these demands may not arise and cannot be predicted, they are not included in the proposals for improved services.

In comparison with high-performing Somerset (which has a similarly low number of service users relative to national prevalence rates), Herefordshire proportionately places far more people in residential care; supports far fewer to live in their own homes or with family carers; provides fewer short breaks; and enables far fewer to gain meaningful employment. It spends less in gross terms and per user, but is nonetheless in the top third of its statistical neighbour authorities for expenditure per head of total population on learning disabilities. It has much lower income from charging users and from the PCT. It has fewer senior managers and has much poorer systems for data collection and analysis.

Although Herefordshire is ahead of Somerset in the provision of some modern day services, we still offer many more buildings-based opportunities (to which many people are bussed) than in flexible local community settings.

A vital contribution in enabling AWLD to live fulfilled lives in their local communities, and to avoid inappropriate demands on social care, needs to be made by generic community facilities and services. Every opportunity to enhance these for AWLD should be taken under *The Herefordshire Community Strategy*.

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Accommodation should normally be in supported tenancies and, where possible, owner-occupation, accessing non-Council capital and revenue funding. There should be equal opportunities in this respect for those with high dependency.

The crucial ingredients of improved social care will be: a substantial reduction in residential care, with normally no more than four people in a home; better, targeted support for family carers; increased use of the voluntary and community sector, including for emergency respite care; careful planning with users and family carers to manage the transition to independent living, for all ages; a continued move away from buildings-based day services; a commensurate increase in community-based opportunities; an expansion of opportunities for meaningful paid and voluntary employment; a comprehensive programme of communication training for all working with AWLD; the extension of direct payments and individualised budgets to as many people as possible; and changing the eligibility criteria for social care to require that the non-social care options should first have been exhausted.

If Council Tax increases are to be kept low, these better services won't be possible unless the Council raises more income from service users who can afford to pay; attracts more money from external sources for housing, multi-use community facilities and other developments; drives more radical approaches to care and support packages; further reduces avoidable transport costs by enabling people to take part in local opportunities and use public transport; and puts in place a strong partnership commissioning strategy.

Just to maintain the current, inadequate pattern and level of services to meet the expected increase in demand for social care, making the maximum efficiency savings possible in those circumstances, would cost an estimated £963K a year by 2011, compared with costs in 2005-06.

On the assumption that the Council would increase its income for social care and operate as efficiently as possible, high-performing services would cost an estimated additional £164K by 2011, compared with 2005-06 (i.e. nearly £800K less a year than continuing with the current pattern of services).

These costs take no account of what would be needed further to improve access for AWLD to generic (i.e non-social care) community facilities and services. If this isn't achieved, the net costs for the high-performing social care services described above are unlikely to be adequate. Accurate costs are not yet available for the non-social care developments, but it is reasonable to assume that at least an additional £0.5 million a year would be needed to achieve substantial initial impact. Even with that investment, the net costs would still be lower than continuing with the current pattern of services.

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Increasing capacity to deliver the high-performing services

The recommended improvements to achieve high-performing services that would meet the unstoppable increased demands for social care for older people and AWLD won't be achieved without significant additional management resource.

This report assumes that the permanent elements of this would be secured, without additional cost, through the establishment of the proposed Public Service Trust. This would need to be tested as proposals for the Trust are developed.

Some elements would be time-limited – assumed to be for a period of three years from April 2007. These would include full-time posts of general manager to lead the change team; project manager; business process engineer; and a specialist to generate additional external income.

In addition, a time-limited specialist will be needed to generate sustainable arrangements to secure meaningful employment opportunities for AWLD.

These time-limited posts would cost a total of some £259,000 per annum.

Equally crucial to delivery of the improvements are effective ICT-based systems to provide managers with timely and accurate intelligence to manage services and budgets (which have already been identified as a priority in the *Herefordshire Connects* programme); a comprehensive change management programme for all staff in the Council and partner organisations, including a workforce action plan to make sure that the Council has the right staff with the right skills; and regular review and periodic formal evaluation. These should not require additional resources in addition to those to be provided for *Herefordshire Connects* and those that can be secured from external sources.

Section 1: Introduction

- 1.1 With its partners, the Council is committed to maximising the independence, well-being and choice of vulnerable adults.
- 1.2 Despite substantial additional investment over previous years, and changes 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 services in 2004-05 for older people and for adults with learning disabilities placed it in the lowest quartile of local authorities in England. Further additional investment resulted in measurable improvement in 2005-06 but against the background of other authorities continuing to improve.
- 1.3 In addition, demand for these services has risen substantially in recent years and continues to do so, to the extent that expenditure has significantly exceeded budgets.
- 1.4 This is taking place against the background of the ambitious developments in Government policy for health and social care set out in the White Paper of January 2006, *Our health, our care, our say: a new direction for community services*. This calls for a fundamental shift in services to local communities, to be developed by local partners in ways that better meet the needs of individual people. It sets four main goals:
 - a. **better prevention and earlier intervention** – reducing the chances of people becoming ill or dependent in the first place;
 - b. **more choice and a louder voice** – ensuring that people are in control of the services they receive, through approaches such as the extension of social care direct payments and budgets for individuals;
 - c. **tackling inequalities and improving access to a wider range of community services** – getting the areas of greatest need the services they deserve; and
 - d. **more support for people with long-term needs** – better integration of services and joint planning across health and social care for those who make the most intensive use of services
- 1.5 These goals are underpinned by national consultation that showed strong support for more community services. That is reflected in the consistent findings of public consultation in Herefordshire, most recently that carried out in the development of the new *Herefordshire Community Strategy 2006 – 2020*, which highlighted as key issues for local people support to live independently and better access to local services. The Council and its partners in The Herefordshire

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Partnership have responded by making *Healthier Communities and Older People* one of the *Strategy's* four priorities for better outcomes.

- 1.6 In the light of these considerations, and as one of the essential foundations of its comprehensive Adult Social Care Improvement Plan, the Council is committed to work with its partners, and with service users themselves and their families and representatives, to develop and deliver better, sustainable services for the future. It wants, in particular, to strike the right balance between preventative services and the provision of more intensive support and care.
- 1.7 In respect of older people, having regard to the evidence that those who live active and fulfilled lives in their communities are less likely to need social care (or, at least, not to need it so soon), it wishes to take forward the planning and development of its social care services as an integral part of its comprehensive corporate strategy for older people, *Growing older in Herefordshire*, which is scheduled to be completed by October 2006.
- 1.8 The wider development of social inclusion and services for adults with learning disabilities will continue to be planned through a partnership strategy developed by the Valuing People Partnership Board.
- 1.9 In all of this, the Council is particularly conscious of the inter-relationship of social and health needs, and the inter-dependence of social care, housing, health services, the voluntary and community sector, and user and carer organisations necessary to achieve the best outcomes for people.
- 1.10 There is a particular need for close joint working between the Council and the Primary Care Trust (PCT). This is now being taken forward within the context – and the major opportunity – of the commitment in principle of the Council and the PCT to create together a Public Service Trust to plan and deliver fully integrated primary and social care services for Herefordshire.
- 1.11 The Council therefore decided to carry out urgently a thorough assessment of future needs in Herefordshire for social care services for older people (including those with mental health problems) and of adults with learning disabilities; of the patterns and levels of services needed to meet those needs; and of the costs involved in doing so, taking into account the scope for greater efficiency in moving from the present services to a new, more effective pattern.
- 1.12 This report has been prepared under the leadership of the Council's Corporate Policy and Research Team, working with relevant staff in the PCT and in the Council's Adult Social Care Department and Resources Directorate. The membership of the Steering Group is at Appendix 1.

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- 1.13 The Steering Group has been advised by distinguished experts in the field, throughout the project by Professor Gerald Wistow and Eileen Waddington and, additionally for the initial assessment of future needs, by Lynda Hoare. Further information about the expert advisers is at Appendix 2.
- 1.14 The first stage of the project was to estimate the likely need for social care of older people and adults with learning disabilities through to 2020. This was to provide the long-term context for the second stage: the assessment of what patterns and levels of cost-effective services would be needed to meet expected needs in 2011.
- 1.15 Rather than conduct a theoretical assessment of these service needs, the best possible comparator local authorities were identified; that is high-performing councils serving areas with broadly similar settlement patterns and demographic characteristics to those found in Herefordshire. Through analysis of comparative data about services and costs, of inspection reports, and by visiting the authorities, we established what patterns and levels of services they provide; how they intend further to change and improve them to meet future challenges; and, crucially, how they manage and deliver them successfully. These findings were then applied, having regard to the distinctive needs and circumstances of Herefordshire and to wider relevant comparisons.
- 1.16 The final stage was to translate these findings into costed proposals for the development of services through to 2011.

The structure of the report

- 1.17 Section 2 of the report concerns older people. It is divided into four parts: the assessment of future social care needs; the assessment of what patterns and levels of services will be needed to meet those needs in 2011; the capacity that will be needed to develop and deliver them successfully; and the costed options.
- 1.18 Section 3 concerns adults with learning disabilities. It is structured similarly.

Section 2: Older people

Assessment of future social care needs

2.1 The full assessment of future social care needs for older people is at Appendix 3. It begins with a summary.

2.2 The crucial points are:

- the already disproportionately high number of older people in Herefordshire will continue to increase more rapidly than nationally: over 65s by nearly 19% by 2011, and by over 50% by 2020; over 85s (i.e. those most likely to need intensive social care) by some 43% by 2011 (1,800 more people), and by nearly 79% by 2020 (3,300 more people)
- applying to Herefordshire what may well be optimistic national forecasts of improved population health would still leave a 21% increase (900 more people) by 2011 and a 55% increase (2,300 more people) in the number who need help with essential activities for daily living, like washing and going to the toilet, and who are likely to place a high demand on social care
- on top of these, by 2011 there is expected to be a 22% increase (2,300 more people) in those with some lesser dependency, such as needing help with shopping or cleaning; which is estimated to rise by 2020 to a 54% increase (5,700 more people)
- within these increases there is expected to be a disproportionate increase in the number of older people with dementia: by 2010 of some 69% (over 700 more people) in those needing continuous support, rising to 97% (over 1,000 more people) by 2015 and likely to carry on rising substantially to 2020
- all these increases will place additional demands on informal (normally family) carers as well as professional social care. These will come at the same time as a projected decrease in adults living with their elderly parents, a disproportionate increase in the number of older people living alone and signs that fewer family members may be willing to provide care. This points to a need for more support for carers or, in their absence, to find other (non- professional social care) ways to meet simple day-to-day needs

The pattern and levels of services to meet needs in 2011

2.3 In comparison with the relatively high-performing East Riding, Shropshire and Somerset, Herefordshire proportionately:

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- provides a much lower level of residential and nursing home care (70 supported places per 10,000 people over 65, compared with an average of 87 in the comparator authorities)
- helps fewer people to live at home (83 per 1,000 over 65, compared with an average of 94 in the comparator authorities; and only 5.7 households per 1,000 people over 65 receiving intensive home care, compared with an average of 9 in the comparator authorities, which in turn is under half that achieved by top quartile performers)
- is slower to complete assessments (70% commenced and completed within officially defined acceptable timescales, compared with an average of 86% in the comparator authorities)
- is slower to provide services following assessment (79% within four weeks, compared with an average of 93% in the comparator authorities)
- spends less in gross terms (£745 per person over 65 per annum, compared with an average of £854 by the comparator authorities)
- has much higher gross costs per user per annum than East Riding and Somerset (12% higher than the latter), but they are 3% lower than the average for the comparator authorities
- attracts significantly less income from charging service users (just over £1,000 per user per annum, compared with an average of more than £1,550 by the comparator authorities; in which context it is noteworthy that the relative income deprivation of over 65s in East Riding, the authority that raises the most proportionately in charges, is higher than in Herefordshire)
- invests less in care management and assessment, employing fewer social workers and care managers (3.8 per 10,000 population, compared with an average of 5.4 in the comparator authorities)
- and even fewer administrative staff (2.2 per 10,000 population, compared with an average of 3.6 in the comparator authorities)
- relies on the PCT for occupational therapists and does not have them as part of its core team for assessment and care management

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- across all adult social care, has fewer managers, evidencing much less strategic planning, capacity to manage performance and change, and less developed commissioning plans (1.7 per 10,000 population - 1.9 including the joint, PCT-based IMPACT team - compared with an average of 2.1 in the comparator authorities)
- has poor, inefficient systems for the collection and analysis of data on the basis of which the performance of services can be continuously monitored and improved
- compared with Shropshire, appears to have a significantly lower level of voluntary-sector community support that enables older people and their carers to lead fulfilled lives within their own homes and communities

2.4 This last point is of enormous importance to the provision of affordable, sustainable patterns of services (and communities) in the future. Over the past few years, Shropshire has invested substantially in voluntary sector-led community services, both as a preventative measure and as a way of minimising what would otherwise be additional demands on relatively expensive professional social care. The formal evaluation, scheduled for publication in the autumn, is expected to show not only that these services have played a major part in improving the quality of life of older people and their family carers, but also that they have enabled the authority to reduce in absolute terms the amount of residential care it provides, while holding flat its provision of domiciliary care. It will also provide information on the costs.

2.5 Some idea of the nature and scale of the investment needed may be indicated by the projects that gained two-year Department of Health support under the Partnership for Older People's Projects (POPPS) in 2006. Rural authorities such as Dorset (£2,394,000), Northumberland (£2,030,000) and Somerset (£1,347,000) focused their bids on community development work, networks built on existing services beyond health and social care, and providing low-level support from community bases such as village halls. The projects' success means that they are seen as effective applications of current national policy. In Herefordshire, such developments would build on the work already done in areas such as signposting, benefits take-up and village wardens.

2.6 This analysis leads to our recommending the following as the principal ingredients of the modern, cost-effective patterns of services that should be developed in Herefordshire.

2.6.1 The bed-rock should be effective preventative measures, maintaining emotional health as well as physical well-being. The

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great bulk of these should be low-unit cost community-based initiatives, professionally managed by the voluntary sector but run largely by unpaid volunteers (many of whom will be drawn from the swelling numbers of older people themselves, helping them to lead fulfilled lives as they help others). They should include a wide range of activities that promote social participation and personal fulfilment, including through the arts. Their essence will be their local creativity and flexibility.

- 2.6.2 Without these, the Council could expect to be besieged by ever-rising demand for social care; to be condemned, at best, to mediocrity in its provision of social care services as resource constraints forced it to raise thresholds for eligibility to still higher levels; and to be incapable of meeting the Government's policy imperatives of maximising independence, well-being and choice.
- 2.6.3 This challenge extends well beyond social care; indeed, it isn't about professional social care at all. Instead, it needs to lie at the heart of the strategy *Growing old in Herefordshire* and to be embraced by all partners, with the same common purpose and drive as has enabled the *Signposting Scheme* to get off to such a successful start. It will take a number of years to roll-out and bring substantial, measurable benefits but intensive work to ensure that those kick in before the end of the decade needs to begin immediately.
- 2.6.4 Since this is not about social care, the costs are not included in the social care costings below. They will need to be considered in detail in their own right as part of the implementation of *Growing older in Herefordshire*.
- 2.6.5 Crucial though these preventative measures will be, they will not bring the best results unless they have effective links with professional social care and health services. In particular, they need to operate with links to an intensive reablement service, in which occupational therapists play a central role. This should support individuals for a strictly time-limited period, enabling people to resume independent lives in their communities with the support of family and community networks, rather than continuing to be dependent on professional social care.
- 2.6.6 As an integral part of the links between voluntary and community-based initiatives with professional care, consideration should also be given to the development of a county-wide network of active-ageing centres. These should use existing buildings, such as community halls, pubs and schools. And they should be conceived and operated, not as ghettos for older people, but as part of wider community infrastructure, accessible to a wide range of people of all ages and for multiple uses.

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- 2.6.7 To underpin the primary emphasis on supporting most people, most of the time, by means of generic, community services rather than professional social care, it is recommended that the Council should include in its social care eligibility criteria a requirement that the non-social care options must first have been exhausted. This would require the provision of accessible, up-to-date information to service users, carers and those working in professional, voluntary and community services.
- 2.6.8 Other essential ingredients of the new patterns of services will be extra-care housing (adaptations of existing housing and new-build in population centres, with mixed tenure; flexible and own-home based in rural areas); telecare; flexible 24/7 teams to provide short-term support that prevents avoidable residential or hospital care; and considerably more early intervention – again with strong links into wider forms of community support and activity.
- 2.6.9 Even with these developments, however, the combination of our current low level of provision and the substantial year-on-year growth of demand does require the additional provision of intensive domiciliary services. For the same reasons, there is also a need to increase, broadly in line with population growth, the number of residential and nursing homes places, but with a shift in the balance of provision towards nursing and specialist care.
- 2.6.10 Not least, this will be necessary to meet the most intensive care needs of the disproportionately increasing number of people with mental health problems: preventative and lower-level services can, at best, do no more than delay the progressive deterioration inherent to dementia.
- 2.6.11 Even so, the general approach to growing mental health provision should be to offer the great bulk of services (including preventative services) as part of those provided in communities to all groups. This will require the development of specialist skills in the care of people with dementia in a larger proportion of staff and wider awareness and basic skills training for all. Support needs for older people with mental health problems will require a significant increase in health care provision, planned and delivered alongside the improvements in social care.
- 2.6.12 Herefordshire has a significantly higher level of community hospital provision than two of the comparator authorities but a little less than the third. This is a good starting point for addressing the White Paper requirement to develop the role of our community hospitals as a fully integrated element of efficient and effective local community health and social care services. This will require multi-professional input, along the lines that characterise the currently separate intermediate care services, so as to avoid inappropriate hospital stays, which are a poor use of resources

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and undermine independent living skills.

- 2.6.13 Building on the *In Control* pilot, direct payments and individualised budgets should be extended to as many people as possible.
- 2.6.14 On the basis of clear, documented business processes and protocols, contact centre staff should filter (and document) initial contacts, undertaking simple initial assessments of needs and financial eligibility. This should all be within the single assessment process agreed between the Council and the Herefordshire health community.
- 2.6.15 To do this safely and successfully, contact centre staff must have immediate access to professional care staff, to whom they refer all relevant cases for advice or action. In particular, occupational therapists must be available to advise front-line staff; to undertake initial, more specific assessments; and, in the light of those, to make immediate decisions on the provision of equipment and on whether a full community care assessment should be carried out.
- 2.6.16 To ensure that the best possible care and support is available to all who need them, and to control the additional costs of the improvements, the Council needs to generate significantly higher levels of income from those able to pay for all or part of their care. This will require both a review of charging caps and a strong approach to financial assessment, for example so as to identify undisclosed capital assets. A review of fair charging will begin shortly, with the report due in December 2006.
- 2.6.17 There should continue to be regular review of the most expensive packages of care; and consideration should be given to establishing Performance and Funding panels to drive radical approaches to care/support packages and lever better value for money.
- 2.6.18 There should be a parallel drive to increase income from other sources to enable capital and other non-recurrent developments, not least in respect of multi-use community facilities. Sources might include: Government special grants; the National Lottery (including for culture and leisure), business and the Private Finance Initiative (PFI).
- 2.6.19 A strong partnership commissioning strategy needs to be developed as a matter of urgency, central to which must be the medium to long-term development of the care market to deliver the new patterns and levels of services. This should take into account the implications of significant growth in the numbers of direct payments and individual budgets.

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The additional capacity needed to deliver the improvements

- 2.7 Developing and delivering the detailed management programme to realise these higher-performing services will require a significant injection of additional management resource. The key ingredients will be highly-skilled general and financial management; dedicated project management; business process engineering; and service planning, commissioning and contract management.
- 2.8 Some elements of this would be time-limited – to initiate change and ensure that sound foundations were laid; others would be long-term – to maintain and adapt cost-effective processes and changes, and to provide the drive for continuous improvement.
- 2.9 This report assumes that the long-term elements would be secured as an integral part of the economies of scale to be achieved through the establishment of the Public Service Trust. This would need to be tested in the light of an assessment of the competencies of existing staff. It might, for instance, be necessary to bring in additional long-term expertise in health and social care business processes. It will also be necessary to take into account possible new staffing models, which seem likely to include more generic health workers and growing numbers of personal care assistants.
- 2.10 Long-term staffing changes would need to include:
- more qualified social workers
 - administrative staff working within improved systems to reduce the routine assessment and other burdens on social workers, and so increase overall productivity and value for money
- 2.11 There may also be a need for more occupational therapists (OTs) to carry out assessments and other work under the same line management as the relevant teams. This will need to be assessed in detail in the light of the need more generally for occupational therapy across health and social care; and to what extent, if any, OTs currently employed by the PCT might fulfil this role.
- 2.12 The time-limited management additions – in all cases operating in these roles in respect of both older people and adults with learning disabilities - are estimated to be whole-time equivalent (WTE) posts as follows:
- a general manager, with good financial management skills
 - a project manager
 - a specialist business process engineer
 - a specialist to generate additional income for capital and other non-recurrent developments

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- 2.13 Crucial also are quality-assured and timely service and financial data, analysed to provide managers at all levels with intelligence, on the basis of which services can be rolled-out and managed successfully, and budgets controlled. This report assumes that this will be addressed – and financed – as part of the Council's *Herefordshire Connects* programme, under which it has already been identified as a priority.
- 2.14 This will need to be done so as to deliver the requirements of the agreed single referral and assessment process. It follows that there will need to be fully compatible ICT and information protocols and systems across agencies. Again, it is assumed that this will be addressed as part of the creation of the Public Service Trust.
- 2.15 A further important link with the *Herefordshire Connects* programme will be the development of the single referral and assessment process in relation to the creation of the Council's contact centre.
- 2.16 All this will require a comprehensive change-management programme affecting all staff and partner organisations in all sectors. Two of the key ingredients will be: top-class communication and consultation at all levels, internally and externally; and a skills audit of existing staff in relation to the new patterns of services and processes, with an action plan to deliver the necessary training, development, restructuring and recruitment. In view of the Council's substantial underspending against training budgets, the potential to exploit additional external sources and the economies of scale that might be achieved under the Public Service Trust, no additional resources for training and development are included in the costings.
- 2.17 The new patterns and levels of service should be subject to regular review and periodic formal evaluation. This should include an external, independent element, if possible linked to national evaluation programmes. If necessary, the costs of this should be found from within the overall costings.

The costs

- 2.18 The overall patterns and levels of high-performing services proposed are set out in the chart at Appendix 4, which also explains the underlying assumptions.
- 2.19 Appendix 4 contrasts the proposed services with the services in place in 2005-06. It also contrasts them with the level of services that would need to be in place in 2011 were the Council **not** to make significant changes to the present pattern.
- 2.20 Against the background of the steadily increasing demand indicated by the needs assessment – and confirmed by the national *Wanless*

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Report – this shows that the Council would have no choice but to continue to expand services. But, unless it modernises services along the lines proposed in this report, it would be expanding a “no stars” pattern and level of services, and could expect to continue to be poorly rated by inspectors. Worse than that, it would be doing so in a context where the performance of authorities can be expected, on average, to continue to improve year-on-year and in which Government and the inspectors are likely to have ratcheted up the minimum acceptable standard for services and, therefore, the threshold for intervention.

2.21 Additionally, the maximum possible sustainable improvements in efficiency can only be achieved if services are modernised, as proposed.

2.22 The recurrent costs of the proposals for high-performing services in 2011, and how they compare with those in 2005-06 and those that would be incurred in 2011 without modernisation, are:

Year	Daily no. of users	Gross costs £m	Income from users £m	Other income £m	Total Income £m	Efficiency savings £m	Net total costs £m	Net additional cost to the Council £m
2005-06	4,040	26.072	4.178	0.957	5.135	N/A	20.937	N/A
2011 -no change	5,010	32.333	5.181	0.957	6.138	1,678#	26.193	3.579
2011 - modernised	5,510	36.100	8.552	0.957	9.509	3.747*	22.844	1.907

Four years compounded efficiency savings of 1.25% a year, based on gross costs of no change to the pattern of services in 2011 = 5.19%

* Four years compounded efficiency savings of 2.5% a year, based on gross costs of modernised services in 2011 = 10.38%

2.23 The key thing this shows is that **the modernised, high-performing services would, in net terms, cost the Council nearly £1.7 million less a year than continuing with the current pattern.**

2.24 **In addition to these recurrent costs, the older people element of the time-limited posts would cost some £148K per annum.** It is assumed that these posts would be filled for three years, from 2007 to 2010.

2.25 These costs take no account of what would be needed, under the *Growing older in Herefordshire* strategy, further to develop the wider, non-social care community opportunities that would help maintain the emotional and physical health of older people. Unless

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this happens, there will be substantial and inappropriate additional demands on social care that are not provided for in the social care costings above.

- 2.26 The Shropshire evaluation, expected this autumn, should give a better idea of the costs in this respect and how resources would be best targeted. In the meantime, the POPPS programme (see paragraph 2.5 above) suggests that **additional investment of at least £1 million a year could be needed to achieve substantial initial impact. Even with that investment, the net costs would still be lower than continuing with the current pattern of services.**

Section 3: Adults with learning disabilities

Assessment of future social care needs

- 3.1 The full assessment of future social care needs for adults with learning disabilities (AWLD) is at Appendix 5. It begins with a summary.
- 3.2 The crucial points are:

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- many more children with very severe learning difficulties (often together with severe physical disabilities) than in the past are surviving into adulthood
- generally, people with learning disabilities are living longer, increasingly into old age, and consequently need more care and support
- these changes will increase significantly both the number of AWLD and their level of dependency
- the number of AWLD is expected to increase 13% (69 more people) by 2011 and 19% (102 more people) by 2015; and to continue to increase thereafter
- the number of those with higher levels of dependency (and therefore needing more care and support) is expected to increase 16% (50 more people) by 2011 and 27% (83 more people) by 2015; and to continue to increase thereafter
- as the age and dependency profile of AWLD increases, so will the average age of family carers (in Herefordshire there are already 33 people living with a family carer over 70); and there are clear signs that younger parents are much more likely to expect their children with a learning disability to live a more independent life, away from the parental home
- there are a number of factors that could increase still further the level of demand for social care: the current number of AWLD known to services is some 17% below national prevalence rates, which might mean that some people who would be eligible for services are currently unknown; some people who are not eligible for a service at present may become eligible in the future as their age and dependency increase; and we may face greater pressures in respect of the large cohort of those placed in residential care from other counties (22% of AWLD currently living in Herefordshire). Since these demands may not arise and cannot be predicted, they are not included in the proposals for improved services.

The pattern and levels of services to meet needs in 2011

3.3 Although three apparently high-performing authorities were originally selected for comparison, Somerset was found to be the only one that provided a sound basis for this assessment. In particular, the number of AWLD known to its services is, pro rata to population, at a similarly low level to that in Herefordshire.

3.4 In comparison with Somerset, Herefordshire proportionately:

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- places far more people in residential care homes (1.33 per 1,000 population 18+, compared with 0.87)
- supports far fewer to live in their own homes (0.73 per 1,000 population 18-64, compared with 1.29)
- supports far fewer living with family carers (1.1 per 1,000 population 18+, compared with 1.8)
- provides fewer short breaks, particularly in non-residential care home settings (0.72 per 1,000 population 18-64, compared with 0.98)
- enables far fewer to prepare for and gain meaningful paid or voluntary employment (0.53 per 1,000 population 18-64, compared with 1.87)
- spends less in gross terms (nearly £29,000 per annum per user, compared to over £30,000. However, it is important to note that both Somerset and Herefordshire are relatively high spenders, with Herefordshire in the top third of its statistical neighbour authorities for expenditure per head of total population on learning disabilities. This is particularly significant in light of our number of service users being 17% below national prevalence rates)
- has much lower income (£6,639 per annum per user, compared with £12,232), including from charging users and from the PCT
- invests not much more than half as much in care management and assessment (6% of total spending on AWLD services, compared with 11%)
- has fewer managers across all adult social care, evidencing much less strategic planning, capacity to manage performance and change, and less developed commissioning plans (1.7 per 10,000 population – 1.9 including the joint, PCT-based IMPACT team – compared with an average of 2.1 in Somerset, Shropshire and East Riding)
- has poor, inefficient systems for the collection and analysis of data on the basis of which the performance of services can be continuously monitored and improved

3.5 Although Herefordshire is ahead of Somerset in the provision of

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some modern day services, we still offer many more opportunities in traditional, buildings-based locations (to which many people have to be bussed) than in flexible, local community settings.

- 3.6 This analysis leads to our recommending the following as the principal ingredients of the modern, cost-effective patterns of services that should be developed in Herefordshire.
- 3.6.1 The overall objective (and therefore the test of all services) is to enable AWLD to lead fulfilled lives as valued members of their local communities.
- 3.6.2 It follows that, as in the case of older people (see Section 2 above), a vital contribution to meeting the needs of AWLD and, where they exist, their family carers should be made by generic community facilities and services rather than professional social care. The Council and its partners in the Valuing People Partnership Board will need to use every opportunity under *The Herefordshire Community Strategy* to increase the inclusion of AWLD in leisure, lifelong learning, the workforce and community activities generally. Since this is not about social care, the costs are not included in the social care costings below.
- 3.6.3 The primary model for accommodation should be supported tenancies and, where possible, owner-occupation, accessing wider sources of capital and revenue funding (the Housing Corporation, MENCAP and other charitable bodies, business, benefits etc.).
- 3.6.4 There should be equal opportunities in this respect (and more generally) for those with a high level of dependency.
- 3.6.5 There should be a commensurate substantial reduction in residential care over time, with no more than four people in a home.
- 3.6.6 Exceptions should only be made on the basis of clearly established objective criteria, such as forensic or complex medical needs, and subject to high-level approval.
- 3.6.7 The pace of reduction should reflect careful consideration of the wishes of affected individuals, the level of available resources and relative priorities within the overall service improvement programme. In particular, no services should be removed or reduced in quality until better alternatives are available.
- 3.6.8 Where individuals choose to remain in the family home, there should be better, targeted support for family carers (with increased use of the voluntary and community sector, including for emergency respite care).

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- 3.6.9 There should be careful planning with users and family carers to manage the transition to independent living, rather than merely a response to crisis. This should apply equally to younger and older people.
- 3.6.10 There should be a continued move away from buildings-based day services and day care provided by residential homes, with the emphasis on accessing mainstream community-based opportunities (including in multi-purpose community centres) rather than specialised facilities for AWLD.
- 3.6.11 Employment and volunteering opportunities should be expanded, through systematic engagement with local employers, social enterprises and hard-headed support for self-employment initiatives, such as micro-enterprises.
- 3.6.12 This should be complemented by the expansion of college opportunities, including the *Skills for Life* curriculum, with the emphasis firmly on securing meaningful employment rather than (as too often now) mere readiness for work.
- 3.6.13 The Council and partners should themselves offer high-quality employment opportunities and influence others to do so.
- 3.6.14 As a significant contribution to better services, including the prevention and management of challenging behaviours, comprehensive multi-agency speech and other communication training should be delivered to all people working with AWLD (i.e. including those in non-social care capacities).
- 3.6.15 Building on the *In Control* pilot, direct payments and individualised budgets should be extended to as many people as possible.
- 3.6.16 For the most part, the current eligibility criteria for specialist services should be maintained, with continued services for current users regardless of IQ, but with an IQ below 70 the requirement for new users.
- 3.6.17 But this should be accompanied by the development of agreed protocols with other services: to ensure clarity about respective responsibilities and relationships, and minimise the risk of individuals not getting appropriate services (e.g. those with Asperger's Syndrome).
- 3.6.18 To underpin the emphasis on meeting as many needs as possible through generic, community services rather than professional social care, the Council should add to the eligibility criteria a requirement that non-social care options must first have been exhausted. This would require the provision of accessible, up-to-date information to service users, carers and those working in

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professional, voluntary and community services.

- 3.6.19 To maximise efficiency and effectiveness, comprehensive business processes should be developed and maintained.
- 3.6.20 To ensure that the best possible care and support is available to all who need them, and to control the additional costs of the improvements, the Council needs to generate significantly higher levels of income from those able to pay for all or part of their care and from external sources. This will be assisted by the actions recommended above to enable people to live as tenants or owner-occupiers and to gain meaningful paid employment.
- 3.6.21 There should be a parallel drive to increase income from other sources to enable capital and other non-recurrent developments, not least in respect of multi-use community facilities. Sources might include: Government special grants; the National Lottery (including for culture and leisure), business and the Private Finance Initiative (PFI).
- 3.6.22 There should be continue to be regular review of the most expensive packages of care; and consideration should be given to establishing Performance and Funding panels to drive radical approaches to care/support packages and lever better value for money.
- 3.6.23 Steps should be taken further to reduce avoidable transport costs by ensuring that, wherever appropriate, AWLD attend local opportunities and use mainstream public transport.
- 3.6.24 A strong partnership commissioning strategy needs to be developed as a matter of urgency, including the medium to long-term development of the care market to deliver the new patterns and levels of services. This should take into account the implications of significant growth in the numbers of direct payments and individual budgets. Preparatory work on this is already underway.

The additional capacity needed to deliver the improvements

- 3.7 Developing and delivering the detailed management programme to realise these higher-performing services will require a significant injection of additional management resource. The key ingredients will be highly-skilled general and financial management; dedicated project management; business process engineering; and service planning, commissioning and contract management.
- 3.8 Some elements of this would be time-limited – to initiate change and ensure that sound foundations were laid; others would be long-term – to maintain and adapt cost-effective processes and changes

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and to provide the drive for continuous improvement.

- 3.9 This report assumes that the long-term elements would be secured as an integral part of the economies of scale to be achieved through the establishment of the Public Service Trust. This would need to be tested in the light of an assessment of the competencies of existing staff. It might, for instance, be necessary to bring in additional long-term expertise in health and social care business processes.
- 3.10 There would also be a need for an additional 8.5 WTE professional members of community teams (compared with the 27 currently): to handle the additional assessment and care management essential to the proposed high-performing services; and to deliver the enhanced speech therapy services, including the training of all those working with AWLD in communication skills (see paragraph 3.5.14 above).
- 3.11 The time-limited management additions – in all cases operating in these roles in respect of both older people and adults with learning disabilities – are estimated to be WTE posts as follows:
- a general manager, with good financial management skills
 - a project manager
 - a specialist business process engineer
 - a specialist to generate additional income for capital and other non-recurrent developments
- 3.12 There would also need to be a time-limited WTE specialist to generate long-term sustainable arrangements to secure meaningful paid and voluntary employment opportunities for all who can be capable of holding them down.
- 3.13 Crucial also are quality-assured and timely service and financial data, analysed to provide managers at all levels with intelligence, on the basis of which services can be rolled-out and managed successfully and budgets controlled. This report assumes that this will be addressed – and financed – as part of the Council's *Herefordshire Connects* programme, under which it has already been identified as a priority.
- 3.14 Equally crucial will be fully compatible ICT and information protocols and systems across agencies. Again, it is assumed that this will be addressed as part of the creation of the Public Service Trust and linked to the *Herefordshire Connects* programme.
- 3.15 All this will require a comprehensive change-management programme affecting all staff and partner organisations in all sectors. Two of the key ingredients will be: top-class communication and consultation at all levels, internally and externally; and a skills audit of existing staff in relation to the new patterns of services and processes, with an action plan to deliver the necessary training,

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development, restructuring and recruitment. In view of the Council's substantial underspending against training budgets, the potential to exploit additional external sources and the economies of scale that might be achieved under the Public Service Trust, no additional resources for training and development are included in the costings.

- 3.16 The new patterns and levels of service should be subject to regular review and periodic formal evaluation. This should include an external, independent element, if possible linked to national evaluation programmes. If necessary, the costs of this should be found from within the overall costings.

The costs

- 3.17 The overall patterns and levels of high-performing services proposed are set out in the chart at Appendix 6, which also explains the underlying assumptions.
- 3.18 Appendix 6 contrasts the proposed services with the services in place in 2005-06. It also contrasts them with the level of services that would need to be in place in 2011 were the Council **not** to make significant changes to the present pattern.
- 3.19 Against the background of the steadily increasing demand indicated by the needs assessment, this shows that the Council has no choice but to continue to expand services. But, unless it modernises services along the lines proposed in this report, it would be expanding a "no stars" pattern and level of services, and could expect to continue to be poorly rated by inspectors. Worse than that, it would be doing so in a context where the performance of authorities can be expected, on average, to continue to improve year-on-year and in which Government and the inspectors would be likely to have ratcheted up the minimum acceptable standard for services and, therefore, the threshold for intervention.
- 3.20 Additionally, the maximum possible sustainable improvements in efficiency can only be achieved if services are modernised, as proposed.
- 3.21 The recurrent costs of the higher performing services, and the comparisons with the costs in 2005-06 and the 2011 "no change" baseline, are as follows (all at 2005-06 prices):

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Year	No. of users	Gross costs £m	Income from users £m	Other income £m	Total Income £m	Efficiency savings £m	Net total costs £m	Net additional cost to the Council £m
2005-06	531	15.335	1.044	2.521	3.525	N/A	11.809	N/A
2011 -no change	600	17.327	1.135	2.521	3.656	0.899	12.772	0.963
2011 - modernised	600	18.152	1.774	2.521	4.295	1.844*	11.973	0.164

Four years compounded efficiency savings of 1.25% a year, based on gross costs of no change to the pattern of services in 2011 = 5.19%

* Four years compounded efficiency savings of 2.5% a year, based on gross costs of modernised services in 2011 = 10.38%

3.22 The key thing this shows is that **the modernised, high-performing social care services would, in net terms, cost the Council nearly £800K less a year than continuing with the current pattern.**

3.23 **In addition to these recurrent costs, the AWLD element of the time-limited posts would cost some £111K per annum.** It is assumed that these posts would be filled for three years, from 2007 to 2010.

3.24 These costs take no account of what would be needed further to improve access for AWLD to generic (i.e non-social care) community facilities and services. If this isn't achieved, the net costs for the high-performing social care services described above are unlikely to be adequate.

3.25 Accurate costs are not yet available for the non-social care developments, but **it is reasonable to assume that at least an additional £0.5 million a year would be needed to achieve substantial initial impact. Even with that investment, the net costs would still be lower than continuing with the current pattern of services.**

Appendix 1

Membership of the Adult Social Care Assessment Steering Group

Steve Martin (Chair)	Corporate Policy & Research Manager, Herefordshire Council
Stephanie Canham	Head of Adult Social Care, Herefordshire Council
Mike Metcalf	Impact Manager - Adults with Learning Disabilities, Herefordshire PCT and Herefordshire Council
Sarah Meredith	Adult Social Care Accountant
Catherine Nolan	Service Manager – Learning Disabilities, Herefordshire Council
Martin Smith	Contracts & Commissioning Manager – Adult Social Care, Herefordshire Council
Peter Sowerby	Impact Officer – Older People, Herefordshire PCT and Herefordshire Council
Andrew Tanner	Senior Accountant
Diane Topham	Commissioning Manager - Mental Health, Herefordshire PCT

THE EXPERT ADVISERS

Gerald Wistow

Currently:

- Visiting Professor in Social Policy, London School of Economics
- Visiting Professor, School of Applied Social Sciences, Durham University
- Academic Adviser, Individual Budgets Pilot Programme, Department of Health
- Authoring ADSS/LGA-commissioned paper on implementing the *Our health, our care, our say: a new direction for community services* White Paper (with Eileen Waddington)

Formerly:

- Director of Nuffield Institute for Health and Professor of Health and Social Care, University of Leeds
- Co-Director, Centre for Research in Social Policy, University of Loughborough
- Chair of Hartlepool Primary Care Trust
- Department of Health Research Coordinator, Outcomes of Social Care for Adults programme
- Member of Community Care and Disability Committee, Joseph Rowntree Foundation
- Member of Inquiry into Long-Term Care (Chair, Sir Peter Barclay)
- Member of Inquiry into Community Care for People with a Severe Mental Illness (Chair, Sir William Utting)
- Princess Royal Trust for Carers: member of Carer Support Advisory Committee
- Specialist adviser to the House of Commons Social Services Committee and Health Committee, including in respect of public expenditure, community care, funding of residential and care homes, and relationships between the NHS and local government
- Member of All-Wales Panel on the development of services for people with mental handicaps

Eileen Waddington

Currently:

- Independent Consultant in Health, Social Care and Housing
- Projects include:

- co-ordination of Department of Health research programme on Outcomes in Social Care
 - developing National Quality Standards for Voluntary Community Care Services (Age Concern)
 - researching views of older people regarding long-term care services (Help the Aged)
 - whole systems reviews of older people's services to re-shape care provision (City of Westminster, York, Rochdale, St. Helens and Knowsley)
 - reviews of services for people with learning disabilities (Kensington, Chelsea, Westminster, Hartlepool)
 - development of Royal College of Nursing Strategy for Nursing Older People
 - developing strategies for an ageing population (Warrington and Salford)
- Authoring ADSS/LGA-commissioned paper on implementing the *Our health, our care, our say: a new direction for community services* White Paper (with Gerald Wistow)

Formerly:

- Director of Community Care, North-West Regional Health Authority
- Department of Health, Community Care Support Force
- Manager, Community Care Division, Nuffield Institute for Health, University of Leeds
- Senior manager, Cheshire, St. Helen's and Cumbria social services departments

Lynda Hoare

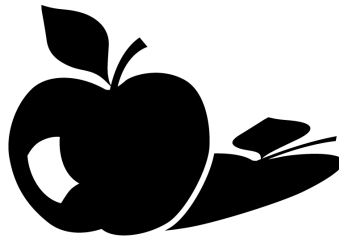
Currently:

- Independent consultant in social care policy and performance
- Projects include:
 - advising the Department of Health on social care performance policy, including work on Local Area Agreements
 - benchmarking councils' performance and advising on improvements to processes (including Herefordshire Council)
 - support and advice to councils in the preparation of performance submissions to the Commission for Social Care Inspection (including Herefordshire Council)

Formerly:

- Regional Director, South East, Commission for Social Care Inspection
- Inspector, Social Services Inspectorate, Department of Health
- Senior manager, Kingston-upon-Thames and Bradford social services departments

Formerly:



HEREFORDSHIRE
COUNCIL

APPENDIX 3

OLDER PEOPLE NEEDS ASSESSMENT REPORT

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

August 2006

Herefordshire Council Corporate Policy & Research Team
Contact e-mail address: researchteam@herefordshire.gov.uk
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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%
65 years & over	35,400	42,000	18.6%	53,000	50.1%

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.

HEREFORDSHIRE	2004	2011	%change 2004-11	2020	%change 2004-20
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.

Within these increases there is also expected to be a disproportionate increase in the number of older people with dementia: by 2010 of some 69% (over 700 more people) in those needing continuous support, rising to 97% (over 1,000 more people) by 2015 and likely to carry on rising substantially to 2020. These are based on estimates done for the West Midlands Strategic Health Authority.

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
Herefordshire	10.3%	7.3%	2.4%	20.0%
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

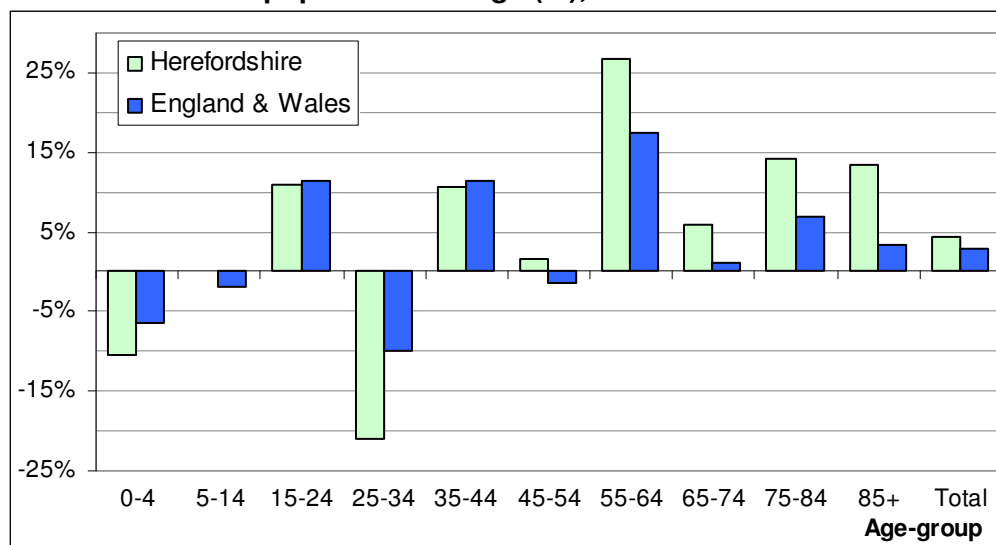
- Females outnumber males in every age group of 65 and over, reflecting the higher mortality rates for males at younger ages. The gender imbalance widens as age increases; women form just over half the 65-74 age group; by age 85 and over women outnumber men by more than 2:1.
- The ‘Black and Minority Ethnic’ (BME) population is considered to be all ethnic groups other than ‘White-British’. Experimental statistics from the Office for National Statistics shows that the percentage of ethnic groups other than ‘White British’ in Herefordshire has increased from 2.7% at the time of the 2001 Census to 3.3% in 2003 in Herefordshire. This is a growth of 22.9% of this population compared to just a 1.1% for the total county

population. The figures for England show that the 'BME' population has grown from 13.0% to 14.2%. Anecdotally over the last few years Herefordshire has experienced a large influx of migrant workers from Portugal and Ukraine; 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

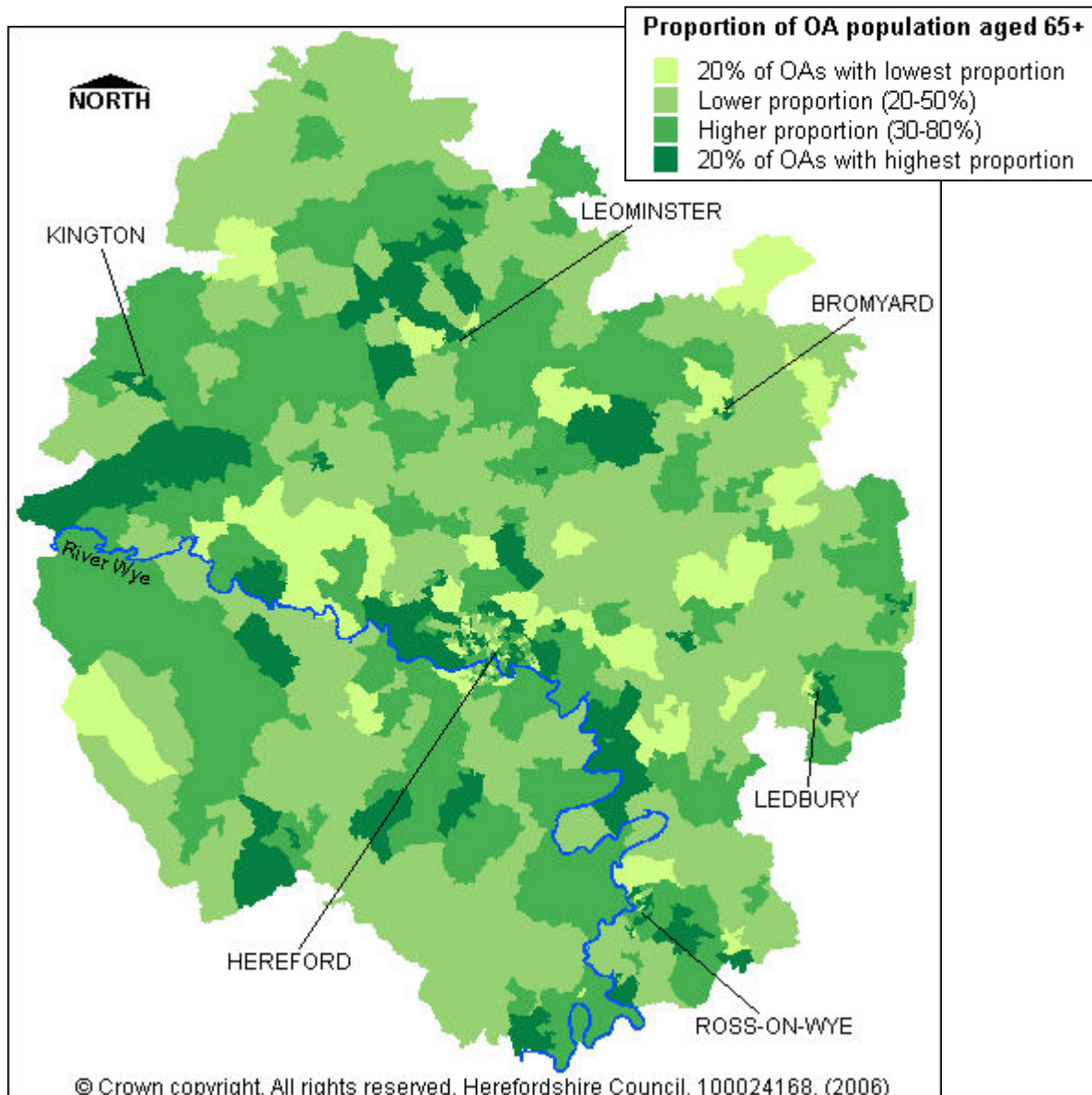


Source: ONS mid-year estimates

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

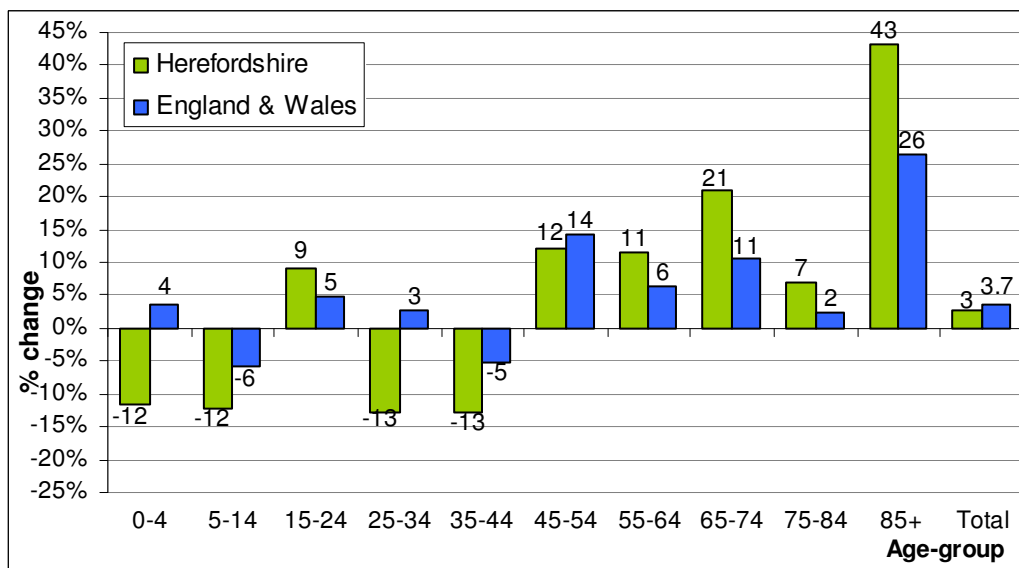
- Migration estimates indicate that, between mid-1998 and mid-2004, Herefordshire had a net increase of nearly 7,000 people due to 'within UK' migration. So, whilst the annual natural change due to births and deaths has been negative, the county has gained just over 1,100 people on average each year 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 continue¹.
- 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.

¹ 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%
65 years & over	35,400	42,000	18.6%	53,000	50.1%

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%
65 and over	15,637	47%

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
65 to 74	6,600	8,000	9,900
75 to 84	6,800	7,300	9,400
85 and over	3,200	4,500	5,700
65 & over	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 model² 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

HEREFORDSHIRE	% with a serious disability	2004	Forecast 2011	Projected 2020
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

Source: Herefordshire Council Research Team

² 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 status³. 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 CSCI⁴ 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 prices⁵ 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 care home places are wholly privately funded. Some research done

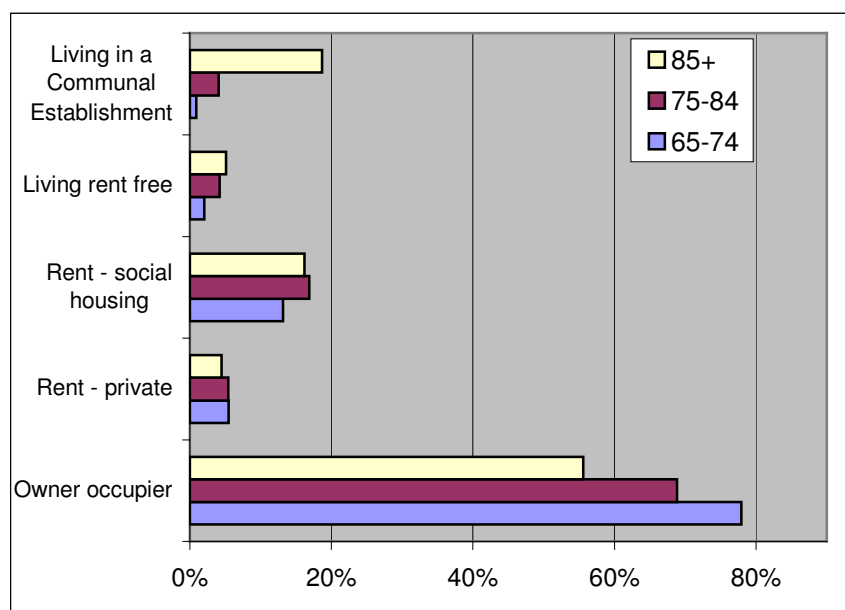
³ As used in the PSSRU model, Wittenberg et al, 2003

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

⁵ 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, 4th quarter 2005)

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 unfitness⁶ (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.
- One of the reasons given by social workers for admissions to care homes in the Wanless Report was having physically unsuitable housing. Health-

⁶ 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)

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 agegroups.
- 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.

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

Some research done locally⁷ suggests a third of care homes are probably privately funded in Herefordshire. A telephone survey of the majority of professional care agencies in Herefordshire indicated that 40% of the domiciliary care is council funded and 60% is self-funded. This means approximately 800 people were self-funding domiciliary care from professional providers in the county.

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 support⁸, 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.

⁷ On care homes by Adult Social Care, on domiciliary care by the Welfare Rights Team, both at Herefordshire Council

⁸ 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).

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.
- 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)³.

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 England⁹.

⁹ 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 care¹⁰ 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."*

¹⁰ 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

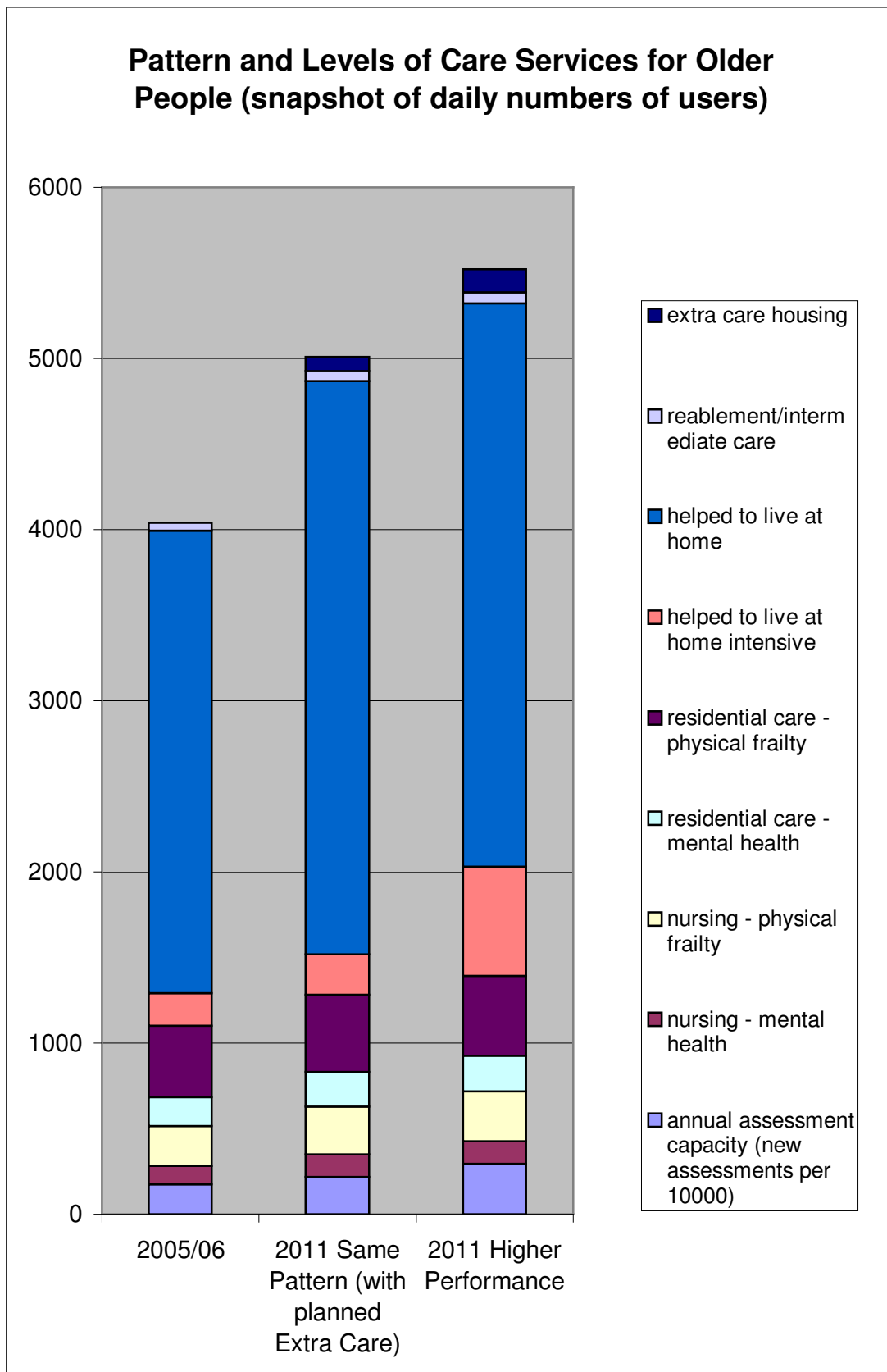
HEREFORDSHIRE	2004	2011	%change 2004-11	2020	%change 2004-20
Number of older people with HIGH demand for social care*	4,200	5,100	21%	6,500	55%
Number of older people with SOME dependency**	10,500	12,800	22%	16,200	54%
* Groups 3 & 4 dependency classification: dependent for help with 1 or more core Activity 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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Older people: proposed high-performing services



Older people: proposed high-performing services

PROPOSED MODEL OF SERVICES FOR 2011 AFTER MODERNISATION (older people).

Overview

The population of older people as a whole within the County is expected to grow by around 19% by 2011. The most significant increase is however the almost 43% increase in the 85+ age range. Allowing for this and that over 56% of current services are provided for individuals in this age range, the overall service increase required is estimated to be in the order of 24% just to maintain the current levels of services proportionate to the population.

The first bar on the chart shows the current pattern of service as at 2005-06 (4,040 daily users).

The second column shows the service in 2011 with broadly the same pattern of service, though with some planned extra care, delivering an additional 24% of service in line with the anticipated increase in demand (5,010 daily users).

The third column shows the pattern of service in 2011 reflecting a higher performing service, consistent with achievements in the comparator authorities and national targets, serving over 36% more of the relevant population (5,510 daily users) compared to the 2005-06 figure. This increase in the level of service being provided reflects the proposed change to a more preventative style of service delivery, with a reduction in the proportion of residential provision linked to an increase in the volume and range of services supporting people to remain at home. This model requires the parallel development of the community-based initiatives described in paragraphs 2.4 to 2.6.4 of the main report but not referred to in this chart.

Breakdown of service levels for proposed higher performance model.

Mental health - Nursing

This is proposed to increase from 106 places in 2005-06 to 131 places in 2011, an increase of 24%.

Mental health - Residential Care

This is proposed to increase from 169 places currently to 210 places in 2011, an increase of 24%

Taken together, the increase in provision for mental health matches the expected headline increase in service need as a whole. However, given the further specific increase expected in demand for mental health provision, brought about by an increase in instances of conditions such as Alzheimers, mental health care home provision in the proposed 2011 model will be for the more acute and serious cases, whilst less serious cases will be accommodated through an increase in the helped to live at home services.

Older people: proposed high-performing services

Physical frailty - Nursing

This proposed to increase from 234 places currently to 290 places in 2011, an increase of 24%.

Physical frailty - Residential Care

This is proposed to rise from 417 places to 467, an increase of 12% after taking into account a shift to extra care housing provision (see below).

Taken together, the proposed increase in provision for physical frailty is just over 16%, reflecting the move to a greater use of home-based help and preventative measures.

Helped to live at home - Intensive care

It is proposed that this will increase from 190 clients currently to 635 clients, a more than three-fold increase. This reflects the changes in service patterns to a higher proportion of intensive social care provided to people helped to live at home.

Helped to live at home

This is planned to increase from 2,703 clients to 3,292, an increase of just under 22%.

Extra Care Housing

This is provision which currently does not exist in the county. It is planned that 135 places will be created by 2011 to meet demand.

Taken together, the helped to live at home and extra care housing will provide an additional 40% of provision, when compared to current levels of support.

Reablement/intermediate Care

This is proposed to increase from 45 places to 65 places, an increase of 44% by 2011. This will be a combination of bed-based rehabilitation such as Orchard House and an increase in capacity of home-based rehabilitation support such as the STARRS service. Because these services provide short-term support with high turnover of clients, the impact of this increase on the number of people helped to live at home over the course of a year will be large.

Annual assessment capacity (new assessments).

It is proposed that there will be a significant increase in the capacity to provide new assessments of clients. The current number of new assessments is 1,763 per year. By 2011 it is proposed that there should be capacity for 2,958 assessments, an increase of 68% being necessary to meet the growth in demand and the standards achieved by top performing authorities.

Appendix 5

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

1st June 2006

Lydia Bailey and
Mike Metcalf

LD Needs Analysis

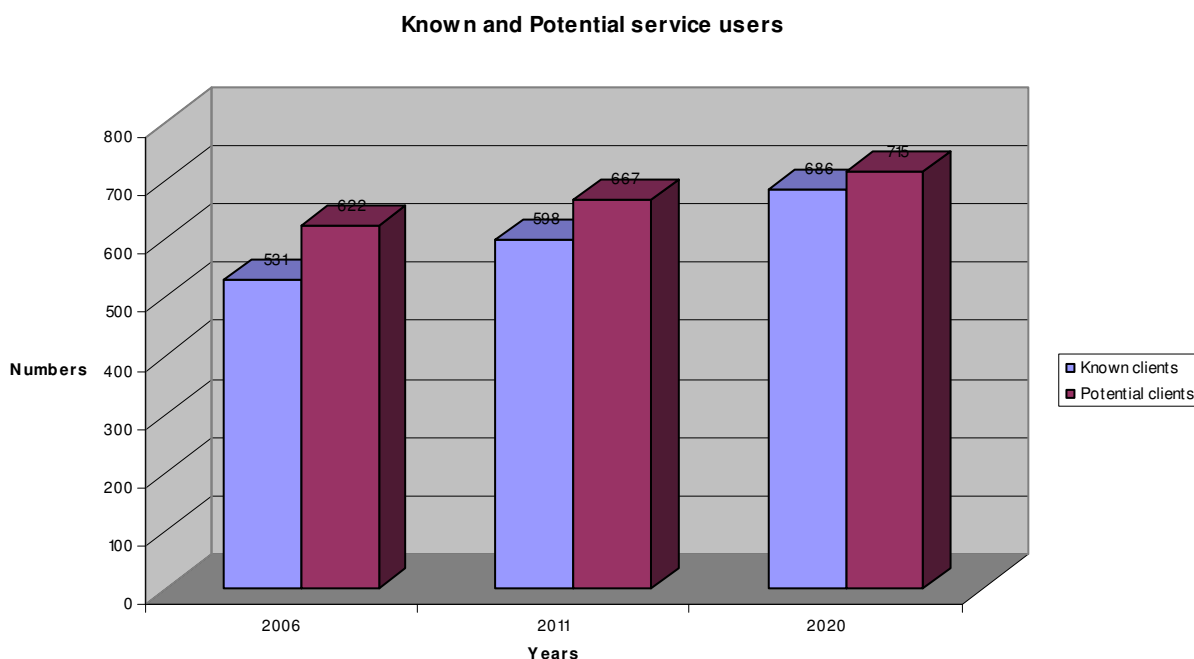
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SUMMARY

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.

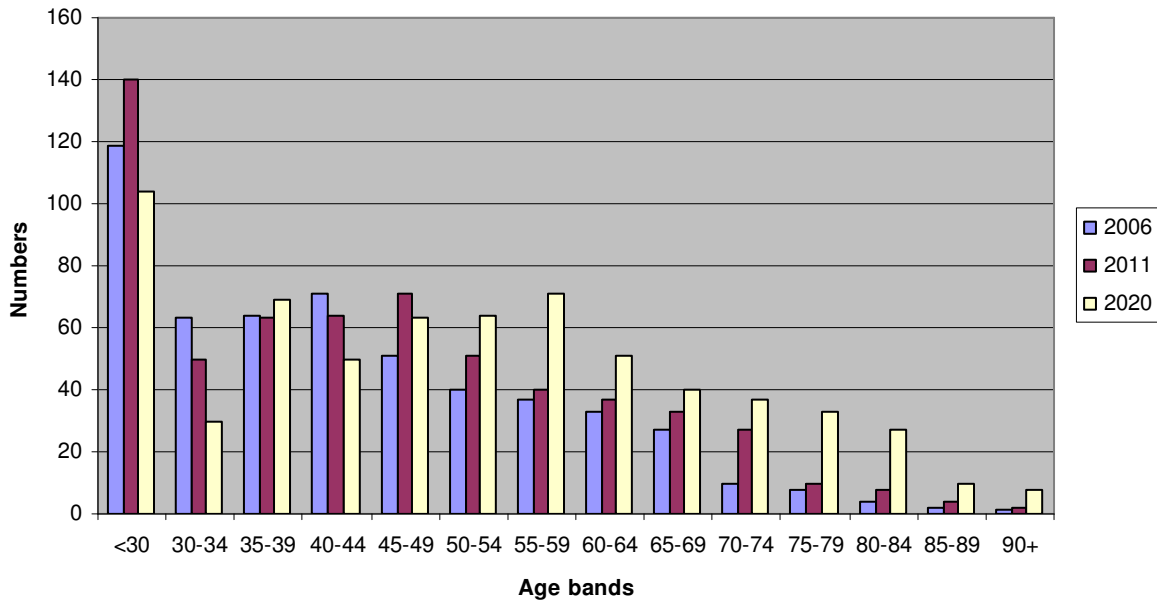


The figures for "potential clients" are based on Emerson and Hatton's estimate of 0.46% of general population related to the proportion of over 20s (see page 9 below). The figure for known clients in 2020 assumes an average of 10 new school leavers per annum. The 2011 forecast figure takes account of the changed age profile for the whole population – ie. a higher proportion over 20 (79.5%). The 2020 projection assumes 81% will be over 20.

- It should also be noted that the ONS-sub population projections for 2020 are based on recent demographic trends and do not take into account housing provision as population forecasts do (only available to 2011 from the Herefordshire Council Research Team).
- 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 Profiles for 2006, 2011 and 2020



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 already 33 people living with a family carer over the age of 70 (22% 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 and takes account of children in special schools who will transfer to adult services in the next 10 years:

	2006	2011	2015	% change
Lower dependency (Bands 1 & 2)	226	245	245	+8%
Higher dependency (Bands 3 – 6)	305	355	388	+27%

- Overall, the number of people in the higher dependency bands will rise by ¼ in the next 10 years (to 2015).
- 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).
- Herefordshire has one of the lowest population densities in England and Wales with 0.8 people per hectare. 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 0-4 years and 25 – 44 years.
- In 2005 property prices in Herefordshire have increased at a higher rate than that for England (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*.
- Average earnings are well below the West Midlands average. In November 2005 full time gross weekly earnings were £352.00 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.
 - 97.5% are White British (compared with 87.5% in England and Wales).
 - 0.2% are Asian or Asian British (compared with 4.4% in England and Wales).
 - 0.1% are Black or Black British (compared with 2.2% in England and Wales).
 - 0.2% are from Chinese or other ethnic backgrounds (compared with 0.9% 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 Partnership

** Quarterly Economic Report November 2005, Herefordshire Partnership

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 (mid-year estimate for 2004), 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.

Current estimates for Herefordshire using this rate gives a total figure of 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

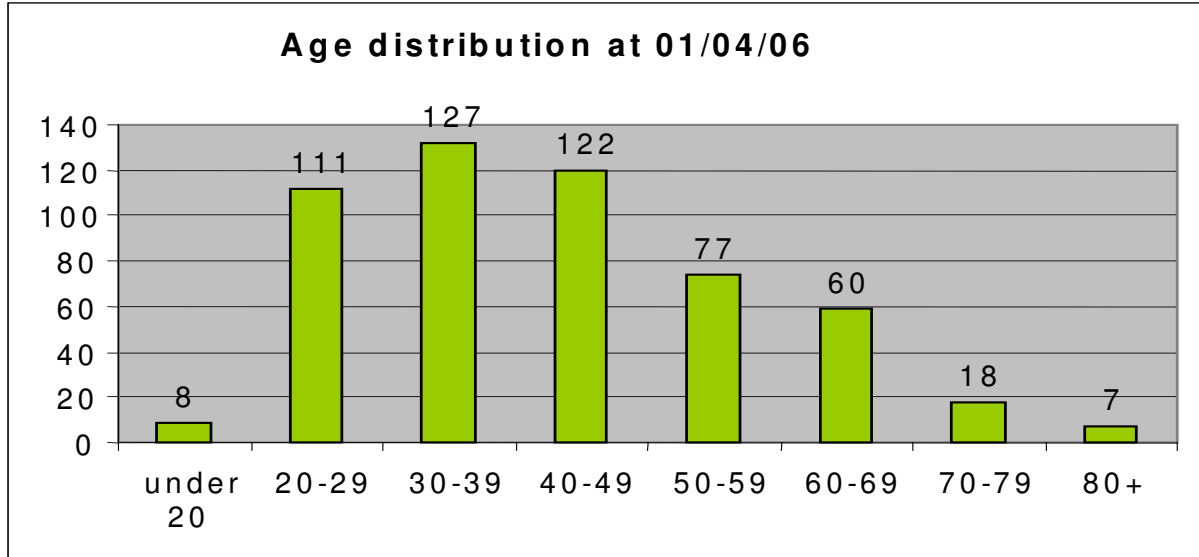
This is analysed in some detail because the balance between younger and older age groups is set to change significantly (see above).

** The figure of 622 quoted in the Summary (page 3) includes a further 8 known clients under 20 years old*

**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

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

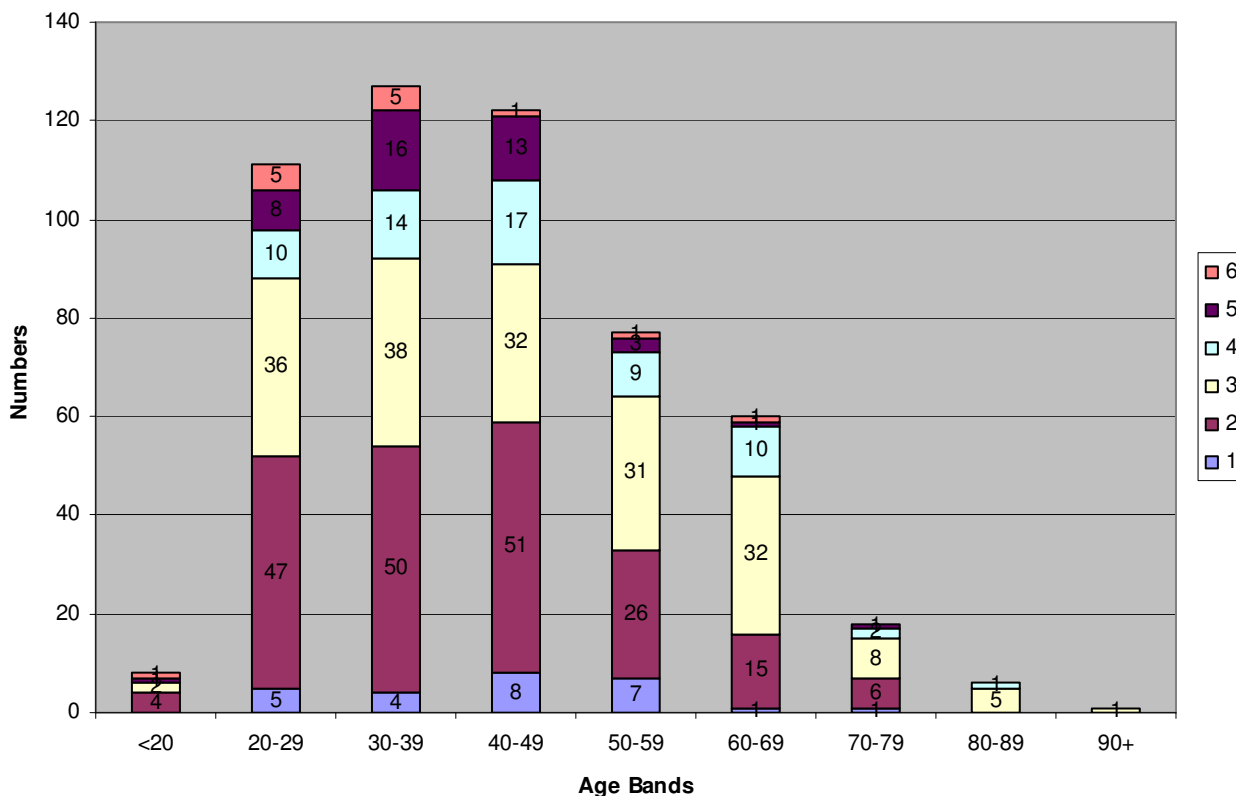
LD Needs Analysis

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

	Numbers	%
Band 1	27	5%
Band 2	199	37%
Band 3	185	35%
Band 4	63	12%
Band 5	43	8%
Band 6	14	3%
Total	531	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.

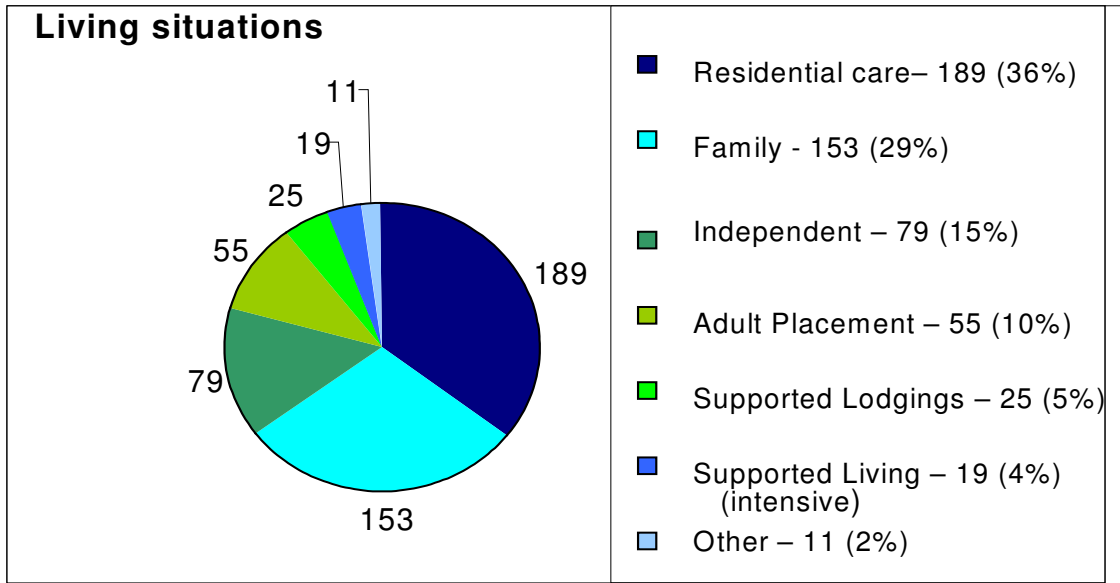
Dependency categories in 10 year age bands



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.

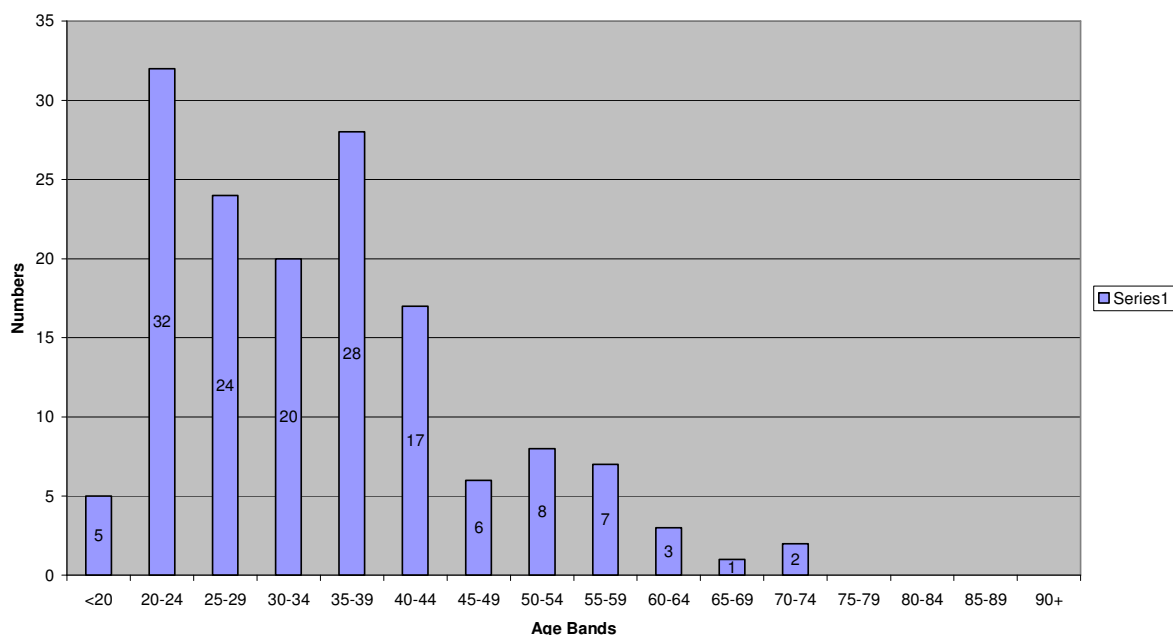
People living with family carers

This group needs special attention in predicting future service needs.

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

LD Needs Analysis

Age distribution of people living with family carers (1/04/06)

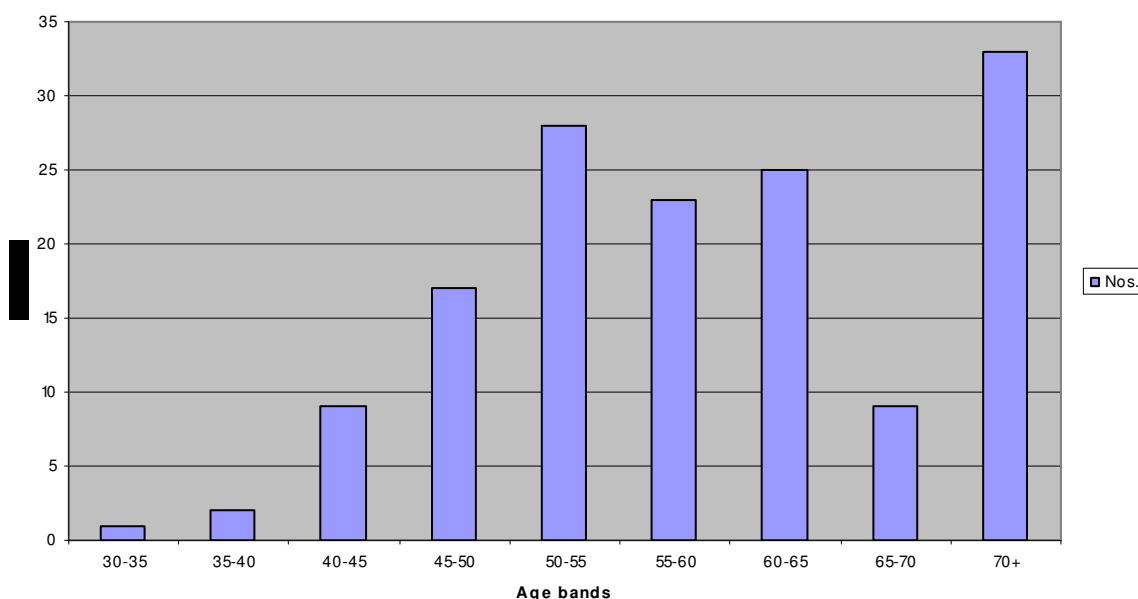


It is clear that the numbers of people remaining in family care drops dramatically after 45 years of age when parents are in their late 60s and 70s. It is this group that is set to increase in relation to the younger group, and this is examined later in the analysis.

Older Carers

It is estimated nationally that about 1/3rd 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 proportion is lower, and amounts to 22% or 33 people. However, some carers are already in their 80s. The proportion of people living with carers over 65 is 29%. The chart below shows the family carers' age profile*:

Age profile of main family carers April 2006



**NB. The slight difference between the totals in this chart and that on page 13 is because some people left the family home in between the data samples.*

In summary, there are already 33 people living with carers over 70 where a need for service support (alternative residence, or support package for daily living) could arise at any time. By 2011, some of these people will have moved to a different form of accommodation or support, but potentially a further 9 could be added to this cohort. By 2016, a potential extra 25 could be added and by 2020 a further 23.

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 2020.

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.

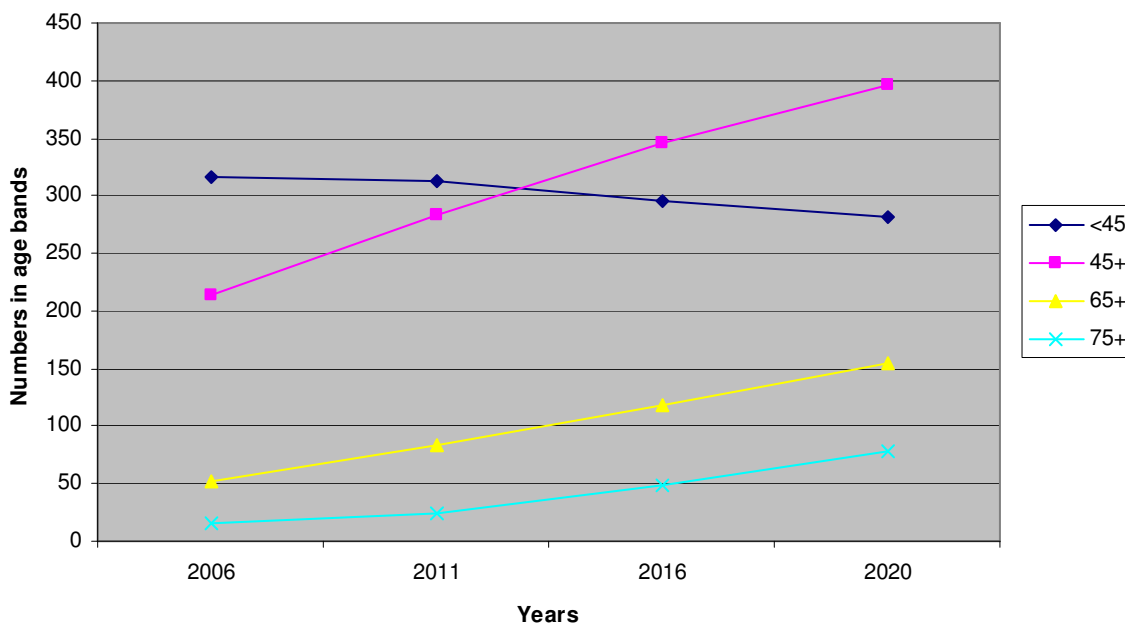
Reduced Mortality

Emerson and Hatton used the Sheffield LD Case Register to predict the changes to age-specific prevalence rates. 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. This is shown in the table and chart below and refers only to known clients:

	2006	2011	2016	2020
<45	317	313	295	282
45+	213	283	345	396
65+	52	84	119	155
75+	15	24	49	78

Changes in age profiles to 2020



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.

In addition, the rates predicted by national prevalence rates and calculated by Emerson and Hatton from LD registers gave higher figures for Herefordshire.

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.

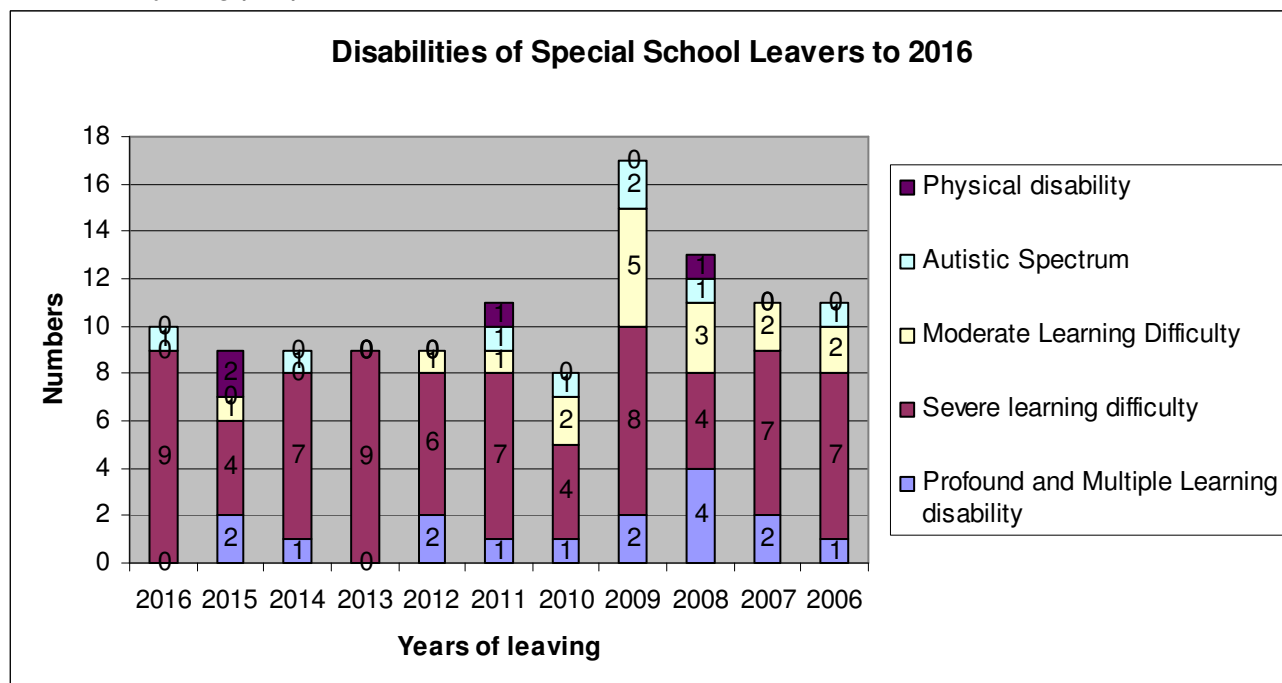
Each year the number of children who will transfer to adult learning disability services will vary. The table below shows the numbers who are currently attending a special school and their profile of dependencies for the next 11 years (using Education coding categories). *NB. These projections cannot reach 2020 because of the lack of reliable school data for the later years.*

Transitions from Special Schools (2006 to 2016) – numbers transferring

Dependency level	Number
Profound and Multiple disability	16
Severe learning disability	72
Moderate learning disability	17
Physical disability (+ moderate learning disability)	4
Autistic spectrum (+ learning disability)	8
Totals	117

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:



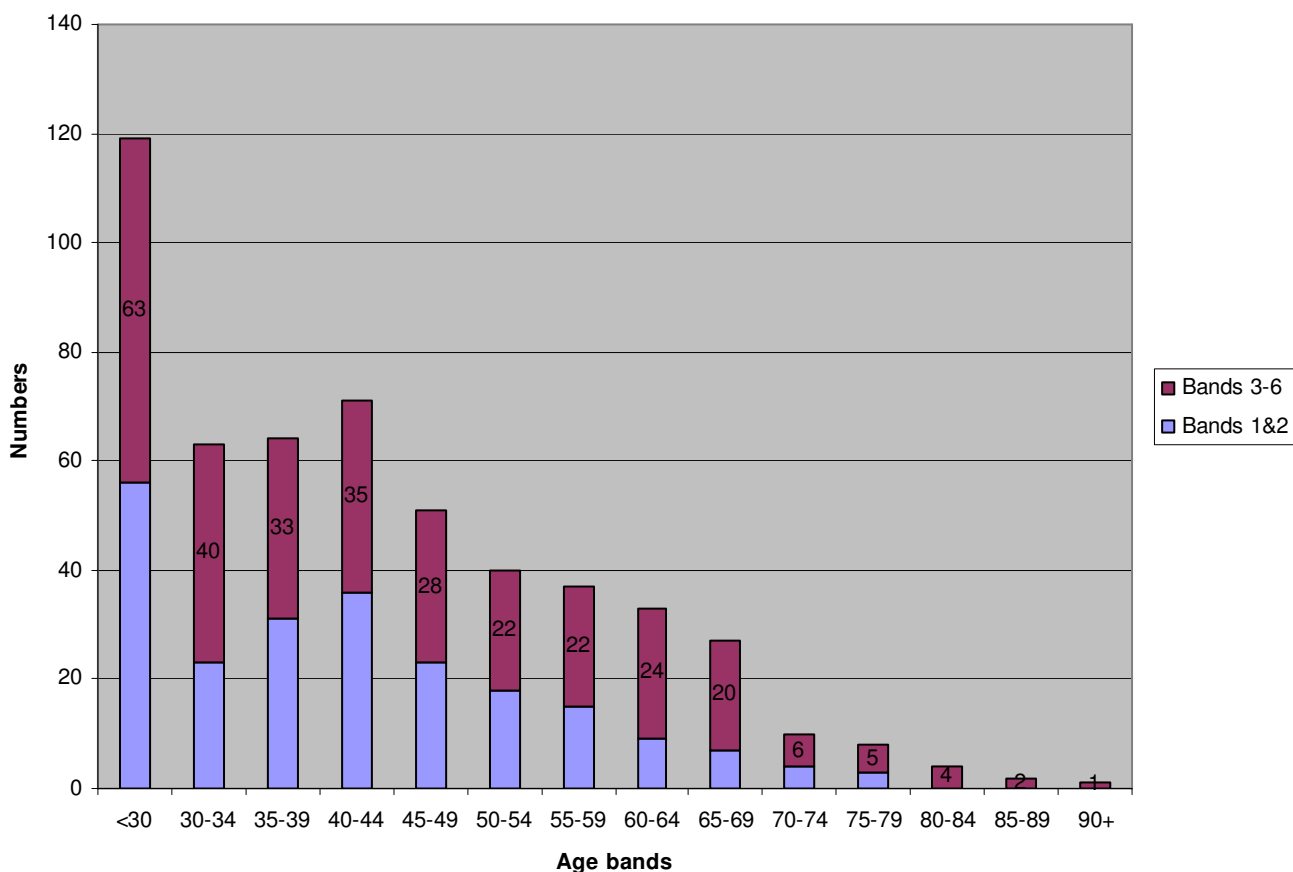
In summary, in the 6 years to 2011 the adult service can expect to support an additional 71 young people of whom the large majority will have severe and profound learning disabilities

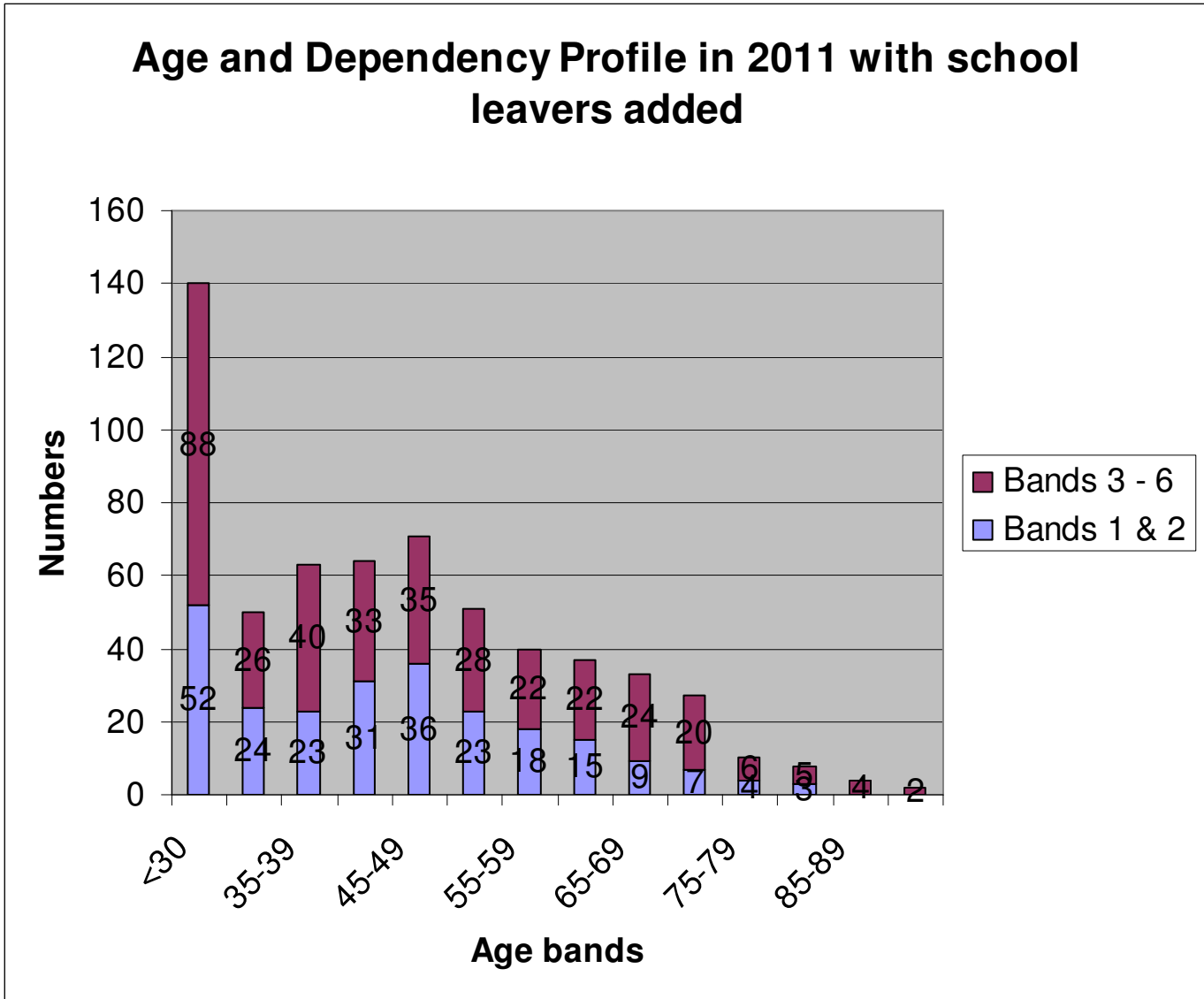
(51). In the following 5 years, 2012 – 2016 the service can expect a further 46 young people of whom almost all (41) will have severe and profound needs.

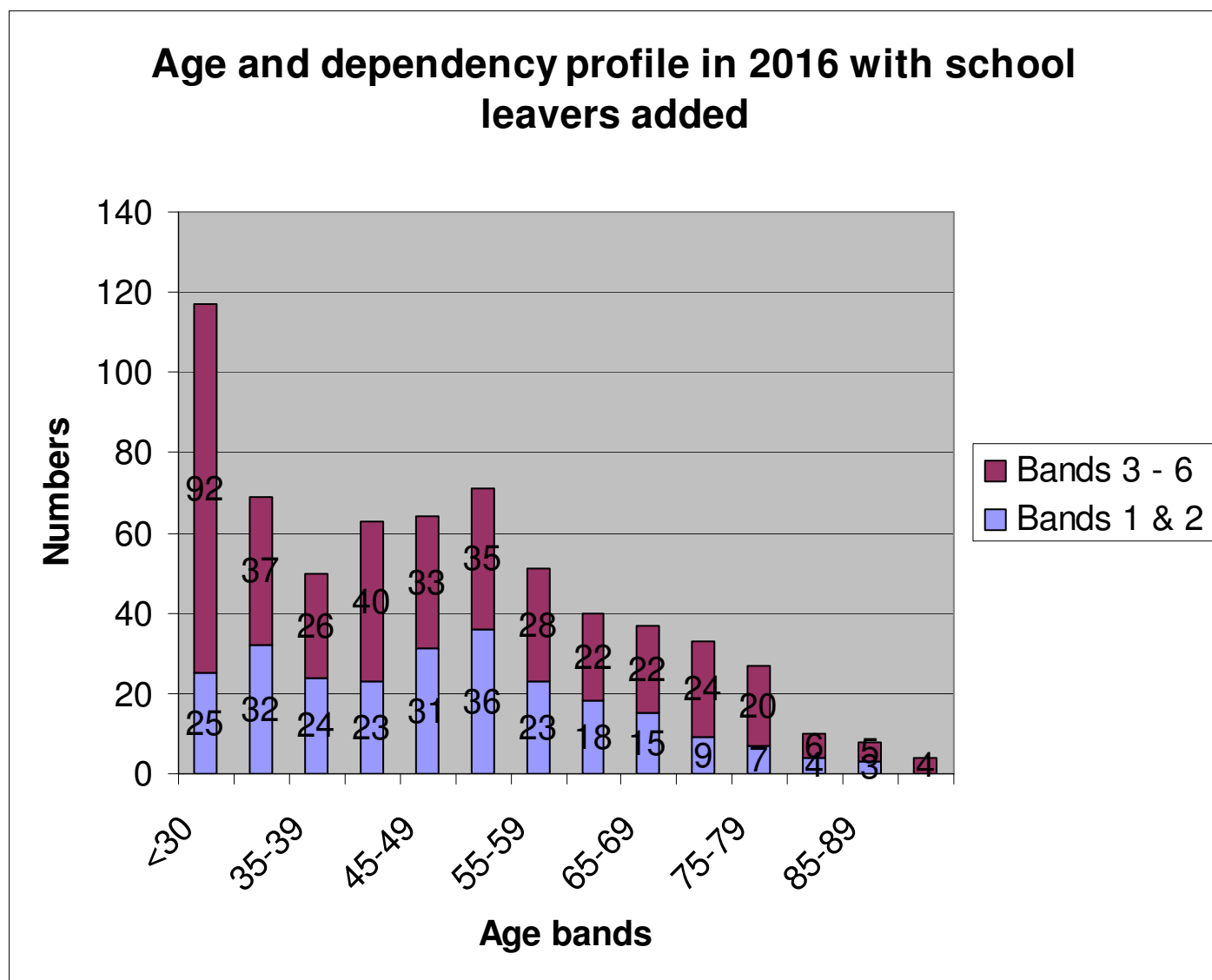
There will be other referrals from children attending mainstream schools who are referred to the service primarily because of complicating social needs, such as adult protection issues. These are small in number and unpredictable (say 1 or 2 per annum) and have not been factored into the figures above.

The effect 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







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:

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

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.

d) Ageing carers

The age profile of family (unpaid) carers is obviously a major factor in predicting the need for service support. The capacity of older carers to continue caring is subject to a vast number of variables and hard to predict. However, the number of existing and future carers over the age of 70 is a challenge to service planning and commissioning.

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 less than 45 will start to decline, the number of people aged over 45 will rise steeply in the next 15 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, given the very low numbers in the county.
- 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.

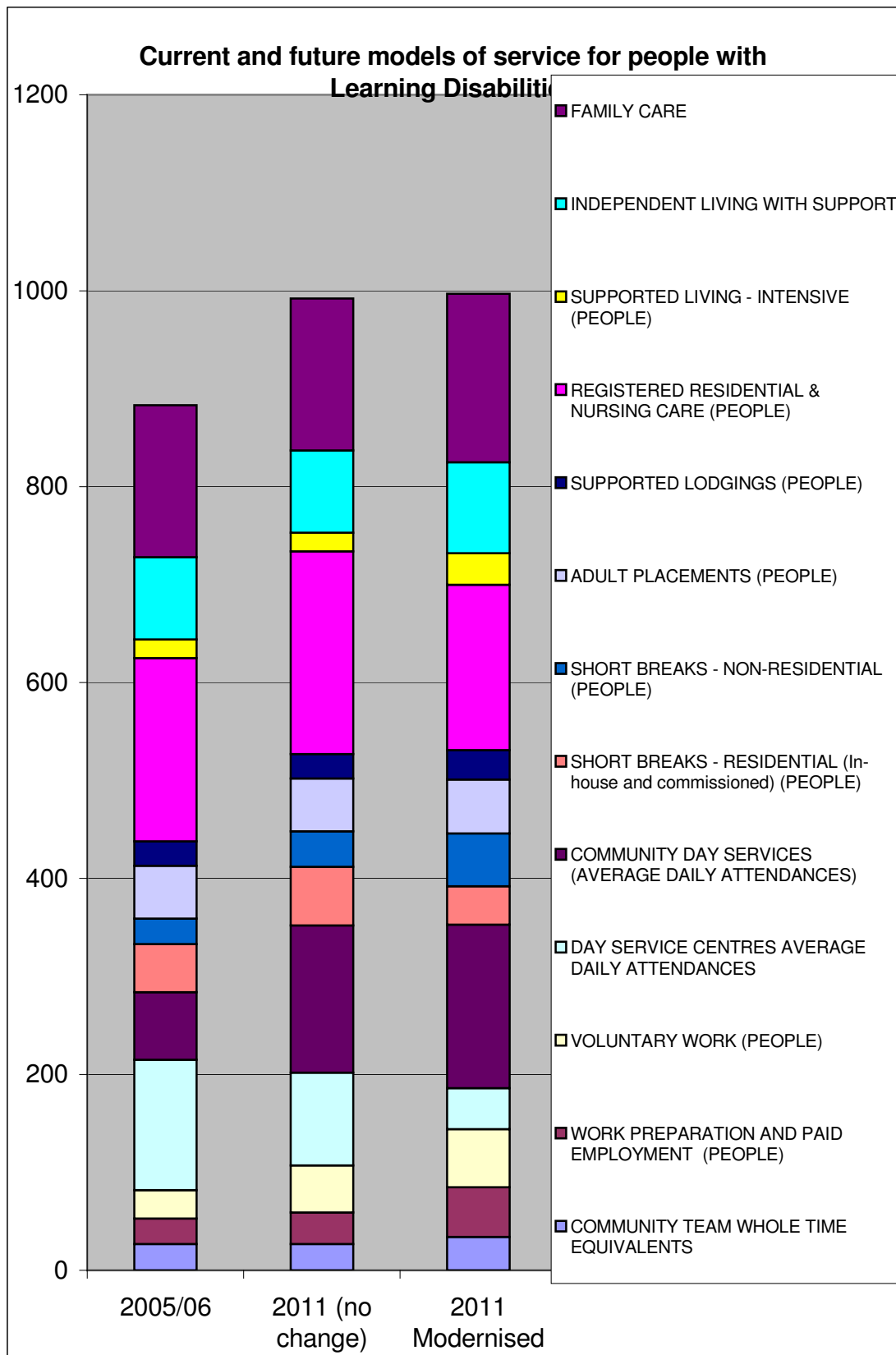
4. The easy availability of residential care is having an impact

- 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.

5. The age profile of informal (family) carers must be factored into service planning and commissioning.

- 22% of adults in the family home live with carers over 70 years of age, and some carers are already over 80. 29% live with carers over retirement age.

Adults with learning disabilities: proposed high-performing services



Adults with learning disabilities: proposed high-performing services

Overview

The analysis of future needs in Appendix 5 (and summarised in paragraph 3.2 of the main report) was based on clients currently known to the service, and the cohorts of school leavers from the 2 special schools in Herefordshire. As such, it does not attempt to factor in potential but unknowable demands, which might not materialise (these are summarised in the last bullet point of 3.2 of the main report). For example, some people who do not meet the present eligibility criteria for services may become eligible at a future date as they become older and more dependent.

On this basis, there are expected to be 600 service users in 2011, compared with the 531 currently (an increase of almost 13%).

Breakdown of service levels for proposed higher performing services.

Work preparation and paid employment

It is expected that the current number of clients (26) will almost double to 51 by 2011 through a combination of initiatives. For example, support for new social businesses (Widemarsh Centre is expected to convert to this) and the establishment of self employment business support models will open up employment options.

Voluntary work

The increased use of supported social business (see above) is expected to generate a greater number of opportunities for both paid and voluntary work. It is planned that opportunities will grow at a rate of 6 per year from the current figure of 29 to 59 by 2011.

Day service centres (average daily attendance)

It is expected that the number of centre-based day opportunities will reduce from the present average daily attendance of 133 to 42 by 2011, as people transfer to community or employment options. The development of social businesses, joint initiatives with Children's Directorate to provide children's centres and moves to smaller buildings will facilitate this change. These reductions will be offset by an influx of school and college leavers with higher care needs, who will require some Day Centre provision

Community day services (average daily attendance)

It is expected that the daily average attendances in community-based day services will rise substantially from 69 in 2005/06 to 167 in 2011, as clients move out from day centres (see above) and some school and college leavers enter the service. The overall level of college provision will probably remain unchanged as LSC policy changes imply that an increase in younger people joining courses will be offset by a reduction places for older students. For voluntary and private providers, no additional Council spending is envisaged

Adults with learning disabilities: proposed high-performing services

but it is anticipated that costs of developments such as new social firms and joint initiatives will be met by sourcing external funding.

Short breaks – residential (In-house and commissioned)

This service is expected to reduce from 49 in 2005/06 to 39 in 2011. Although there will be an increase in respite demand from the families of current clients who will age over the next five years, programmes such as IN CONTROL and the changing expectations of younger carers is expected to lead to reductions in use of buildings-based (residential) respite.

Short breaks – non residential

The use of this service is expected to more than double from 26 in 2005/06 to 54 in 2011. This will be a result of existing users moving from residential to non-residential services (see above) and new (younger) users opting for non-residential services. The IN CONTROL programme will enable more individually tailored arrangements.

Adult placements & supported lodgings

These programmes are expected to remain fairly static with a marginal rise in supported lodgings from 25 in 2005/06 to 30 in 2011.

Independent living

The number of people supported to live in their own homes will rise from 103 in 2005/06 to 125 in 2011, including those needing Intensive Supported Living. This reflects consumer choice and national policy moves towards maximum independence for clients.

Registered residential and nursing care

Herefordshire currently has a very high level of residential care. This is expected to fall from the current figure of 187 to 169 as independent living options and family care develop.

Family care

The above developments in community support and respite care are designed to support families to care for their sons and daughters longer. The number is expected to rise from 155 in 2006 to 172 in 2011.

LOCAL AUTHORITY RESPONSIBILITY FOR PROVISION OF CARE IN REGISTERED SETTINGS

Report By: Head of Adult Social Care

Wards Affected

County-wide

Purpose

1. To provide information on the Local Authority's (LA) responsibilities in relation to the provision of care in registered care home settings and to explain the associated financial commitments.

Financial Implications

2. In the event of an individual being admitted to a registered care home supported by Herefordshire Council, the financial commitment remains until the individual no longer needs the care, usually on the death of that individual. In some cases of younger people there may be opportunities for them to move into less supported accommodation.
3. Individuals living in their own home can access additional funding for example through the benefit system, Independent Living Fund (a central government fund for people under 65 years with substantial disabilities).

Background

4. The National Assistance Act 1948 requires Local Authorities to provide accommodation for "people (aged 18 or over) who by reason of age (illness, disability) or any other circumstances are in need of care and attention which is not otherwise available to them".
5. Care homes are registered with the Commission for Social Care Inspection (CSCI) either as a care home with, or without, nursing care. Although this registration indicates certain standards of care have been assessed, the LA also has a responsibility in its commissioning role to ensure levels of care are adequate.
6. A Community Care Assessment is carried out when an individual approaches the LA for support with their social care needs. Each LA sets its eligibility criteria for social care services based on a national framework. Not all needs identified in this assessment will be eligible for LA support, in which case other sources of assistance are identified. When needs are eligible, the LA is required to meet these needs through the organisation of appropriate services within a reasonable time scale.
7. National and local consultation has shown that older and disabled people want to have services provided which enable them to live as independently as possible in their own homes. Most people wish to avoid the need for a move to a care home and only consider this when their needs cannot be met in the community. However, there

Further information on the subject of this report is available from
Stephanie Canham, Head of Adult Social Care on 01432 260320

are a number of people with a learning disability who have not necessarily made a positive choice to live in a registered setting. They have too frequently been offered this model of care because suitable alternatives had not been developed.

8. The development of home support services is key to ensuring the appropriate levels of support are provided so that individuals can make positive life choices. Following a Best Value Review of the in-house home care service (the Short Term Assessment, Reablement and Review (STARRS)) service was developed. Volume contracts with independent sector providers for a specified number of hours in geographical patches are intended to ensure the supply of sufficient care and support at home.
9. LAs are expected to seek a financial contribution from individuals towards the costs of their care. Appendix 1 and 2 explain the process of financial assessment for care at home and care in a care home respectively. A fictitious case study indicates the amounts individuals might be expected to contribute.
10. Appendix 3 shows the number of care home placements for each service user group. There has been an increase in placements for all groups during this financial year. This is due to increase in numbers and longevity of older people and the associated increase in older people with mental health problems (the incidence increases with advanced age). People with learning disability are also living longer and with increasing level of disability, while we have seen an increase in younger people surviving road traffic accidents with severe head injuries. Appendix 4 shows the range of costs of care home placements based on a sample of 720 current spot purchased (individual i.e. not volume or block) places. The costs of placements for younger people with physical/learning disabilities or mental health problems can be considerably higher than for older people due to the complexity of their needs
11. Charges for registered care are prescribed by Central Government. LAs have more discretion on charges for support at home. Benchmarking with other authorities indicates that HC is more generous in using this discretion than comparable authorities and as a result is not receiving as much income. The Adult Social Care Improvement Plan will make recommendations regarding this.
12. On occasions an individual will choose a care home which charges more than the LAs usual rate. In these circumstances a third party can pay the difference, often referred to as a "top up". The individual themselves may not contribute as this will deplete their assets unless they make a deferred payment (ref appendix2).
13. The threshold for receiving financial support from a LA is savings of £21,000. An individual may be required to pay the full costs when they enter a care home but if their savings then fall below this threshold the LA is required to provide a community care assessment with a view to taking on the financial responsibility.
14. People who need an element of nursing care in a care home are entitled to a varying level of contribution from the local Primary Care Trust. Any one in a care home with nursing is entitled to an RNCC (registered nursing care contribution) of between £85 and £100. However some people may be entitled to all their care free of charge through the PCT under the Continuing Care scheme. Their care is regularly reviewed and if their needs change they could be deemed ineligible and be subject to charges by the LA.

RECOMMENDATION

THAT the report be noted, subject to any comments the Committee wishes to make.

BACKGROUND PAPERS

- None

NON-RESIDENTIAL CHARGING

Charging for non-residential services is at the discretion of each Local Authority. Charging is covered by Department of Health guidance on Fairer Charging.

The basic tenets of the guidance are that:

1. Service users should, wherever possible, receive one charge for all of the non-residential services that they receive.
2. Service users' income should be assessed and individual charges should be set at a level that leaves a service user with at least Income Support plus 25%.
3. When assessing a service user's income Councils should take into account any reasonable costs of disability that a service user incurs.
4. Benefits advice is given to ensure that service users are maximising the income available to them.

Herefordshire Council's Fairer Charging Policy was drafted in accordance with this guidance. The charging policy and assessment process covers homecare and day care. Meals and transport charges are set at a flat rate and do not form part of the financial assessment. These contributions are collected directly by the providers e.g. at day centres.

Process

1. A service user is approved for a non-residential service through a Funding Panel
2. The approvals are notified to the Assessment Officers by the Funding Panel Administrator
3. The Assessment Officer visits the service user to complete a financial assessment and calculate the service user's "charging cap" – i.e. the maximum the service user can afford to pay.
4. The Fairer Charging Team is notified of the service user's financial assessment. The Charging Team enter this assessment onto the Charging System and send the service users a notification letter confirming their charge.
5. External care Providers send information to the Fairer Charging Team detailing the actual services provided to individuals. The Fairer Charging Team enter this onto the charging system and generate a charging statement. The weekly amount payable is based on actual services received up to the service user's charging cap.
6. The service user pays for their services via a variety of payment methods e.g. cash offices, Direct Debit, telephone and Internet payments.

Case Study

Mr Smith has a charging cap of £24.20 and a care package of 7 hours homecare per week.

In week 1 Mr Smith receives his 7 hours of homecare which is chargeable at £10.90 per hour – i.e. $7 \times £10.90 = £76.30$. However as Mr Smith has a charging cap of £24.20 he will only pay £24.20 for that week.

In week 2 Mr Smith visits his daughter in Dorset and only receives one hour of homecare that week. This hour is chargeable at £10.90 so Mr Smith only pays £10.90 that week.

RESIDENTIAL CARE ASSESSMENT PROCESS

1. As part of the community care assessment process a financial assessment form (A6) is completed by the service user or his/her representative, with the help of the social worker who confirms all details given. The form captures information on income, expenditure, savings, investments and property.
2. A residential or nursing placement is agreed at funding panel.
3. Using the information gathered on the financial assessment form the service user is assessed under statutory CRAG regulations (Charging for Residential Accommodation Guidance) on the following basis/criteria:
 - a) If the service user has more than £21,000 in savings, they are considered to be a self-funder and pay the full cost of their residential or nursing placement.
 - b) If the service user has less than £21,000 in savings but owns a property they are asked to sell the property to fund the full cost of their care. The property is disregarded from the assessment for a period of twelve weeks to enable the service user to sell their property. If the service user decides they do not wish to sell their property they may defer payment of their charges until they pass away, at which point the proceeds of their estate will settle their residential care bill.
 - c) If the client has less than £21,000 in savings and no property their contribution is assessed in the following way e.g.

Client's weekly income (retirement pension)	£114.05
Minus Personal Allowance that the service user is allowed to keep	<u>(£19.60)</u>
Equals Client Contribution	<u>£ 94.45</u>

4. Permanent placements in residential and nursing homes are paid for by the Council net of the client contribution i.e. the gross weekly cost of the placement minus the client contribution. The Home is expected to collect the contribution directly from the service user.
5. Payments for respite care are made gross and the Council collects the client contribution from the service user by way of an invoice.
6. The service user is asked to notify the Social Care Finance section of any changes to their benefits. Additionally all claims are reviewed each year to take account of changes in benefits or income.

Community Care Placements

<i>Mental Health</i>	Nursing	Residential	Total
Budget Assumption 05/06	90.0	149.0	239.0
Budget Assumption 06/07	94.0	148.0	242.0
1st April	99.0	151.0	250.0
End of May	98.0	156.0	254.0
End of June	102.0	151.0	253.0
End of July	102.0	155.0	257.0
End of August	101.5	158.0	259.5
End of Sept	103.5	153.0	256.5
End of Oct	106.5	157.0	263.5

The O.5 care package is jointly funded by mental health and olderpeople's client group. Mental health will cover the age spectrum of 18 to death. There are 2 distinct client groups elderly mentally infirm (EMI) & adults suffering mental health problems. The EMI client group does have turnover due to the elderly age of the service users. Since April there have been significant fluctuations in the number of care packages.

<i>Older People</i>	Nursing	Residential	Total
Budget Assumption 05/06	131.0	156.0	287.0
Budget Assumption 06/07	126.0	161.0	287.0
1st April	127.0	167.0	294.0
End of May	134.0	175.0	309.0
End of June	134.0	171.0	305.0
End of July	136.0	167.0	303.0
End of August	130.0	167.0	297.0
End of Sept	133.5	160.0	293.5

End of Oct	143.5	162.0	305.5
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The 0.5 care package is jointly funded by mental health & older people's client group This client group deals with physical frailty over 65 years of age. . This group is similar to mental health EMI, ie there is significant turnover within this area. There was a significant decrease in the summer months (ie a number of deaths) from the extreme hot weather. Other seasonal trends can affect this client group, for example cold weather or flu epidemic.

<i>Physical Disabilities</i>	Nursing	Residential	Total
Budget Assumption 05/06	4.0	8.0	12.0
Budget Assumption 06/07	9.0	21.0	30.0
1st April	8.0	20.5	28.5
End of May	9.0	19.5	28.5
End of June	9.0	19.5	28.5
End of July	11.0	19.5	30.5

**ADULT SOCIAL CARE & STRATEGIC HOUSING
SCRUTINY COMMITTEE**

1ST DECEMBER, 2006

End of August	11.0	19.5	30.5
End of Sept	13.0	20.5	33.5
End of Oct	12.0	19.5	31.5

There was a significant increase in the number of care packages during 2005/06 from 12 to 30. The demand for this client group is difficult to predict. A substantial number of service users have head injuries resulting from an accident. Risks are monitored for this client group to identify new service users, usually the individual is receiving healthcare and may require social care services or funding. There is minimal turnover for this client group, traditionally the social care responsibility exists until the service user's death.

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<i>Learning Disabilities</i>	Nursing	Residential	Total
Budget Assumption 05/06	2.0	59.0	61.0
Budget Assumption 06/07	5.0	92.5	97.5

1st April	5.0	95.0	100.0
End of May	5.0	99.0	104.0
End of June	5.0	99.0	104.0
End of July	5.0	100.0	105.0
End of August	5.0	100.0	105.0
End of Sept	5.0	100.0	105.0
End of Oct	6.0	103.0	109.0

A number of care packages were previously paid on a manual invoice. These have been Put onto the automated system. This explains the significant increase from 2005/06 into the budget assumptions 2006/07. The numbers should remain static for the learning disabilities client group as this area is being modernised.

Cost of care in registered settings

Appendix 4

The following is based on a sample of 720 current spot purchased long term care arrangements. It provides an indication of gross contract prices (including RNCC, client and third party contributions)

User Group		Nursing	Residential	Across both N and R
Older People	Minimum	£408.96	£268.13	£268.13
	Maximum	£650.00	£531.00	£650.00
	Average	£502.99	£368.88	£432.51
YPD	Minimum	£470.20	£311.50	£311.50
	Maximum	£1,036.00	£2,470.12	£2,470.12
	Average	£631.55	£671.39	£659.22
Mental Health	Minimum	£418.62	£289.91	£289.91
	Maximum	£2,824.92	£660.02	£2,824.92
	Average	£534.67	£366.38	£432.04
Learning Disability	Minimum	£467.00	£308.62	£308.62
	Maximum	£1,621.30	£3,169.65	£3,169.65
	Average	£832.20	£719.21	£725.45
	Overall Min.	£408.96	£268.13	£268.13
	Overall Max.	£2,824.92	£3,169.65	£3,169.65

ACCESSING MINOR ADAPTATIONS

**Report By: Private Sector Housing Manager and the
Partnership Manager, Integrated Community
Equipment Services**

Wards Affected

County-wide

Purpose

1. To inform the Committee about the provision of minor adaptations to homes within Herefordshire and to outline the ways in which these can be accessed.

Background

2. The Council has responsibility for the provision of minor adaptations which arises from the Chronically Sick and Disabled Persons Act 1970 Section 2 (e) "the provision of assistance for that person in arranging for the carrying out of any works of adaptations to his home or the provision of any additional facilities designed to secure his greater safety, comfort or convenience"
3. The term 'minor adaptations' therefore refers to modifications to the home of a disabled person, costing less than £1000. Typically, these are:
 - grab rails either inside or outside the property, to improve ease of access or to enable a person to move around their home safely
 - stair rails to assist with accessing bedroom or bathroom
 - ramped access to the property for wheelchair users
 - widening a doorway (e.g. for a wheelchair user) or to enable a person to use their kitchen or bathroom
 - installation of intercom system or key safe to allow admittance of visitors or carers.
4. A minor adaptation differs from the provision of Community Equipment in that it involves an element of fixing or structural work, whereas an item of Community Equipment is not fixed in place and is easily removable.
5. The assessment for minor adaptations is currently carried out by the Occupational Therapy Service based within Herefordshire Primary Care Trust (PCT) and Herefordshire Hospitals Trust.

6. The provision of Minor Adaptations in Herefordshire currently consists of three distinct services:
 - Rapid Response Service
 - Minor Adaptations Service (funded by the Integrated Community Equipment Service)
 - You @ Home Repairs on Prescription
7. These services are all provided by a single group of administrative and technical staff based at the You @ Home Home Improvement Agency, but with differing aims and funding mechanisms.
8. Development of the minor adaptations services is currently included in the improvement plans for the agency, and assisted by the joint funded Housing Occupational Therapist post based at the agency.
9. The appendices to this report outline the referral routes for each of the above adaptations services.

Rapid Response Service

10. The Rapid Response Service is a service aimed at ensuring that minor adaptations can be provided quickly to facilitate a safe and timely discharge from hospital, or to prevent imminent hospitalisation. The works will normally be of a minor and emergency nature – e.g. grab rails, stair rails & key safes. The service is a cross tenure service, so as to provide a swift response when required to people living in properties of all tenures – including Housing Associations. The works are undertaken within 48 hours or to suit discharge arrangements.
11. The service is funded via a Minor Works Assistance grant made available through Private Sector Housing, and is available for people of all ages regardless of financial status, where a referral is received from Occupational Therapy staff indicating that the requested works meet the above criteria.
12. The maximum amount of assistance is £200 per application (exclusive of additional agency fees of £30). The cost of the adaptations is determined by the materials cost, plus mileage at 40p per mile and labour at £15 per hour. The agency fee is then added to these costs.
13. Minor adaptations not essential for discharge are recommended via the Minor Adaptations service.
14. Most works will be of minor and emergency nature and fall within the £200 limit. Where it is likely that works will cost more than £200, these will be funded via the ICES budget.

Minor Adaptations funded by ICES

15. The Minor Adaptations service is funded by the Integrated Community Equipment Service (ICES), which is jointly funded by Herefordshire PCT and Herefordshire Council by an agreement established under Section 31 of the Health Act 1999 and is

Further information on the subject of this report is available from Denise Bradley-Lloyd, Private Sector Housing Manager, on 01432 261913

commissioned by ICES from the You @ Home Home Improvement Agency. In accordance with government guidelines, standard minor adaptations are defined as those adaptations which cost less than £1000 and are differentiated from “equipment”, which does not require fitting.

16. Herefordshire ICES provides equipment or minor adaptations to meet needs which are assessed as “critical” or “substantial”, as defined by Fair Access to Care Services (FACS), in accordance with council policy. Work is currently ongoing to provide all assessment staff with updated guidance to ensure an ongoing consistent approach to this decision making.
17. This service is currently provided for clients in private sector properties. Private Sector Housing liaises with Registered Social Landlords (RSLs) who currently undertake minor adaptations for their own tenants.

You @ Home Repairs on Prescription

18. The You @ Home Repairs on Prescription service provides assistance to vulnerable people in their homes by carrying out essential or urgent works up to the value of £1000 which have been identified and referred by Health or other Key Workers including Occupational Therapists, Fire Service and Police.
19. The aim of the service is to enable more vulnerable people to live in secure, safe and decent housing in communities of their choice.
20. The service was funded by “Kick Start” funds for the years 2004/5 and 2005/6 and has been continued during 2006/7. Funding is available across tenures and the service is provided at no cost to the service user. Future funding options for this service need to be investigated and these may involve a charging policy. Lack of resources in this area could have an impact on ICES funding, as some works requested under this scheme would otherwise need to be funded under the Minor Adaptations scheme.
21. Examples of works provided under this service include areas of access, insulation, safety, security, fitness/repair, in addition to some minor adaptations.

Works costing in excess of £1000

22. Works costing in excess of £1000 are not covered by the above schemes. These may be eligible for a Disabled Facilities Grant delivered through Private Sector Housing, subject to a national means testing process.

Self Referral and Self Assessment

23. Traditionally people have been referred to minor adaptations services through their General Practitioner. In recent years, referral has been possible by users, families and carers direct to the Occupational Therapy service, or via the Signposting Scheme.
24. The Community Occupational Therapy Service now carries out some telephone assessments on initial referral. This enables simple needs to be met in a much shorter time than previously, whilst allowing the Occupational Therapy teams greater scope for complex assessments.

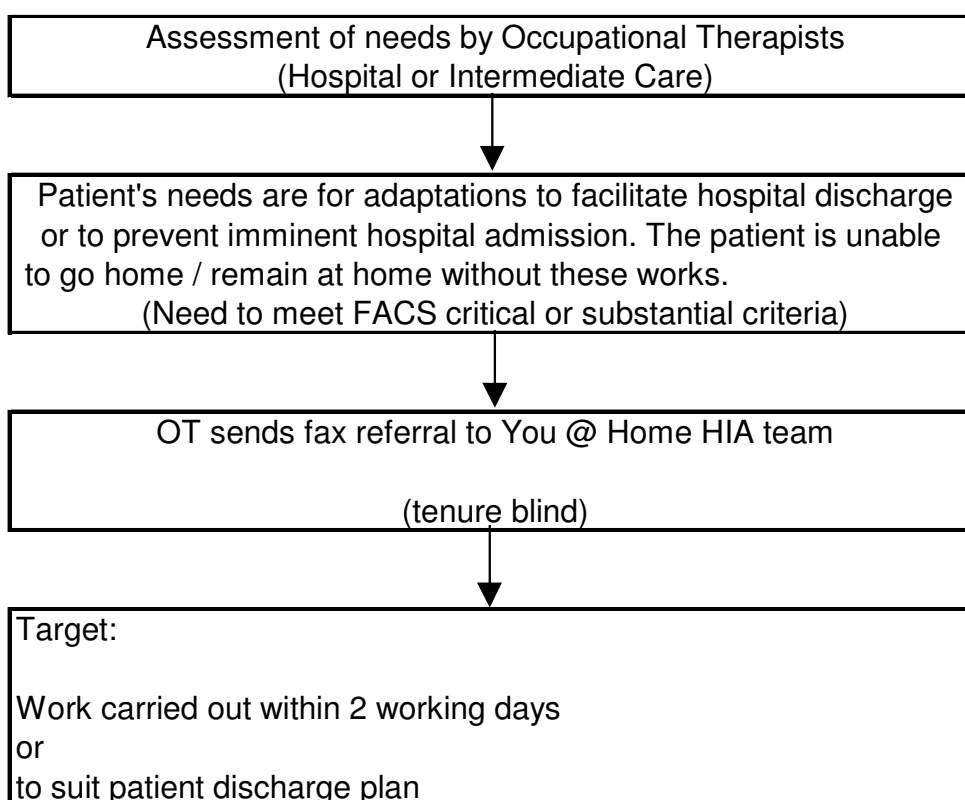
25. The Community Occupational Therapy service, as with other therapy services within the PCT, is currently undergoing a reorganisation which will lead to central management and a central referral point.
26. Private Sector Housing and the You @ Home agency aim to work closely with the Occupational Therapy service in future to develop a route for self-assessment for simple needs in line with the current government agenda. Self-assessment is also likely to be a key part of the Transforming Community Equipment Services Project currently being developed by Care Services Efficiency Delivery (CSED) team within the Care Services Improvement Partnership (CSIP), teams associated within the Department of Health.

RECOMMENDATION

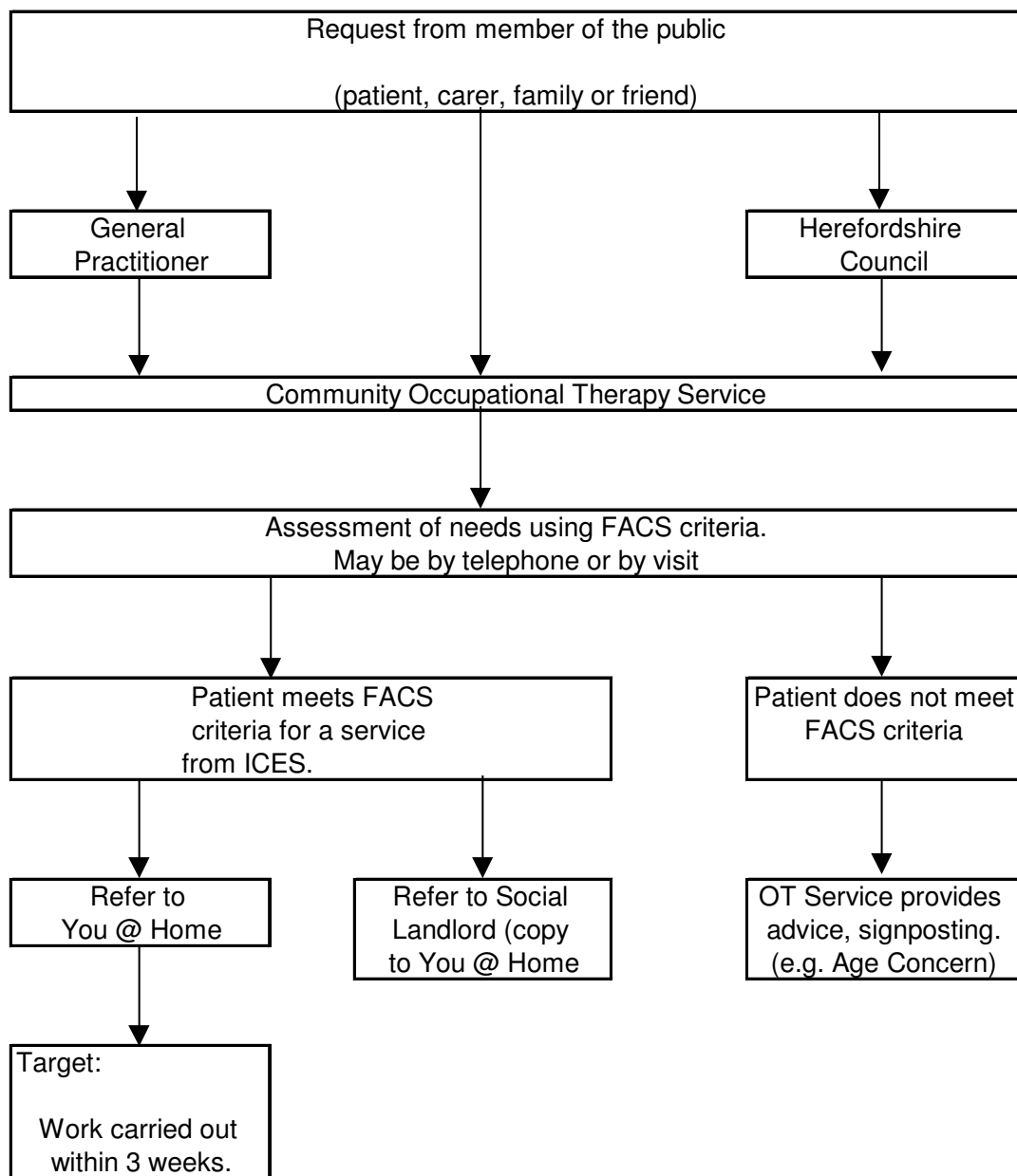
THAT the arrangements for accessing minor adaptations in Herefordshire be noted, subject to any comments the Committee wishes to make.

BACKGROUND PAPERS

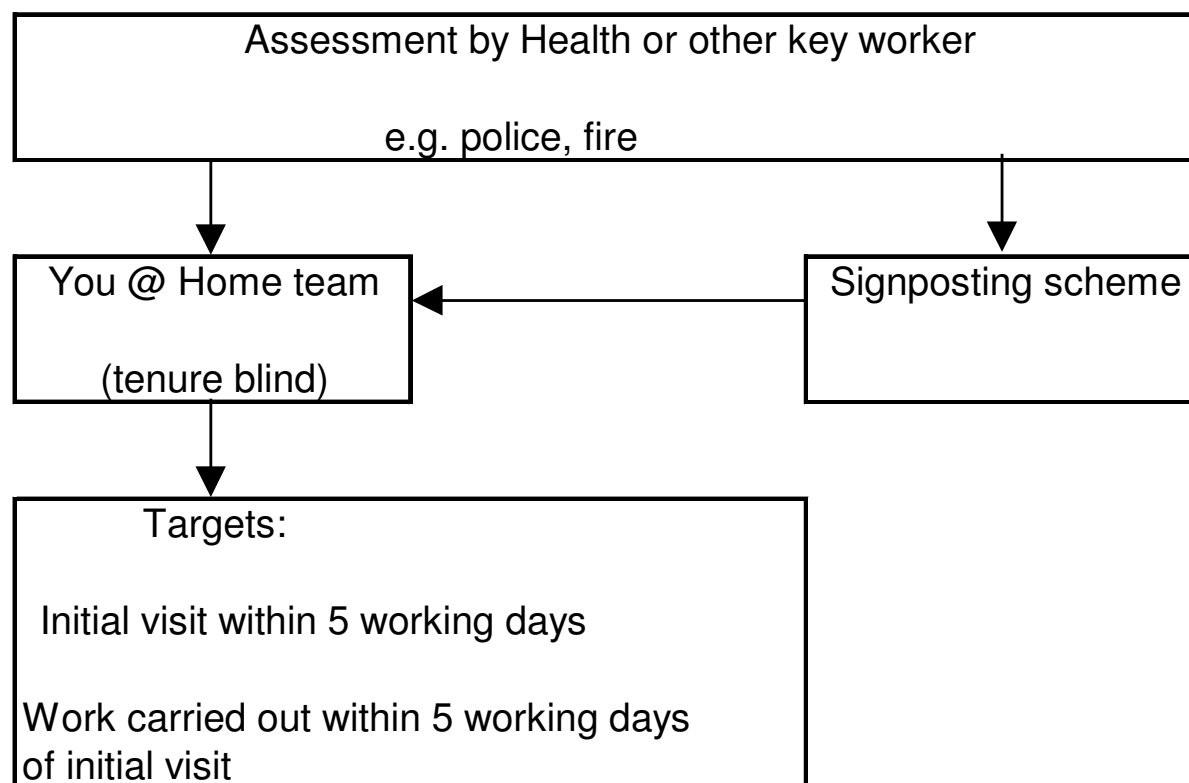
- None

Rapid Response Service

Minor Adaptations



Repairs on Prescription



ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

**Report By: Chairman, Adult Social Care and Strategic
Housing Scrutiny Committee**

Wards Affected

County-wide

Purpose

- 1 To consider the Committee's work programme.

Financial Implications

- 2 None

Background

- 3 In accordance with the Scrutiny Improvement Plan a report on the Committee's current Work Programme will be made to each of the scheduled quarterly meetings of this Scrutiny Committee. A copy of the current Work Programme, last considered by the Committee in October 2006, is attached at appendix 1.
- 4 The programme has been modified by me as Chairman following consultation with the Vice-Chairman and the Director of Adult and Community Services in response to changing circumstances.
- 5 A draft scoping statement for the Scrutiny Review of transition from leaving care to adult life, the approach to which was endorsed by the Committee in October, is also appended.
- 6 Should any urgent, prominent or high profile issue arise, as Chairman I may consider calling an additional meeting to consider that issue.
- 7 Should Members become aware of any issues they consider may be added to the scrutiny programme they should contact either myself as Chairman or the Vice-Chairman to log the issue so that it may be taken in to consideration when planning future agendas or when revising the work programme.

RECOMMENDATION

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

BACKGROUND PAPERS

- None identified.

Adult Social Care and Housing Scrutiny Committee Work Programme 2006/07

March 2007	
Items	<ul style="list-style-type: none">• Budget• Performance Monitoring (including the Adult Social Care improvement Plan)• Homelessness• Older Peoples Strategy (including report on needs analysis assessment of needs and services)
Reviews	<ul style="list-style-type: none">• Every Child Matters – Transition from leaving care to adult life
Other issues to be Progressed	

Further additions to the work programme will be made as required

REVIEW:	Transition from Leaving Care to Adult Life	
Committee:	Adult Social Care and Strategic Housing and; Children's Services.	Chair: Councillor Lloyd – Hayes and; Councillor Ashton
Lead Support Officer:	Shaun McLurg, Head of Safeguarding and Assessment	

SCOPING

Terms of Reference
<ul style="list-style-type: none"> • To review the Council's approach to transition issues for looked after children with support needs from childhood to adult life. • To investigate how improvements can be made to the transition process. • Following the review to advise the appropriate Cabinet Member(s) of the best policy to put in place to implement the improvements identified.

Desired outcomes
<ul style="list-style-type: none"> • For Members of the Review to have considered the various elements involved in the transition process and how these interrelate with those services performed by the Council's partners. • To have considered possible areas of improvement to the transition process and make recommendations on improvement for consideration by the appropriate Cabinet Member(s) and the Council's partner organisations. • For any future service to be capable of implementation in collaboration with partner organisations.

Key questions

The questions set out in the IDeA publication 'Getting our House in Order – Better Results for Children and Young People' namely:

- Who is the community/service group?
- What is the outcome to be improved?
- How do we know we are making a difference? (criteria)
- What does the data tell us compared to benchmark/baseline/average?
- What further data is needed? (soft & hard)
- What is the story(ies) behind the baseline? – an analysis of what's happening.
- Who are the partners? (including those who need to be there and are not)
- What could work ? (4 best ideas: 2 x low cost/no cost; 1 x off the wall, 1 x £3 million if you had it)
- Are solutions deliverable and realistic/SMART?
- Action plan and resource.

Links to the Community Strategy

The Review Group will identify how the outcome of this review contributes to the objectives contained in the Herefordshire Community Strategy including the Council's Corporate Plan and other key plans or strategies.

Timetable

<i>Activity</i>	<i>Timescale</i>
Agree scoping statement with the two Scrutiny Committee Chairman including agreeing which Member of the appointed Review Group will be Chairman.	By 17 November 2006
Officers produce briefing pack designed to answer the key questions set out above and suggest expert witness list for approval by Review Group.	By 15 December 2006

Meeting of the Review Group to discuss information provided to them, identify any additional information required and Expert Witnesses.	2 - 12 January 2007
Meeting of the Review Group, Support Officers and all Expert Witnesses to explore information provided in more detail.	13 - 26 January 2007
Limited number of Members to interview Care Leavers and/or former Care Leavers.	27 January - 2 February 2007
Meeting of Review Group and Support Officers to prepare options/recommendations.	3 - 16 February 2007
Review Group to agree final report.	By 23 February 2007
Present final report to Scrutiny Committees.	March
Present options/recommendations to Cabinet.	TBC
Scrutiny Committees consider Cabinet response and action plan.	TBC
Members	Support Officers
Councillor Mrs P.A Andrews Councillor J Hope Councillor J.G Jarvis Councillor G Lucas Councillor Mrs Pemberton (Chair) Mrs D Strutt	Mr S. McLurg (Head of Safeguarding and Assessment) Mrs S Canham (Head of Adult Social Care) Mr R Gabb (Head of Strategic Housing)

