

# A G E N D A

## Adult Social Care and Strategic Housing Scrutiny Committee

Date: **Friday, 19th December, 2008**

---

Time: **9.30 a.m.**

---

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

---

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

*For any further information please contact:*

*David Penrose, Democratic Services Officer  
Tel:01432 383690  
E-mail - [dpenrose@herefordshire.gov.uk](mailto:dpenrose@herefordshire.gov.uk)*

---

**Herefordshire Council**



# AGENDA

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

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

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

	Pages
<b>1. APOLOGIES FOR ABSENCE</b>	
To receive apologies for absence.	
<b>2. NAMED SUBSTITUTES</b>	
To receive details of any Member nominated to attend the meeting in place of a Member of the Committee	
<b>3. DECLARATIONS OF INTEREST</b>	
To receive any declarations of interest by Members in respect of items on the Agenda.	
<b>GUIDANCE ON DECLARING PERSONAL AND PREJUDICIAL INTERESTS AT MEETINGS</b>	
The Council's Members' Code of Conduct requires Councillors to declare against an Agenda item(s) the nature of an interest and whether the interest is personal or prejudicial. Councillors have to decide first whether or not they have a personal interest in the matter under discussion. They will then have to decide whether that personal interest is also prejudicial.	
A personal interest is an interest that affects the Councillor more than most other people in the area. People in the area include those who live, work or have property in the area of the Council. Councillors will also have a personal interest if their partner, relative or a close friend, or an organisation that they or the member works for, is affected more than other people in the area. If they do have a personal interest, they must declare it but can stay and take part and vote in the meeting.	
Whether an interest is prejudicial is a matter of judgement for each Councillor. What Councillors have to do is ask themselves whether a member of the public – if he or she knew all the facts – would think that the Councillor's interest was so important that their decision would be affected by it. If a Councillor has a prejudicial interest then they must declare what that interest is and leave the meeting room.	
<b>4. MINUTES</b>	
To approve and sign the Minutes of the meeting held on 3rd October 2008.	1 - 8

<b>5. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY</b>	
To consider suggestions from members of the public on issues the Committee could scrutinise in the future.	
<b>6. ADULT SOCIAL SERVICES ANNUAL ASSESSMENT AND PERFORMANCE RATING 2007/2008</b>	9 - 12
To receive a report on the Annual Inspection by the Commission for Social Care Inspection (CSCI).	
<b>7. UPDATE FROM THE CHIEF EXECUTIVE OF HEREFORDSHIRE HOUSING LTD</b>	
To receive a report on the activities of Herefordshire Housing over the last year.	
<b>8. ADULT SERVICES AND STRATEGIC HOUSING PERFORMANCE MONITORING</b>	13 - 26
To report on the national performance indicators position and other performance management information for the Adult Social Care and Strategic Housing Divisions within the Adult Social Care and Regeneration Directorates.	
<b>9. REVENUE BUDGET MONITORING 2008/09</b>	27 - 32
To provide an update on the projected outturn for financial year 2008/09 for Adult Social Care and Strategic Housing.	
<b>10. REVIEW OF HOUSING ALLOCATION</b>	33 - 36
To receive a report on the review of the Housing Allocation Policy.	
<b>11. REVIEW OF THE CABINET'S RESPONSE TO THE JOINT SCRUTINY REVIEW OF THE TRANSITION FROM LEAVING CARE TO ADULT LIFE</b>	37 - 44
To receive the Executive's Response to the Review of Transition from Leaving Care to Adult Life.	
<b>12. SAFEGUARDING ADULTS</b>	45 - 50
To receive a report on Safeguarding Adults.	
<b>13. UPDATE REPORT ON THE IMPLEMENTATION OF FRAMEWORKI</b>	51 - 52
To receive a report on the implementation of Frameworki.	
<b>14. PARTNERSHIP AGREEMENT WITH MIDLAND HEART FOR THE PROVISION OF LEARNING DISABILITY SERVICES</b>	53 - 54
To receive a report on the partnership agreement with Midland Heart for the provision of accommodation and support for adults with a Learning Disability Services in Herefordshire.	
<b>15. UPDATE REPORT ON PROGRESS OF PERSONALISATION OF CARE IN HEREFORDSHIRE</b>	55 - 58
To receive a report on the implementation of personalised care packages.	
<b>16. PROPOSED RESTRUCTURING OF HEREFORDSHIRE COUNCIL ADULT SOCIAL CARE AND PRIMARY CARE TRUST COMMISSIONING FUNCTIONS</b>	59 - 66
To receive a progress report on the establishment of an Integrated Commissioning Directorate.	
<b>17. WORK PROGRAMME</b>	67 - 70
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**

You can contact Councillors and Officers at any time about Scrutiny Committee matters and issues which you would like the Scrutiny Committees to investigate.

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

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

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

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

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

You can submit a question for consideration at a Scrutiny Committee meeting so long as the question you are asking is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it **no later than two working days before the meeting** to the Committee Officer. This will help to ensure that an answer can be provided at the meeting. Contact details for the Committee Officer can be found on the front page of this agenda.

Generally, members of the public will also be able to contribute to the discussion at the meeting. This will be at the Chairman's discretion.

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

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

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

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

### **Children's Services**

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

### **Community Services Scrutiny Committee**

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

### **Health**

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

### **Environment**

*Environmental Issues  
Highways and Transportation*

### **Strategic Monitoring Committee**

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

# **The Public's Rights to Information and Attendance at Meetings**

## **YOU HAVE A RIGHT TO: -**

- Attend all Council, Cabinet, Committee and Sub-Committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Cabinet, Committees and Sub-Committees.
- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage).
- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, Committees and Sub-Committees and to inspect and copy documents.



## **Please Note:**

Agenda and individual reports can be made available in large print. Please contact the officer named on the front cover of this agenda **in advance** of the meeting who will be pleased to deal with your request.

The Council Chamber where the meeting will be held is accessible for visitors in wheelchairs, for whom toilets are also available.

A public telephone is available in the reception area.

## **Public Transport Links**

- Public transport access can be gained to Brockington via the service runs approximately every half hour from the 'Hopper' bus station at the Tesco store in Bewell Street (next to the roundabout junction of Blueschool Street / Victoria Street / Edgar Street).
- The nearest bus stop to Brockington is located in Old Eign Hill near to its junction with Hafod Road. The return journey can be made from the same bus stop.

If you have any questions about this agenda, how the Council works or would like more information or wish to exercise your rights to access the information described above, you may do so either by telephoning the officer named on the front cover of this agenda or by visiting in person during office hours (8.45 a.m. - 5.00 p.m. Monday - Thursday and 8.45 a.m. - 4.45 p.m. Friday) at the Council Offices, Brockington, 35 Hafod Road, Hereford.



Where possible this agenda is printed on paper made from 100% Post-Consumer waste. De-inked without bleaching and free from optical brightening agents (OBA). Awarded the Nordic Swan for low emissions during production and the Blue Angel environmental label.

## **COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL**

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

### **FIRE AND EMERGENCY EVACUATION PROCEDURE**

In the event of a fire or emergency the alarm bell will ring continuously.

You should vacate the building in an orderly manner through the nearest available fire exit.

You should then proceed to Assembly Point J which is located at the southern entrance to the car park. A check will be undertaken to ensure that those recorded as present have vacated the building following which further instructions will be given.

Please do not allow any items of clothing, etc. to obstruct any of the exits.

Do not delay your vacation of the building by stopping or returning to collect coats or other personal belongings.

HEREFORDSHIRE COUNCIL

**MINUTES of the meeting of Adult Social Care and Strategic Housing Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday, 3 October 2008 at 10.00 a.m.**

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

Councillors: ME Cooper, H Davies, BA Durkin, AE Gray, KG Grumbley,  
MD Lloyd-Hayes, PM Morgan and JE Pemberton

**In attendance:** Councillors PJ Edwards

**70. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors MJ Fishley and RV Stockton.

**71. NAMED SUBSTITUTES**

There were no named substitutes.

**72. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**73. MINUTES**

**RESOLVED:** That the Minutes of the meeting held on 24 July 2008 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions from the public for future scrutiny.

**75. PRESENTATION BY THE CABINET MEMBER (SOCIAL CARE ADULTS)**

The Head of Transformation provided a presentation on behalf of the Cabinet Member (Social Care Adults).

The Committee received a presentation on behalf of the Cabinet Member (Social Care Adults). The Head of Transformation highlighted the following areas in particular:

- That Herefordshire had been judged in 2007 by the Commission for Social Care Inspection (CSCI) to be a one star Authority with uncertain prospects for improvement – one of only 6 local authorities in this position. As a result, there were a number of areas that had to be addressed:
  - Leadership and Direction in the context of increasing demand
  - Budget Management

## ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE FRIDAY, 3 OCTOBER 2008

- Modernising Services
  - Strengthening integrated commissioning with the Primary Care Trust
  - Involvement of users and carers
  - Assessment and care management
  - Delivering the Learning Disability Improvement Plan
- That Herefordshire had one of the most dispersed populations in England, with 0.8 people per hectare, and with a net influx of older people. It was forecast that there would be a 100% rise in the number of people over 85 by 2026.
  - There was a significant trend of rising demand for services. Numbers of clients in community care were rising, whilst the number of those in residential care was falling.
  - Leadership and management achievements for the year included:
    - improved communication through newsletters, Directors conferences and training
    - Increased management capacity
    - Increased investment and better value for money
    - Improved Business planning processes implemented through service and team plans
  - The investment in the new IT system, Frameworki, which would provide new information for the Service, and would help to drive the work flow.
  - Better control of budgets had meant that the out-turn for 2007-08 had resulted in an underspend of £153k. The Directorate was determined to maintain this performance in the future.
  - The Signposting scheme had been successful, with 40 agencies involved in the initiative. There had been 3480 referrals which had helped to reduce the amount of duplication between the agencies involved.
  - New Services were being developed that had meant that intermediate care service staff could be more effectively utilised by using internet based services when patrolling their areas as a roving night service.
  - The changes meant that there was an 18% increase in non-residential intermediate care, and that 111 additional carers were now supported. There were 138 people with individualised budgets, allowing them to live more independently. There was a target of 10% of adult service users who would receive these budgets in 2008/09.
  - Integrated commissioning had been strengthened, and the Directorate was working with The Care Services Efficiency Delivery Programme to introduce an integrated commissioning structure across the Adult Social Care and Children's Services.

The Cabinet Member (Social Care Adults) thanked the Head of Transformation for the presentation. She reported that the CSCI inspection had taken place on 21 July, and that recommendations from this would be received later in October.

The Cabinet Member outlined a number of challenges before the Service:

- A good start had been made with the Improvement Programme, but that this would need to be sustained. Evidence would need to be produced that what was being done was beneficial to the community.

## **ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE FRIDAY, 3 OCTOBER 2008**

- The rising numbers of over 85 year olds. This was a situation easier to deal with in an urban context, but harder in rural areas.
- There was a financial challenge, as there was no contingency available, and the base budget would have to be balanced in the current year.
- The operation of the new IT system would be challenging, and there would doubtless be issues to deal with in the first few weeks.
- The Modernisation Agenda had taken off, but the transformation would take some time. Staff would be more stabilised, but there was a problem of low morale as a result of the recent changes. The implementation of permanent contracts and posts would make a difference to this situation.
- There were problems with the position of carers, and there was still progress to be made to help individuals in the community.

She added that the role of Scrutiny was very important, and she congratulated all members of staff in the Directorate for their efforts in improving the service.

The Director of Integrated Commissioning reported that the situation had moved very rapidly over the last 12 months. The CSCI meeting had shown how much change had been achieved. There was a good opportunity to build upon this as the team was being put together. The benefits of the Primary Care Trust (PCT) and Council integration had to be made material in the area of Adult Social Care. There was an opportunity to address funding issues as well as funding responsibilities. A fundamental debate was required as to how resources were allocated.

In reply to a question, the Improvement Manager reported that Performance Indicator D55 (Acceptable waiting time for assessments), had stood at 92%, and that assessments were undertaken within 48 hours. Services were delivered within 28 days of the assessment. The Head of Transformation added that the indicator had fallen as it was not possible to record delivery of the service until all the individual parts of the care package had been received. The indicator could therefore give a false impression of the state of the service.

The Head of Transformation confirmed that Village Wardens were appointed by the Council. She concurred with the view that local shopkeepers should be utilised wherever possible, and said that the Council did already deliver day care opportunities through pubs and post offices in order to help support villages.

A Member requested that consideration be given to appointing a Member of a Scrutiny Committee to the Integrated Commissioning Board.

The Chairman thanked the Cabinet Member for her presentation.

### **76. REVENUE BUDGET MONITORING 2008/09**

The Committee noted a paper on the final outturn position for 2007-08 and the projected outturn position for 2008-09 for the Adult Social Care and Strategic Housing Services.

The Management Accounts Manager reported that the forecast outturn position for Adult Social Care had improved significantly. The main reason for the change was that projections now assumed that the Primary Care Trust (PCT) would meet the costs of individuals meeting the Continuing Health Care criteria, which amounted to £942k.

**ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE FRIDAY, 3 OCTOBER 2008**

He went on to say that, as part of the requirement to stay within cash limited allocations, a number of savings had been identified within Learning Disabilities and a potential contribution of £158k from Supporting People had also been included in the projection. The overall impact of all the changes was a reduction in the forecast overspend from £1.248m to £331k.

The Management Accounts Manager reported that the forecast outturn position for the Strategic Housing Service had improved significantly since July, as the overspend had reduced from £697k to £312k. The projected cost of Bed & Breakfast (B&B) accommodation had been calculated on a number of scenarios. A prudent view, based on a number of factors, meant that it was likely that there would be an overspend of £312k.

In reply to a question from a Member, the Head of Strategic Housing Services said that the global economic downturn had had a detrimental effect on homeless numbers. Loans could be provided with 0% interest in order to get the home owner out of their immediate predicament, but the Service did also negotiate with banks and building societies on behalf of clients. Homeowners could be placed in touch with Housing Associations to allow them to make use of schemes that would permit the housing association to buy a house and rent it back to the owners. The various initiatives practiced by the Service had been in place for several years, and had been cited as best practice by the Department for Communities and Local Government (CLG).

He went on to say that there had been a greater focus on customer services, improving the decision tiers within the Service, and focusing on issues that needed to be addressed within the Service. This had previously been a reactivate process, but progress was being made. He added that there were currently 13 families in bed & breakfast accommodation, but that this situation was being improved upon. The Service was actively sourcing private sector housing to be included in the private sector leasing scheme. The scheme was cost neutral as far as was possible. It was noted that there were targets in place to ensure that vacant properties were put back into use.

In reply to a further question from a Member, the Head of Strategic Housing Services said that the Homelessness Team looked at the eligibility of an applicant based on their rights to access public funds, immigration criteria, and whether the applicant was homeless, or likely to be homeless within the next 28 days. Negotiations would be undertaken with landlords or family to try and help find ways to allow the individual to stay in the house; paying rent arrears for example. The Team would consider the situation of individuals who were in temporary accommodation, and would look at whether they had intentionally become homeless as a result of prioritising other spending above rent or mortgage arrears. Once all possible avenues had been considered, then accommodation would be provided. Better communication was required, and the Team were focusing on this as a priority. He invited Councillor Davies to spend a day shadowing the work of the team in order to see how the service was run and to understand the pressures that it was under. Such a role would also help the Service to improve.

The Head of Strategic Housing Services replied to a further question from a Member by saying that the Property Services were looking into the future of Elmhurst, and that the building was being used as temporary office accommodation for members of the Adult Social Care Service.

In reply to a query regarding multiple occupancy houses, he concurred that these

## **ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE FRIDAY, 3 OCTOBER 2008**

could cause problems, but pointed out that they were a useful way of housing people. There was a registration scheme in place which allowed the Council to prosecute landlords who used their properties illegally for this purpose.

The Head of Strategic Housing Services went on to say that a Senior Prevention Officer was being appointed to augment the team, but that all members of staff were carrying high case loads. The Intermediate Care Manager was leaving the Council, and would be acting as a Special Adviser for the CLG for three months.

### **Resolved:**

- That**
- a) the forecast outturn for 2008/09 agreed with the Directors based on service and financial performance outlined in this report be noted;**
  - b) the continuing efforts of the Directors to ensure service targets are met within the approved budget be endorsed;**
  - c) an improved forecast of outturn for the 2008/09 financial year be reflected in the next financial monitoring report;**
- and;**
- d) that the increased demands on the Strategic Housing Service as a result of a rise in homelessness should be reflected in budget and staff allocations.**

## **77. ADULT SERVICES AND STRATEGIC HOUSING PERFORMANCE MONITORING**

The Committee noted the report on the performance indicator position and other performance management information for the Adult Social Care and Strategic Housing Divisions within the Adult and Community Services Directorate. The following areas of consideration were highlighted by the Improvement Manager:

- Of the 17 indicators for Adult Social Care with the latest position data, there were 10 PIs that were on target or better, three which were rated as amber and four highlighted as red. Thirteen PIs were performing better than the 2007-08 position.
- There were improvements in indicators C31, C62, C72, C73 and D40 which were all likely to exceed the targets set. D55 (Assessments) and D56 (Waiting time for care packages) were both behind the desired target, but it was likely that the targets would be achieved.
- PIs E47 and E48 indicated that no one from the Black and Minority Ethnic community had been assessed in year to date, largely because no one in this category had come forward. There was an argument that the Service wasn't reaching these communities and, as a result, greater emphasis would be put on them within the public information strategy. The only way of monitoring the success of the campaign was whether or not there was an increase in the number of service users from these groups.
- The Annual Review Meeting had taken place on 21st July. It was based on a series of focus group discussions with staff, members and other stakeholders. A draft copy of the Performance Assessment Notebook had been received from the Commission for Social Care Inspection. The final version would be due by the end of October.
- The most recent user involvement activity was a satisfaction survey of people

**ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE FRIDAY, 3 OCTOBER 2008**

who used residential or nursing care provision. 131 responses had been received, of which 72.5% said they were extremely/very satisfied with the standard of care and 81.7% said they felt safe. 67.2% said that they were extremely/very satisfied with the meals that they were provided with. Sixteen user involvement sessions had been delivered across the County with more than 100 people attending. The events would help to inform a joint Council and Primary Care Trust Involvement Strategy. The findings from the events would be published during October, with the first draft of the Strategy available by the end of the year.

- The Quality Assurance Framework (QAF) and Evidence Portfolios were now implemented internally, with plans in place to extend the QAF to the independent sector. Herefordshire had recently been recognised by authorities in Wales as a trail blazer in this field.

In reply to a question from a Member, the Improvement Manager said that whilst the Local Area Agreement would supersede a number of PIs, the six reported from Adult Social Care would remain, and a broader range of indicators would be reported to the Committee in the future. The new indicators were prefixed by NI, and there were a total of 198 across the Council. There would be 35 PI's in the Local Area Agreement in order to monitor the progress of the Adult Social Care Directorate.

The Director of Joint Commissioning said that he would produce a paper for the next meeting of the Committee on how the PI's were made up. He also undertook to provide a briefing on the Comprehensive Area Agreement which would be in place shortly.

**RESOLVED:**

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

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

**78. UPDATE ON THE IMPLEMENTATION OF THE REVISED FAIRER CHARGING POLICY**

The Committee noted an updated report on the implementation of the revised fairer charging policy. The Joint Team Manager (Welfare & Financial Assessments) reported that the income from non-residential care packages was falling short of the projection that had been provided to Cabinet in October 2007. It had been anticipated that an additional sum of £400k would be achieved. The review of the first quarter had resulted in a reduced forecast of £244,400. The annual shortfall was therefore likely to be in the region of £156k.

Areas for change had been identified in the Fairer Charging Policy document following its implementation. These included Charitable Income and the treatment of War Pensions. Both of these sources of income would now be disregarded in full when people were applying for, or receiving, care packages or when council tax was being considered. The policy also needed to clarify current practice with Individualised Budgets so that service users were made aware that they would still be assessed under the current fairer charging policy in order to establish any contribution to be collected from an individual budget, whether it was arranged by direct payment or whether the Council purchased the services on the service users behalf.



**RESOLVED:**

- That (a) the report on the Revised Fairer Charging Policy be noted; and  
(c) areas of concern continue to be monitored.

**79. UPDATE ON THE IMPLEMENTATION OF A NEW INTEGRATED SOCIAL CARE RECORD SYSTEM**

The Committee noted a progress report on the implementation of the new integrated social care record system. The Head of Transformation reported that the project was progressing well, and it was anticipated that it would go live on the scheduled date of 10th November. Staff were receiving field training in the new system, and there was an E-sandpit to allow them to try out their new knowledge. A system of super users had been set up who would be the first port of call for the teams. They would be supported by Champion users, and finally a Central Support network. These measures were necessary as there would be no user support from Corelogic two weeks after the system had gone live.

**RESOLVED: That the report be noted and a report on the effectiveness of the new integrated social care record system be provided to the Committee in six months time.**

**80. WORK PROGRAMME**

The Committee considered its work programme. The work programme at Appendix 1 was noted.

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

The meeting ended at 12.45 p.m.

**CHAIRMAN**



**ADULT SOCIAL SERVICES ANNUAL ASSESSMENT  
AND PERFORMANCE RATING 2007/2008****Report By: Interim Director of Adult Social Care****Wards Affected**

County-wide

**Purpose**

1. To update the committee on the partnership agreement with Midland Heart, to provide accommodation and Support for Adults with a Learning Disability in Herefordshire.

**Financial Implications**

2. No direct financial implications at this stage.

**Background**

3. Each year the Commission for Social Care Improvement (C.S.C.I.) assess the performance of all Local Authorities in delivering Adult Social Services. The assessment and judgement are based on information from the Self Assessment Survey, a detailed questionnaire completed by Local Authorities in May, any inspections during the year, visits by the Business Relationship Manager, and other documentation submitted by the Local Authority.
4. Members will recall that in February 2007 Herefordshire's Learning Disability services were inspected and were judged to need considerable improvement. This contributed to the judgement last year of one star, with uncertain prospects for improvement.
5. C.S.C.I. have put in place an outcomes framework for assessing adults' social care, incorporating the seven outcomes from 'Our Health, Our Care, Our Say', and two additional domains covering adult social care leadership, commissioning and use of resources. The categories used for judgements within each outcome are poor, adequate, good and excellent. The categories for the two additional domains are poor, uncertain, promising and excellent.
6. Authorities such as Herefordshire that have remained 1 star since this system was first introduced in 2002, are known as Priority Improvement Councils and receive support from the Department of Health to assist improvement. This support is both financial and from individuals employed by the DH, in organisations such as C.S.I.P. (Care Services Improvement Partnership). Herefordshire has benefited from this support for the past 2 years, and it has been used to help implement the services improvement plan.
7. This is the final year of 'star ratings'. A new system is being put in place for next year.

## Issues

8. Last year Herefordshire brought in additional senior management capacity to drive improvement. An ambitious and challenging improvement plan was agreed and is being implemented. The key priorities were:
1. Improving leadership and management – including budget management, and implementing Framework i
  2. Improving joint commissioning
  3. Improving carer and user involvement – both in individual care planning, and in contributing to service planning
  4. Implementing personalisation – including developing Individual Budgets
  5. Developing new services – to support more people with complex needs to remain at home
  6. Developing quality assurance – including improved safeguarding and better evidence to demonstrate how adult social care is making a difference to the quality of peoples' lives.
9. The judgements are publicly announced at the end of November. In 2007, Herefordshire was judged to be adequate against all 7 outcomes, with uncertain prospects against leadership and commissioning and use of resources. Although we remain one star for this year, we have shown considerable improvement, with good for 3 of the 7 outcomes and promising prospects.

## Adult Social Care Performance Judgments 2007/08

Areas for judgment	Grade awarded
<b>Delivering Outcomes</b>	<b>Adequate</b>
Improved health and emotional well-being	Good
Improved quality of life	Adequate
Making a positive contribution	Good
Increased choice and control	Adequate
Freedom from discrimination and harassment	Adequate
Economic well-being	Good
Maintaining personal dignity and respect	Adequate
<b>Capacity to Improve (Combined judgment)</b>	<b>Promising</b>
Leadership	Promising
Commissioning and use of resources	Promising
<b>Performance Rating</b>	<b>1 Star</b>

The summary report is attached as an appendix to this report.

The Business Relationship Manager for Herefordshire, Pat Bailey, will be attending this committee to present her findings.

## **Next Steps**

10. Adult Social Services is currently reviewing progress against the 2008/2009 Service Plan and beginning the preparation for next year. The plan for 2009/10 will build on this years' improvement, and take account of the issues raised in the annual review of performance. The plan will also recognise the move to integrated commissioning and provider arrangements with the PCT, which is described in a separate agenda item to this committee.

## **RECOMMENDATION**

**THAT subject to any comments that the Committee may want to make, the report be noted.**

## **BACKGROUND PAPERS**

- None



**ADULT SERVICES AND STRATEGIC HOUSING PERFORMANCE  
MONITORING**

**REPORT BY: IMPROVEMENT MANAGER**

**Wards Affected**

Countywide

**Purpose**

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

**Financial Implications**

2. No direct implications.

**Background**

3. The Performance Improvement Framework of the Council requires reporting to Scrutiny Committee at 4, 6, 8, 10 and 12 months. This report covers the Performance Indicator out-turns as at 31<sup>st</sup> October 2008, target figures for 2008-09, along with information about Forecast, Direction of Travel and Status, which are defined as:
  - Forecast – the anticipated out-turn at year end based on current information and intelligence,
  - Direction of Travel – indicates whether the current position demonstrates improvement against the previous year's out-turn,
  - Status – indicates (using traffic lighting) whether the current position demonstrates progress in line with the agreed target – G = Green, A = Amber, R= Red.
4. The Department of Health (DH) publishes statistical information on the performance of all Adult Social Care Departments. There is a national set of indicators covering Adult Social Care Services. The DH ranks performance in five bands ranging from Band 1 – “investigate urgently” to Band 5 – “very good” – the bands are known as ‘blobs’ and are highlighted in the out-turn information.
5. Strategic Housing performance is monitored by Best Value indicators and regularly reports to the Government Office of the West Midlands and the Department for Local Government and Communities.

**Adult Social Care**

The table in Appendix One includes details of the Social Care Performance Assessment Framework (PAF) Indicators.

Overall, the performance position as at the end of October for Adult Social Care is looking healthy. Of the 19 indicators rated, there are 13 PIs that are on target or better and have a green status, five which are rated as amber and only one highlighted as red. Eighteen PIs are performing better than the 2007-08 position.

Appendix three includes the definitions for the relevant health and social care National Indicator set (NIS) indicators. Routine performance information about the NIS will be made available from January 2009.

## Headlines

*The following PIs all continue to look very healthy with the prospect of exceeding the targets set*

- C31, (People with MH helped to live at home)
- C62 (Carers)
- C72 (Older People admitted to permanent residential care)
- C73 (Younger adults admitted to permanent residential care)
- D40 (reviews)

*Of the five PIs highlighted as amber, these are all ahead of the 2007-08 out-turn position. Work continues with operational teams to try and improve this position, with a view to recovering to green status.*

*Only one PI is rated as red. Intensive homecare (C28). This is based on a sample week of activity in September each year and is a final out-turn. Although the target has not been reached, there is a positive direction of travel, which demonstrates year on year progress. This PI will not be required from 2009.*

## Annual Judgement

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

The three outcomes that have improved from adequate to good are:

- Improved health and emotional well-being
- Making a positive contribution
- Economic well-being

## User Involvement

11. Following the user consultation events during August, a findings feedback brief has been produced setting out the views, ideas and suggestions from the 100+ people involved. A copy is attached for your information. These findings are now being used to inform the development of an Involvement Strategy across health and social care.
12. Forthcoming user involvement activity includes, the annual Health and Social Care Information Centre survey in February, which for 2009 is about the experience of users in receipt of homecare services. Planning is also underway for the end of year survey, which will ask a series of outcome focused questions of people that have received services in year.
13. Good working relations continue with the Local Involvement Network (LINK), with a view to establishing arrangements for users from the LINK to assist with an audit exercise in relation to our Quality Assurance Framework core standards, developing some Mystery



Shopper 'missions', defining a pay and reward scheme for users and producing an evaluation model to obtain users views about new services.

## **Frameworkki**

14. The new integrated electronic social care solution, Frameworkki, was successfully launched in November. The new system replaced the outdated CLIX system and will ensure greater effectiveness and efficiency for front line staff. The new system will allow for comprehensive reporting of all relevant PIs and will also be integrated into a new corporate performance management system called PerformancePlus, which will go live in the first half of 2009.

## **Putting People First Staff Event**

15. The Directorate held a very successful staff event on the 2<sup>nd</sup> December. Approaching 300 staff attended the day at which they could attend workshops about team building, communication and risk, along with the opportunity to network with colleagues and visit over 30 stands promoting a range of services across Herefordshire.
16. The event was aimed at staff from both the Directorate and the PCT and was planned as a forerunner to a series of public events to be rolled out during 2009.

## **Quality Assurance**

17. Teams across the Directorate began to assess themselves against the Quality Assurance Framework practice standards at the Champions clinic in November. The self-assessment tool has been developed to ensure that services deliver to certain minimum standards, aligned to the CSCI outcomes framework.
18. Further work to engage the independent and voluntary sectors is underway to develop detailed criteria in relation to the standards to establish a consistent sector-wide approach to quality of service.

## **Strategic Housing**

19. Strategic Housing performance is monitored against the new National Indicators (NI's) that were introduced from April 2008 and current Best Value Performance Indicators (BVPI's), and regular reports to the Government of the West Midlands and the Department for Communities and Local Government.
20. The new National Indicators are being monitored alongside some existing Best Value Performance Indicators (BVPI's) for benchmarking purposes and to establish an appropriate baseline from which to compare performance. The details of the Strategic Housing Indicators is shown in Appendix two

### **Strategic Housing Update**

**NI 155** – The target to deliver 200 units by end of year is currently on track to be achieved by the end of the year, although likelihood of achieving the target remains challenging. It should be noted that the current financial market is likely to severely hit targets for future years due to the current downturn in house building.

**NI 156** - There has continued to be considerable demand for services from the homelessness and housing advice team. The normal decrease in applications during the summer months did not materialise, a trend common around the West Midlands. The challenge of decreasing temporary accommodation by 50% by 2010 continues to be a

hurdle for us and other local authorities. Work is continuing to increase temporary self-contained accommodation via the private sector to minimise the use of bed & breakfast.

**BV64** - Delays in receiving information of potential properties that have been brought back into use using the Rent Deposit scheme. Early indications would suggest that once figures have been received and validated, the target will be achieved by end of year.

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

**BVPI 213** - Case closure has been increased following a review of individual officers' case loads and the way cases are allocated. Despite an improvement between quarters, outturn is still behind target and last year, although it should be noted that the target will be reached for the year as the number of current cases has seen an increase.

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

**DCLG 2010 - To reduce the use of Temporary Accommodation by 2010** – Currently just over target which means that the status is currently amber as the direction of travel is down., However, this remains challenging as there may be an increase in the use of temporary accommodation due to the current economic climate.

## **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													
Ref.			2006-2007			2007/08				2008/09			
	Definition	Measured in	IPF	Excellent	Hereford	Target	Actual	Status	DoT	Target	Forecast	Status	DoT
A80	Drug misusers sustained in treatment	%	100.8	104.3	93.0								
B11	Intensive homecare as a percentage of intensive home and residential care.	%	26.0	34.0	18.0	22.0	19.8	R	↑	22	22	G	↑
B12	Cost of intensive social care for adults and older people.	£	531	540	533	<500	528	R	↑	500			
B17	Unit cost of home care for adults and older people.	£	15.9	13.9	17.0	15.0	16.8	R	↑	15.5			
C28	Intensive home care	Number	10.4	21.8	6.7	8.1	7.5	R	↑	9	8.02	R	↑
C29	Adults with physical disabilities helped to live at home.	Number	4.8	5.9	6.0	6.0	4.8	R	↓	5	5	G	↑
C30	Adults with learning disabilities helped to live at home	Number	3.1	3.5	2.8	3.0	2.9	R	↑	3	3	G	↑
C31	Adults with mental health problems helped to live at home.	Number	4.4	6.1	4.1	4.4	4.3	R	↑	4.4	>4.4	G	↑
C32	Older people helped to live at home.	Number	91.0	106.0	81.1	83.0	81.3	R	↑	83	83	G	↑
C51	Direct payments	Number	92.0	112.0	88.3	100.0	97.6	R	↑	115	<115	A	↑
C62	Services for carers.	%	9.2	10.5	10.2	12.0	11.5	R	↑	12	>12	G	↑
C72	Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care.	Number	83.0	85.0	73.4	70.0	53.2	G	↑	55	<53.2	G	↑

Adult Social Care													
Ref.			2006-2007			2007/08				2008/09			
	Definition	Measured in	IPF	Excellent	Hereford	Target	Actual	Status	DoT	Target	Forecast	Status	DoT
C73	Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care.	Number	1.7	2.0	2.0	1.5	1.5	G	↑	1.5	<1.5	G	↑
D37	Availability of single rooms.	%	96.0	98.0	90.1	90.0	95.6	G	↑	96	96	G	↑
D39	Percentage of people receiving a statement of their needs and how they will be met.	%	91.0	96.0	98.0	100.0	96.1	R	↓	100	<100	A	↑
D40	Clients receiving a review.	%	72.0	78.0	76.3	78.0	78.1	G	↑	80	>80	G	↑
D41	Delayed transfer of care (interface).	Number	19.0	14.0	31.0	<20							
D54	Percentage of items of equipment and adaptations delivered within 7 working days.	%	89.0	93.0	96.3	96.0	96.4	G	↑	97	97	G	↑
D55	Acceptable waiting times for assessments.	%	85.0	87.0	83.6	90.0	89.6	R	↑	92	<92	A	↑
D56	Acceptable waiting times for care packages.	%	90.0	91.0	76.0	85.0	84.7	R	↑	90	<90	A	↑
D75	Practice Learning.	Number	17.9	17.1	19.4	15.0							
E47	Ethnicity of older people receiving assessment.	Ratio	1.2	1.0	1.2	1.0	0.7	R	↓	1	1	G	↑
E48	Ethnicity of older people receiving services following an assessment.	Ratio	1.1	0.9	1.3	1.0	1.0	G	↓	1	1	G	↓
E82	Assessments of adults and older people leading to provision of service.	%	77.0	69.0	82.2	77.0	83.6	R	↓	78	>78	A	↑

Adult Social Care													
Ref.			2006-2007			2007/08				2008/09			
	Definition	Measured in	IPF	Excellent	Hereford	Target	Actual	Status	DoT	Target	Forecast	Status	DoT
NI119	Self-reported measure of people's overall health and wellbeing												
NI120	All-age all cause mortality rate	Rate per 100,000 population								637			
NI121	Mortality rate from all circulatory diseases at ages under 75	Rate per 100,000 population								56			
NI122	Mortality from all cancers at ages under 75	Rate per 100,000 population								96			
NI123	16+ current smoking rate prevalence	Rate per 100,000 population								808			
NI124	People with a long-term condition supported to be independent and in control of their condition	Percentage											
NI125	Achieving independence for older people through rehabilitation/intermediate care	Percentage											
NI126	Early access for women to maternity services	Percentage								95			
NI127	Self reported experience of social care users												
NI128	User reported measure of respect and dignity in their treatment												
NI129	End of life care - access to appropriate care enabling people to choose to die at home	Percentage											
NI130	Social care clients receiving Self Directed Support (Direct payments and Individualised Budgets)	Rate per 100,000								107	<102	A	



Adult Social Care													
Ref.			2006-2007			2007/08				2008/09			
	Definition	Measured in	IPF	Excellent	Hereford	Target	Actual	Status	DoT	Target	Forecast	Status	DoT
NI141	Number of vulnerable people achieving independent living	Number											
NI142	Number of vulnerable people who are supported to maintain independent living	Number								99.24			
NI145	Adults with learning disabilities in settled accommodation	Percentage											
NI146	Adults with learning disabilities in employment	Percentage											
NI149	Adults in contact with secondary mental health services in settled accommodation	Percentage											
NI150	Adults in contact with secondary mental health services in employment	Percentage											





## Appendix Two

Ref	PI Definition	Measured in	Latest WHMA	Hfds out-turn 05-06	Hfds out-turn 06-07	2007-08				2008-09				
						Target	Hfds Actual	Status	DoT	Target	Hfds Forecast	Q2 Outturn	Current Status	Current DoT
NI 155	Number of Affordable Homes Delivered	Number								200	200	98	A	↑
NI 156	Number of Households in Temporary Accommodation	Number								109	109	111	G	↓
BV64	Private sector dwellings returned to occupation or demolition as a result of LA action	Number	32	54	52	100	115	G	↑	110	110	5	A	↑
BV202	No. of people sleeping rough on a single night in the LA area	Number	4.6	<3	<3	<3	<3	G	=	<3	<3	7	R	↑
BV213	No. of households who, considered themselves homeless, for whom casework resolved their situation	Number (per thousand households)	0.4	0.93	3.12	4.00	3.95	G	↑	4	4	1.94	G	↑
BV214	% of households accepted as homeless who have been previously accepted by the same LA within the last 2 years	Percentage	2.72%	2.88%	4.05%	1.50%	1.45	G	↑	1%	1%	0%	G	↑
HCS 14	Homeless acceptances	Number	#	416	148	160	207	R	↓	160	160	79	R	↑
DCLG 2010	Halve the numbers of households in temporary accommodation by 2010	Number	#	173	135	129	133	G	↑	109	109	111	G	↓



## National Indicator Set Definitions

<u>PI</u>	<u>Name</u>	<u>Definition</u>
NI 119	Self-reported measure of people's overall health and wellbeing	A measure of overall health and well being
NI 120	All-age all cause mortality rate	The mortality rate for all causes for all ages per 100,000 population expressed separately for males and females
NI 121	Mortality rate from all circulatory diseases at ages under 75	The mortality rate per 100,000 from circulatory diseases for all persons aged under 75
NI 122	Mortality from all cancers at ages under 75	The mortality rate per 100,000 from cancer for all persons aged under 75
NI 123	16+ current smoking rate prevalence	The rate per 100,000 of those aged 16+ who self reported not smoking for at least 4 weeks
NI 124	People with a long-term condition supported to be independent and in control of their condition	The percentage of people with long term condition who had enough support from local services and organisations to manage their long term health
NI 125	Achieving independence for older people through rehabilitation / intermediate care	The proportion of older people discharged from hospital to their own home who are at home 3 months after discharge from hospital.
NI 126	Early access for women to maternity services	The percentage of women receiving services provided in the area who have been seen by a midwife or maternity healthcare professional by 12 weeks of pregnancy
NI 127	Self reported experience of social care users	Indication of social care users perceptions that services they receive support the personal outcomes they want from care and support services
NI 128	User reported measure of respect and dignity in their treatment	Indication of service users perception that they are treated with dignity by care and support services deliverers.
NI 129	End of life care - access to appropriate care enabling people to choose to die at home	The percentage of all deaths that occur at home
NI 130	Social care clients receiving Self Directed Support (Direct payments and Individualised Budgets)	Number of adults, older people and carers receiving social care through Direct Payment and/or Individual Budgets per 100,000 population
NI 131	Delayed transfers of care from hospitals	The average weekly rate of delayed transfers of care from all NHS hospitals per 100,000 population aged 18+
NI 132	Timeliness of social care assessments (all adults)	The percentage of clients aged 18+ for whom the time from first contact to completion of assessment was less than or equal to 28 days.
NI 133	Timeliness of social care packages following an assessment	The percentage of clients aged 18+ for whom the time from completion of assessment to provision of all services in the care package is less than or equal to 28 days
NI 134	The number of emergency bed days per head of weighted population	The number of emergency bed days per 100,000 population
NI 135	Carers receiving a needs assessment or review and specific carer's service or advice and information	The number of carers whose needs were assessed or reviewed in a year who received carer's services or advice and information in the same year
NI 136	People supported to live independently through social	The number of adults, all ages per 100,000 population that were assisted directly through social

<u>PI</u>	<u>Name</u>	<u>Definition</u>
	services (all adults )	services to live independently plus those supported through organisations that receive social services grant funded services.
NI 137	Healthy life expectancy at age 65	A measure of healthy life expectancy at age 65
NI 138	Satisfaction of people over 65 with both home and neighbourhood	Satisfaction level of how older people live their lives
NI 139	The extent to which older people receive the support they need to live independently at home	A measure of how older people view the support they get from local services to live independently at home
NI 141	Number of vulnerable people achieving independent living	The percentage of service users receiving Supporting People service who have moved on from supported accommodation in a planned way
NI 142	Number of vulnerable people who are supported to maintain independent living	The percentage of vulnerable people receiving Supporting People service who have established or are maintaining independent living
NI 145	Adults with learning disabilities in settled accommodation	The percentage of adults with learning disability in settled accommodation at the time of their last assessment or review
NI 146	Adults with learning disabilities in employment	The percentage of adults with learning disability in paid employment at the time of their last assessment or renew
NI 149	Adults in contact with secondary mental health services in settled accommodation	The percentage of adults aged 18 to 69 receiving secondary mental health services in settled accommodation
NI 150	Adults in contact with secondary mental health services in employment	The percentage of adult aged 18 to 69 receiving secondary mental health services in paid employment at the time of their last assessment or renew

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

County-wide

**Purpose**

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

**Financial Implications**

2. These are contained in the report.

**Background**

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

**Latest projected position 2008-09**

	<b>2008-09 Budget</b>	<b>Projected outturn October 2008 Over or (-) Under</b>	<b>Projected Outturn August Over or (-) Under</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>
Adult Social Care	38.564	0.277	0.331
Supporting People	0.073	0.028	0
Strategic Housing	1.957	0.321	0.312
<b>Total</b>	<b>40.594</b>	<b>0.626</b>	<b>0.643</b>

**Adult Social Care**

4. The forecast outturn position on Adult Social Care shows a further improvement on the August position, with an overall reduction in the forecast of £54k resulting in a projected overspend of £277k. The detailed variances are set out in Appendix I.
5. There have been a number of changes, both positive and negative, across service areas. This partly reflects the impact of modernisation programmes where opportunities have arisen to review costs, meaning that assumed commitments as part of the initial budget setting process have changed. Budget planning for 2009-10 will reflect the changing patterns of expenditure as changes to service provision continues to develop in line with the modernisation programme.
6. The figures for learning disabilities continue to include the assumption that the PCT will meet the costs of individuals meeting the Continuing Health Care (CHC) criteria, which

amount to £942k. Work is progressing in undertaking the individual assessments required to deliver this outcome.

7. The key variances in forecast outturn since the previous report are as follow:
  - a. Mental Health costs have reduced due to the receipt of capital income and a net reduction of 4 placement packages.
  - b. Physical Disabilities costs have reduced due to the receipt of grant funding, direct payment reimbursements and on-going vacancy savings.
  - c. The Learning Disability forecast has been amended pending confirmation of planned projects to utilise Supporting People funding in order to reduce existing commitments.
  - d. A number of new Older People residential packages have been approved. Actions are in hand to reduce these costs but at this point the forecast assumes the costs will remain in place till year end. These costs have been partly offset by the inclusion of projected capital income for the year.
  - e. Savings in staffing and operational costs within Commissioning and Improvement continue to be made.
  - f. Service Strategy costs have increased due to a number of organisational development costs as part of the overall improvement programme.
8. Over the past year, adult social care have been working more closely with Supporting People staff to consider ways in which supporting people funding could be appropriately used to provide support for individuals which might also reduce some of the need for some social care funding. Some of this relates to funding new pilot services and some to part funding existing care packages. It is anticipated that this could further reduce adult social care spend by £158k.
9. The Interim Director of Adult Social Care is currently reviewing the social care budget to identify areas where it would be possible to further reduce expenditure to achieve a balanced budget. This includes using the evident trend of reducing residential placements, reviewing modernisation projects across the whole county and slowly implementing as well as cutting back on interim and project management support. Any option is likely to have an impact on progressing the improvement agenda.
10. There are a number of potential risks that could cause the forecast position to increase. These include outstanding invoices raised to the PCT for the Shires Contract and CHC costs from previous years, which are the subject of on-going negotiation. Shaw Healthcare have raised issues around responsibility for the cost of voids at Leadon Bank, which continue to be discussed.
11. There is currently £1.2m budget allocated to new modernisation schemes and initiatives. As schemes develop the costs and budgets will be allocated to the appropriate services. Schemes will be closely monitored to ensure timescales for implementation are met and that anticipated savings and cost mitigation are achieved. At this point savings of £53k are anticipated due to slippage in schemes.
12. Supporting People grant funding has reduced in 2008-09 in respect of both the main programme grant and administration grant. The carried forward underspend is £5.7m. This funding is ring-fenced to Supporting People so cannot be used to fund expenditure on

mainstream services unless these are deemed appropriate under the Supporting People guidance. The Supporting People Commissioning body regularly meets to review the situation.

13. An overspend of £28k is currently projected in terms of the management and administration of the programme. This is principally due to unanticipated costs for the IT system that supports the programme. Opportunities exist to hold current vacancies to mitigate the overspend.

### Strategic Housing

14. The forecast outturn for Housing has deteriorated slightly since the last report, with the overspend increasing from £312k to £321k. Whilst bed and breakfast costs have decreased by £86k there has been a significant increase in expenditure in the homelessness prevention fund, which includes the payment of rent deposits.
15. The forecast assumes that the current level of prevention fund expenditure continues, however this is a reasonably prudent view and there is an expectation that the costs could reduce, depending on circumstances.
16. Bed and Breakfast accommodation numbers increased in September but reduced in October. The latest position is shown below:

<b>Category</b>	<b>August</b>	<b>Sept</b>	<b>October</b>
Families	11	15	2
Other(couples, siblings)	1	1	8
Single	15	18	11
<b>Total</b>	<b>27</b>	<b>34</b>	<b>21</b>

17. The projected cost of bed & Breakfast (B&B) accommodation has been calculated on a number of scenarios. Taking a prudent view based on current levels of occupancy and assuming that the same percentage fluctuations occur in the remainder of this year (as happened last year) produces an overspend of £226k. However, Strategic Housing is focusing activity on actions to reduce the use of Bed and Breakfast Accommodation.
18. The officer task and finish group jointly chaired by the Director of Regeneration and Head of Strategic Housing continues to look at new approaches to manage and reduce the homelessness position, and the progress made to date is reflected in the reduction in bed and breakfast costs.
19. Assessment interviews are now taking place within three days of applications being received and a decision about eligibility is made within a week of the interview. The homelessness team are taking a more robust line with applicants who fail to attend appointments for assessment. Any applicants who miss more than two appointments will now lose their entitlement to temporary accommodation. A group of officers headed by the Homelessness Manager meets each week to consider the more challenging applications. The Head of Service attends on an ad hoc basis to support and agree approaches taken, particularly in complex cases.
20. Applicants unhappy with the outcome of their assessment for homelessness can appeal.

Reviews of homelessness applications are still slower than desired. None of the applicants awaiting appeal are currently in B&B although this situation can vary.

21. Work is progressing on formulating a charging policy for those placed in temporary accommodation. Currently the only income received is via Housing Benefit. It is proposed that charges will be based on rents charged by registered social landlords for those in employment. Many clients will be able to claim housing benefit. Potential savings from these actions could be a maximum of £3k.
22. Working in partnership with the Housing Needs and Development Team, progress is being made in expanding the use of private rented property as temporary accommodation through the expansion of the Council's Private Sector Leasing Scheme. This is expected to impact positively on the use of Bed and Breakfast accommodation over coming months.
23. The reduction in the re-purchase/reinstatement grant has placed pressure on the Management & Admin heading, however vacancy management along with one-off savings anticipated on other headings are earmarked to recover the position. In 2009-10 this grant drops out completely.
24. There have been some smaller increases in the forecast of other Strategic Housing headings including Community Equipment, Housing Needs and the cost of the homelessness strategy. These have been partly mitigated by further vacancy savings and staff recharges to the Department of Communities and Local Government.

#### **Possible Measures for Further Recovery on Homelessness**

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

#### **RECOMMENDATION**

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

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

**and;**

**c) an improved forecast of outturn for the 2008/09 financial year be reflected in the next financial monitoring report.**

#### **BACKGROUND PAPERS**

- Appendix I attached



Adult Social care and Strategic Housing Scrutiny Committee Budget Monitoring to October 2008

	2008/2009 Budget	YTD Actuals @ October 2008	YTD Budget @ October 2008	Variance to date Over / (under)	YEAR END PROJECTION	YEAR END VARIANCE Over / (Under)
<b>Adult Services</b>						
Commissioning & Improvement Adults	1,266,863	536,500	633,431	(96,931)	1,106,276	(160,587)
Adult Placement Scheme	426,720	618,102	333,639	284,463	386,341	(40,379)
Learning Disabilities	0	2,483	0	2,483	0	0
Mental Health	9,943,411	8,710,305	6,361,556	2,348,749	10,286,807	343,396
Older People	6,242,925	3,319,901	3,762,319	(442,418)	6,309,976	67,051
Physical Disabilities / Sensory Impairment	14,366,351	8,866,224	8,243,805	622,420	14,390,602	24,251
Prevention Services	3,717,880	2,219,875	2,142,718	77,157	3,756,299	38,419
Section 75 Arrangements	182,060	97,353	106,911	(9,558)	182,060	0
Service Strategy	893,567	680,448	474,073	206,375	896,567	3,000
Transport	335,931	(54,533)	13,154	(67,687)	390,433	54,502
Modernisation	(16,080)	40,023	(21,632)	61,655	(16,080)	0
	1,203,920	663,037	697,534	(34,497)	1,151,311	(52,609)
<b>Total Adult Social Care</b>	<b>38,563,548</b>	<b>25,699,718</b>	<b>22,747,508</b>	<b>2,952,211</b>	<b>38,840,592</b>	<b>277,044</b>
<b>Strategic Housing</b>						
Homelessness	1,006,160	550,027	586,927	(36,900)	1,338,815	332,655
Housing Needs	311,570	153,187	181,749	(28,562)	299,103	(12,467)
Homepoint	3950	(89,170)	2,304	(91,474)	3,950	0
Management & Administration	80,101	94,626	46,020	48,606	97,020	16,919
Private Sector Housing	554,960	294,481	339,352	(44,871)	538,682	(16,278)
<b>Total Strategic Housing</b>	<b>1,956,741</b>	<b>1,003,151</b>	<b>1,156,352</b>	<b>(153,201)</b>	<b>2,277,570</b>	<b>320,829</b>
<b>Supporting People Programme Admin</b>						
	0	(5,664,720)	0	(5,664,720)	0	0
	73,640	104,004	42,957	61,047	101,676	28,036
<b>Total Supporting People</b>	<b>73,640</b>	<b>(5,560,716)</b>	<b>42,957</b>	<b>(5,603,673)</b>	<b>101,676</b>	<b>28,036</b>



## REVIEW OF HOUSING ALLOCATION

**Report By: Head of Strategic Housing**

### Wards Affected

County-wide

### Purpose

1. To consider next steps in reviewing the Home Point Housing Allocation Policy.

### Financial Implications

2. None identified at this time.

### Background

3. Home Point is Herefordshire's Choice-Based Lettings Scheme, a partnership between Herefordshire Council and the county's largest Housing Associations. The Scheme is primarily responsible for managing the Common Housing Register, the Mutual Exchange Register and advertising available Social Housing properties.
4. Since going operational in 2002, the Allocations Policy and Home Point has previously undergone one major review in October 2004, two smaller allocation policy reviews and a number of operational reviews by Partner Housing Associations.
5. During 2008 the Adult Social Care & Strategic Housing Scrutiny Review Group has reviewed the Allocations Policy and operational aspects of Home Point and produced a number of recommendations to be investigated for feasibility by the Home Point Partnership Board.
6. The Review Group comprised Cllr P Andrews, Cllr K Grumbley, Cllr H Davies.
7. The review has covered:
  - Current waiting list information illustrating the demand for affordable housing in the county and levels of assessed need under the current Allocations Policy;
  - Housing stock availability within the Home Point Partnership including properties advertised through the Home Point system and expressed demand for advertised housing. Composition of the Home Point Partnership membership;
  - The legislative framework surrounding Housing Allocation Policies including recent consultation for the 'Allocation of Accommodation, Choice-Based Lettings, Code of Guidance for Local Housing Authorities';
  - A review of the current Home Point Herefordshire Housing Allocations Policy and supporting literature together with the Home Point application and bidding process;
  - A review of customer satisfaction data and consider options for qualitative and informing consultation activity with stakeholders and service users including RSL members of the Home Point Partnership.

8. The review identified / wished to highlight the following issues / findings from its investigation.
- There is an imbalance in housing supply which leads to increasing pressure in the system for allocating scarce affordable housing.
  - Recognises the high levels of overcrowding in the county.
  - Recognises the success of the Home Point 'Talking Brochures' concept and encourages wider use of video guides and other visual media within the Authority.
  - Recognises the amendments to the Allocations Policy in 2004 have successfully impacted upon the efficiency and service provided to qualifying Aftercare Leavers.
  - Supports the need for a dedicated officer to focus on vulnerable customers at Home Point.
  - Supports increasing the minimum overall percentage of affordable housing in new developments.
  - Supports increasing the minimum percentage of rental accommodation for new affordable housing.
  - Supports the concept of a Housing Contact Centre / One Stop Shop approach to meet the wide ranging housing needs in the county.
9. The review identified the following items which it believed should be considered in the course of devising amendments to the allocations policy and / or the operation of Home Point.
- Consider amending Allocations Policy to enable a percentage of properties to be advertised / allocated with a preference to existing Home Point Partnership tenants within Herefordshire currently under occupying their properties to release homes for larger families.
  - Review the difficulties experienced by customers with multiple bedroom eligibility policies within the Partnership. Investigate the feasibility of introducing a Common Policy / or a standard Home Point Bedroom Eligibility Policy to improve customer service.
  - Review the Partner contribution model to ensure costs are fairly distributed within Partnership.
  - Strengthen the Allocation Policy to ensure adapted properties are let to applicants with a suitable medical need.
  - Investigate the impact of the Allocations Policy on applicants wishing to Foster.
  - Investigate the impact of the Allocations Policy on ex-service personnel.
  - Investigate within new development whether applicants with special needs can be identified and allocated directly to specific adapted properties.
  - Investigate the feasibility / need of whether a degree of preference could be introduced for a small percentage of properties to combat worklessness.
  - Investigate possible sources of funding for a Home Point officer to concentrate on vulnerable customers.

In regard to the nature of the Home Point Partnership, the review felt that the Home Point Partnership Board was the most appropriate vehicle to consider and develop options for improvement.

## **RECOMMENDATIONS**

**THAT;**

- (a) The Cabinet Member is requested to invite the Home Point Partnership to undertake a review of the Allocations Policy with particular attention to the recommendations identified by the Adult Social Care & Strategic Housing Scrutiny Committee.**
- (b) That the Home Point Partnership review the operation of Home Point with a view to maximising the cost and operational efficiency of services with particular attention to the outcomes of the review conducted by the Adult Social Care & Strategic Housing Scrutiny Committee.**
- (c) That the outcomes and recommendations from the Home Point Partnership Review be reported back to the Adult Social Care & Strategic Housing Scrutiny Committee.**
- (d) That the final recommendations should be submitted to the Home Point Partnership Board and Cabinet for approval.**

## **BACKGROUND PAPERS**

- None.



**REVIEW OF THE CABINET'S RESPONSE TO THE  
JOINT SCRUTINY REVIEW OF THE TRANSITION  
FROM LEAVING CARE TO ADULT LIFE****Report By: Head of Safeguarding and Assessment****Wards Affected**

County-wide

**Purpose**

1. To consider Cabinet's response to the recommendations arising from the Joint Scrutiny Review of the Transition from Leaving Care to Adult Life.

**Background**

2. On 24 July 2008, this Committee approved the report arising from the Scrutiny Review of the Transition from Leaving Care to Adult Life.
3. The report and resulting action plan (Appendix 1 and 2 respectively) were subsequently approved by Cabinet on 20 November 2008. Cabinet also requested that the action plan be brought back in a further six months to review progress.
4. A number of themes emerged from the discussion at Cabinet as follows:
  - The relative lack of recommendations relating to Adult Services
  - The need for a specific recommendation in relation to Pathway Plans
  - The need to explore strengthening recommendation 17 (children returning to the looked after system)
  - The need to further develop links with the Voluntary Sector
5. Following consultation with the Cabinet Member, Social Care Adults and Cabinet Member, Children's Services, it is therefore proposed to review the action plan in line with the above themes and, if appropriate, strengthen accordingly.
6. Any changes will be formally agreed as Cabinet Member decisions and highlighted when the action plan is presented back to Cabinet.

## **Recommendations**

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

## **Background Papers**

- Report for Cabinet on 20 November 2008 'Joint Scrutiny Review of the Transition from Leaving Care to Adult Life'.



<b>Action Plan: Joint Scrutiny Review on Transition from Leaving Care to Adult Life</b>				
<b>Chairman of the Review Group: Councillor J E Pemberton</b>				
<b>Lead Support Officer: Head of Safeguarding and Assessment</b>				
<b>Recommendation</b>	<b>Action(s) to Address</b>	<b>Lead Officer</b>	<b>Timescale</b>	<b>Success Measure(s)</b>
1. That the Council's specific responsibility for care leavers should be borne in mind in seeking to address the issue of affordable housing in the County	Review the Home Point Allocation Policy and ensure it continues to incorporate the Move on Protocol for care leavers	Housing Needs and Development Manager	February 2009	Allocation Policy reviewed and published
	Review the accommodation needs of care leavers			100% of care leavers referred rehoused through Home Point
	Review provision of support to ensure care leavers can access services to enable them to maintain their tenancy			Needs Assessment Undertaken
2. The proposal to establish a Children in Care Council be welcomed and implemented	Establish Children in Care Council	Service Manager (Safeguarding and Looked After Children)	October 2008	Review completed
				100% of care leavers have access to floating support services
3. That the provision in the Children and Young Person's Bill for a Virtual Head Teacher for looked after children has merit and should be investigated with a view to implementation in the County				Membership identified and Meeting structure established
				Steering Group established to provide support
				CYP see their wishes acted upon /taken into account in service delivery changes appropriately
	Conduct review of Education Liaison and Support Service (ELSS)	Service Manager (Safeguarding and Looked After Children)	January 2009	Report presented to DMT and Cabinet Member for CYP
				Decision taken re: Virtual Headteacher and any other service changes required

<b>Recommendation</b>	<b>Action(s) to Address</b>	<b>Lead Officer</b>	<b>Timescale</b>	<b>Success Measure(s)</b>
<p>4. That mechanisms should be put in place to measure the effectiveness of the social care information technology solution in addressing the concerns about compatibility that have been identified</p>	<p>Implement Frameworkki electronic workflow system as part of Integrated Social Care Solution (ISCS) Project Phase 1</p>	<p>Service Manager (Referral and Assessment)</p>	<p>November 2008</p>	<p>ISCS Phase 1 implemented on schedule</p>
	<p>Corelogic to develop Frameworkki software to increase integration with NHS IT systems</p>		<p>March 2009</p>	<p>Work completed by Corelogic on schedule</p>
	<p>Explore viability of greater integration between Frameworkki and PCT IT system in Herefordshire</p>		<p>August 2009</p>	<p>Viability study completed and proposals for action produced</p>
<p>5. That the need for dedicated health worker resource in care settings for care leavers should be recognised and appropriate provision made</p>	<p>Develop Transition Health Advisor post for care leavers and vulnerable young people</p>	<p>Commissioner for Children and Young People's Services Primary Care Trust</p>	<p>January 2009</p>	<p>Job Description drawn up</p>
	<p>Include funding in 2009/10 Local Development Plan (LDP)</p>	<p>Commissioner for Children and Young People's Services Primary Care Trust</p>	<p>April 2009 (subject to LDP approval)</p>	<p>Funding approved</p>
				<p>Post established</p>
<p>6. That a specific piece of work be commissioned, drawing on best practice, on thresholds for eligibility for adult services (with particular reference to care leavers with additional needs, whether physical disability, learning disability or mental health) to ensure that the needs of young people are being met</p>	<p>Review access to information and advice</p>	<p>Signposting Coordinator</p>	<p>October 2008</p>	<p>Vulnerable young people not eligible for service receive timely and appropriate signposting</p>
	<p>Undertake review of thresholds in context of national review of eligibility criteria</p>	<p>Head of Transformation</p>	<p>December 2008 (subject to publication of national review)</p>	<p>Vulnerable young people eligible for service receive timely and appropriate support for their needs</p>

Recommendation	Action(s) to Address	Lead Officer	Timescale	Success Measure(s)
7. That the Education Liaison and Support Service should look at the preparation of Personal Education Plans, review their format and introduce more robust monitoring mechanisms to ensure complete compliance	Ensure monitoring of compliance in relation to Personal Education Plan (PEP) becomes a core function of ELSS Effectively focus on transition issues during PEP from 14+	Service Manager (Safeguarding and Looked After Children)	October 2008	Improved compliance in number of looked after children with a PEP  Improved review rate of PEPs to ensure these are up to date  Increased focus on 14+ PEPs being timely and including links with adults services
8. That the opportunity should be taken in appropriate forums to highlight the importance of authorities placing children in other areas notifying the area where placements are being made	All managers attending regional meetings or meetings with independent providers use the opportunity to raise this issue	Head of Safeguarding and Assessment	October 2008 and ongoing	Issue raised as appropriate
9. That every provider has name and contact details of the housing team and access routes to relevant Council Services	Formal letter to be sent to all independent providers in Herefordshire	Head of Safeguarding and Assessment	December 2008 (subject to response from Ofsted re: 10)	Names and addresses obtained
10. That the strongest representations be made to Ofsted that the Council must be made aware of independent care providers registered with it and kept regularly updated to enable the Council to discharge its responsibilities effectively	Formal letter to be sent to Ofsted by Cabinet Member, Children's Services	Head of Safeguarding and Assessment	October 2008	Letter sent  Formal response received

<b>Recommendation</b>	<b>Action(s) to Address</b>	<b>Lead Officer</b>	<b>Timescale</b>	<b>Success Measure(s)</b>
11. That Health Services consider how they can develop a system to flag up looked after children in care and care leavers and ensure an effective link to the Council's looked after system	Explore viability of installing alert on computerised Patient Administration System (PAS)	Designated Nurse Safeguarding Primary Care Trust	December 2008	Alert recorded on PAS system
	Explore possibility of establishing links with Corelogic Frameworkki once system introduced			Staff made aware of alert
12. That a single budget for miscellaneous expenditure on young people be created with clear line management arrangements	Review additional expenditure processes as part of overall review of Fostering Allowances	Service Manager (Safeguarding and Looked After Children)	April 2009	Discussion taken place between Council and PCT ICT staff to establish viability
	Conduct audit of attendance at Looked After Children Reviews			Review of Fostering Allowances presented to Departmental Leadership Team (DLT) for consideration
13. That the format and effectiveness of statutory review meetings is revisited and a review over three months of attendance at Case Reviews to see what the attendance levels actually were and whether these could or should be scaled down would be helpful				Proposals implemented
				Report produced
				Actions taken in response
				Feedback provided to looked after children and young people

<b>Recommendation</b>	<b>Action(s) to Address</b>	<b>Lead Officer</b>	<b>Timescale</b>	<b>Success Measure(s)</b>
14. That the Children and Young People's Directorate gives further consideration to arrangements for the change of foster placements to see if policies and practices can be improved	Review change of placement policy and procedures as part of overall review of children's services procedures manual	Acting Service Manager (Fieldwork)	December 2008	Policy and procedures available on intranet  Policy and procedures publicised to staff, carers and young people
15. That an explicit policy statement prohibiting the use of bin bags to transport belongings when moving placements is prepared within 3 months and publicised to ensure adherence	Reemphasise policy and procedures linked to transporting of belongings in line with commitment previously made by Herefordshire Council on <a href="http://www.thisisnotasuitcase.org.uk">www.thisisnotasuitcase.org.uk</a>	Acting Service Manager (Fieldwork)	December 2008	Policy and procedures available on intranet  Policy and procedures publicised to staff, carers and young people
16. That the Children and Young People's Directorate gives further consideration to arrangements for the change of social worker to see if policies and practices can be improved	Review change of Social Worker policy and procedures as part of overall review of children's services procedures manual	Acting Service Manager (Fieldwork)	December 2008	Policy and procedures available on intranet  Policy and procedures publicised to staff, carers and young people

<b>Recommendation</b>	<b>Action(s) to Address</b>	<b>Lead Officer</b>	<b>Timescale</b>	<b>Success Measure(s)</b>
17. That existing policy documents should be revisited and revised to make clear that the opportunity to return to a formal care setting did exist if that was what the young person wanted and efforts should be made to enhance the flexibility of the system	Promote legislation and existing Council policy to Aftercare Workers, Independent Reviewing Officers and care leavers	Acting Service Manager (Fieldwork)	October 2008	Formal memorandum issued to relevant staff  Appropriate communication with care leavers
18. That the Children and Young People's Directorate gives further consideration to arrangements for the move to aftercare to see if policies and practices can be improved to make the transition more seamless	Introduce fortnightly handover meetings to ensure appropriate arrangements made for all looked after children approaching transition	Acting Service Manager (Fieldwork)	October 2008	Aftercare Worker allocated to all care leavers by 16 <sup>th</sup> birthday
19. That where evidence of discrimination is presented to the Council, the Council uses what powers it can to tackle it	All three Directorates take responsibility for ensuring that this issue is addressed through equality action plans	Head of Safeguarding and Assessment	March 2009	Actions evident in Directorate equality action plans and any appropriate action taken in individual cases

**SAFEGUARDING ADULTS****Report By: Interim Director of Adult Social Care &  
Safeguarding Adults Manager****Wards Affected**

County-wide

**Purpose**

1. To update the committee on the partnership agreement with Midland Heart, to provide accommodation and Support for Adults with a Learning Disability in Herefordshire.

**Financial Implications**

2. No direct financial implications at this stage.

**Background**

3. The lead responsibility to ensure that vulnerable adults are safeguarded from harm or risk of harm rests with Adult Social Services. However there are clear responsibilities for other statutory agencies such as Police, Probation and the NHS and independent providers of care services to work with Social Services to ensure that adults are protected and a proactive approach is taken to safeguarding.
4. Unlike safeguarding children, the responsibilities around Adult Safeguarding are not covered by legislation but by good practice policy and guidance. However, as part of the statutory role of Director of Adult Social Services, the Director is expected to ensure that there are effective multi-agency arrangements in place.
5. Abuse to adults can be physical, emotional or sexual but can also include financial abuse. There is increasing concern nationally that the current arrangements need strengthened. This follows a number of high profile incidents involving longstanding abuse culminating with death of adults with learning disability, and increasing concern about the treatment and care of older people, who are frail or suffering from dementia in residential and nursing homes.
6. The development of the personalisation agenda, while providing users with increased choice and control, potentially brings greater risk. It is important to balance the management of risk and ensuring processes are in place to minimise risk, with supporting adults to undertake activities and live independently in the way that they choose.

**National consultation**

7. Policy and practice in relation to safeguarding adults is covered by 'No Secrets' Guidance which was published by the DH in 2000, and aimed to ensure that all local authority areas implemented multi-agency policies and procedures to protect vulnerable adults from abuse.

8. This year the Department of Health has published a consultation on the review of this guidance. The focus for the national DoH review is:

*“ about how we as a society learn to empower people – both the public and professionals- to identify risk and to manage risk. It is about how we empower people to say no to abusive situations and criminal behaviour. It is about locating safeguarding in the wider agenda of choice and control. It is about recognising safeguarding as everyone’s business. It is about identifying the tools we need for better safeguarding”*

Minister for Care Services, Phil Hope MP.

### **Reasons for the review:**

- to reshape safeguarding within the national policy vision, and policy change since 2000
- to act on weaknesses identified by stakeholders, in 8 years of *No Secrets* implementation, and
- to examine the case for legislation: that requires more robust partners’ engagement and to allow compulsory interventions for adults at risk

The language and flavour of the review

- places the responsibility for safeguarding across all agencies, and the public – everyone’s business
- requires safeguarding to fully mesh with the agenda of empowerment, choice and control – agencies giving confidence that service users are at the centre, that agencies are open to challenge
- is about prevention, responses and justice

The consultation is:

- joint between Dept of Health, the Home Office and the Ministry of Justice
- aimed at a wide audience: ‘social care, health, housing, police, lawyers; the public and service users’
- informed by regional ‘listening’ events to which Members have been invited
- requiring responses by 31<sup>st</sup> January 2009

### **Potential changes**

- widening the approach to safeguarding through empowerment, and proactive and preventative work to safeguard local people, as well as responding to incidents where there has been abuse.
- Introducing legislation to give new powers for police/social care staff to enter property and enforce safeguarding action, even overriding the users’ wishes if necessary.

### **Safeguarding Adults in Herefordshire**

9. Herefordshire has in place processes and procedures to ensure an effective multi-agency response to incidents where vulnerable adults may have been the subject of abuse. This includes a multi-agency Safeguarding Adults Board, with senior management representation from adult social care, PCT, Hereford Hospital Trust, police, probation, C.S.C.I., Crown Prosecution service, independent providers, the Council’s equality and diversity team. It is chaired by the interim Director of Adult Social Services and meets bi-monthly.



10. The Board has agreed 5 priorities for this year:
1. To ensure quality in quality in practice: an independent review of practice relating to safeguarding adults in adult social care is underway. This review will include workshops with front line managers and staff, and an audit of 30 case files. The review will be completed by the end of January and will identify any practice issues for all agencies that need to be addressed or improved.
  2. To ensure quality in service delivery: the focus for this year is to review issues relating to practice in care homes for older people suffering from dementia and to identify areas for improvement.
  3. Training and development: there is an agreed multi-agency training plan in place. To date this year 338 staff from all agencies have received introductory training on awareness, 11 managers have received more advanced training, 37 social care and health staff have attended enhanced training, and 80 PCT clinicians have attended a training update.
  4. Performance management; to improve the collection of data, and to use the data to inform future work of the Safeguarding Board.
  5. Improving key links with other Boards and Partnerships including e.g. the Safeguarding Children Board.
11. Work to safeguard adults is co-ordinated by Barbara Lloyd. In addition to the co-ordinator post, there is an administrator and a dedicated training post. The investigations are undertaken by adult social care locality teams, the learning disability team, the mental health teams and other PCT staff. Many investigations will be undertaken jointly with the police.

### Reporting of abuse

12. The reporting of abuse has increased from last year, it projects an increase of 20%

	2007/8	2008/9 7 months	2008/9 Project 12 months
<b>Total referrals</b>	226	158	270
% change			Projected Inc 20%

### The nature of vulnerability

13. The nature of vulnerability is taken from the team that accepted the referral initially. These figures relate to the first 7 months of 07/08

Mental health under 65	Older people with mental health problems	Older people	Learning disability	Physical disability
8	16	76		29

14. Most abuse happens where people live – whether this is their own home (owned, sheltered or other rented or supported living) or a care home (residential or nursing).
15. The % of abuse reported from care homes is disproportionately high to the proportion of vulnerable adult that live in care homes. This may relate to relative vulnerability, reporting levels or the real incidence.

Place abuse happened	2007/8	2008/9 7 months
Taking place where person lived as a % of all locations	67%	74%
Care home – all types	25%	28%
Own homes	42%	46%
<b>high percentage growth of location</b>		
The following location has low incidence (compared with other locations) but high percentage growth compared to other locations		
Perpetrators homes	3%	10%

### **The nature/type of abuse is recorded**

16. The most frequent 3 abuse types reported locally are given below. Accounting for 70-75% of abuse in each year, there is little change to the incidence as individual types or together, over both years.

<b>Type of abuse</b>	<b>2007/8</b>	<b>2008/9 7 months</b>
Financial/Material	20%	18%
Physical	23%	27%
Psychological/Emotional	28%	26%
Sexual	16%	7%

17. There has been a significant reduction in the reporting of the incidence of sexual abuse as a proportion of all types.

### **Self neglect.**

18. Nationally, safeguarding/protection processes are concerned with abuse by 3<sup>rd</sup> parties. However, to support people who self neglect in Herefordshire we use the arrangements for the Safeguarding process to work with partners across social care, health and police to share information about users' situation and agency responses, and to make decisions aimed at support for users and consistency with partners.
19. The incidence of self neglect cases has grown significantly, in 2008/9, to be among the highest proportion of all abuse types. This is most probably due to management choice to follow this process, rather than incidence.

<b>Type of abuse</b>	<b>2007/8</b>	<b>2008/9 7 months</b>
Neglect	11%	20%

20. The above figures assist in targeting work to prevent abuse and encourage reporting to allow action to be taken to safeguard.

### **Publicity**

21. A 'mail shot', with Hereford Matters aimed at delivery to all homes in Herefordshire highlights adult abuse, encourages zero tolerance and reporting.

## **RECOMMENDATION**

**THAT** subject to any comments that the Committee may want to make, the report be noted.

### **BACKGROUND PAPERS**

- Lessons from Adult Safeguarding cases - Appendix 1

## Lessons from Adult Safeguarding cases

The cases we manage evidence:

- serious risk, users and for agencies

Cases like these below assist us in reviewing how well we are working, and direct us to actions and priorities:

- partnership
  - understanding roles and responsibilities
  - working together
- actions
  - risk management: independence and safety
  - information, publicity and training
  - analysing patterns and trends and using the information to develop delivery

### 1 Case notes:

NJ is 78, he lives in a specialist care home where residents have advanced dementia. He was found holding a pillow over MD's face, in her bedroom. She is bedfast and cannot communicate. It was not known how long NJ had been there, but the event left her with red marks on her face. Views range widely about the quality of care within the carehome. Some professionals say 'this is what you find with advanced dementia, the home responds appropriately to these events. They happen all the time'

There have been 2 more, more recent, and similar resident/resident referrals.

#### Involved Agencies:

Care home, CSCi, CMHT, WM Police, ACS Commissioning, PCT Commissioning

### 2 Case notes:

GD is 87. After 2 months in hospital, following treatment for burns from his electric fire, the Community Hospital and GP found him fit for discharge. GD wanted to go home, but had refused all support services. The ambulance service refused to take him home when told that his front door had been boarded up during his stay in hospital, as he would not be able to get in.

Adult Social Care (ACS) had wanted to halt the discharge – querying his mobility, his ability to self-care at home and the environmental risk – hygiene and falling at home.

GD self discharged and went home by taxi. 2 hours later the OT found him, urine soaked and morbidly cold, in his car on the drive. He was GP admitted back to hospital.

#### Agencies:

Community Hospital nurses and geriatrician; Ambulance service; PCT District Nurses, Physiotherapists, Occupational therapists; GP; ACS care management

### 3 Case notes:

UA is 29, with an acquired brain injury that has resulted in him having little capacity to evaluate risk to himself. Physically he is fit and active. After being assaulted in Hereford town centre while out alone he was placed out of county in a specialist care home.

An Adult Safeguarding referral began to be investigated, relating to a member of staff's staff physical abuse to UA. That staff member was suspended. At the Safeguarding Regional Meeting the Co-ordinator for that LA advised that the residents in the home were all placed Out of County, also that there had been numerous cases of Police involvement at this home following allegations of abuse.

#### Agencies:

Carehome, ACS, Safeguarding Co-ordinator in placement LA, Police in Placement area, CSCi, ASC Commissioning and Commissioning in Placement area and Herefordshire

NB: Not all the cases are on this scale of risk.



## UPDATE REPORT ON IMPLEMENTATION OF FRAMEWORKI

Report By: Head of Transformation

### Wards Affected

County-wide

### Purpose

1. To update the committee on the progress on the introduction of personalised budgets in the County.

### Financial Implications

2. No direct financial implications at this stage.

### Background

3. On 21 February 2008 Cabinet resolved that of the two options for technology to replace the current client systems used within both Adult Social Care and the Children and Young People's Directorate, the Corelogic system should be utilised.
4. The Frameworki project system went live on Monday 10th November 2008.

### National and local pilots

5. Prior to the go-live date of 10<sup>th</sup> November a 'readiness assessment' was completed with the Directors of Adult Social Care and Children's services and approval given to go forward with the implementation
6. Communications were issued to staff outlining the plan for the go-live week-end and the first week after 10<sup>th</sup> November. This included the distribution of a welcome pack to staff giving clear and simple details taking them through the start up of the system and what tasks needed to be completed during the first week. The pack also outlined the range of support available to staff.
7. During the week-end before 10<sup>th</sup> November communications were sent to all staff and managers advising them that the migration of data from CLIX to Frameworki was completed and that Frameworki would be operational on the Monday morning.
8. In the first week of Frameworki going live, onsite support was provided in the form of 'super-users' (staff previously selected from the teams who received extra training and support in order to then support their colleagues). The support was reviewed on a daily basis to ensure the available resources were used effectively. This proved particularly useful when it became clear that some teams were having difficulties and support was diverted to provide further assistance.
9. Additional support was also provided via the ICT Helpdesk (by telephone or eform) from the Applications Support Team, members of the project and specifically trained staff on the Help-desk. Daily conference calls were also held with the super-users to identify any specific problems.

10. In the second week of operation further targeted onsite support was provided, based on feedback received from teams and services during the previous week. Also updated communications to managers and super-users gave a further reminder of the various areas of 'post-live' support available and where further information could be found on Frameworki and the business procedures.
11. Within Adult Social Care and Childrens' Services, the key business policies and procedures were amended and entered onto Frameworki in time for the launch on 10<sup>th</sup> November.
12. In summary, the implementation went extremely smoothly, due the considerable planning and support put into the project, both before and following go-live.
13. There are still a small number of staff who are lacking in confidence in using the new system (staff who were not familiar with using compute technology prior to Frameworki) and follow-up training is in place for these individuals as well as workshops scheduled in which staff can work on their own case-loads.

## **RECOMMENDATION**

**THAT subject to any comments that the Committee may want to make, the report be noted.**

## **BACKGROUND PAPERS**

- None

## **PARTNERSHIP AGREEMENT WITH MIDLAND HEART FOR LEARNING DISABILITY SERVICES**

**Report By: LD Accommodation & Support Project Manager**

### **Wards Affected**

County-wide

### **Purpose**

1. To update the committee on the partnership agreement with Midland Heart, to provide accommodation and Support for Adults with a Learning Disability in Herefordshire.

### **Financial Implications**

2. No direct financial implications at this stage.

### **Background**

3. On the 1<sup>st</sup> May 2008, Herefordshire Council Cabinet authorised officers to finalise the contractual terms and conditions and enter into a contract with Midland Heart. This decision was the final stage in a long and complex tender process in which officers in partnership with service users, family carers and staff identified a partner to manage and develop housing and support options for adults with a learning disability in Herefordshire.
4. The final work on the contract was completed and services transferred to Midland Heart during July and August 2008. The services transferred from two independent sector providers and Herefordshire Council. The transfer of services went smoothly due to the pre-work done by officers and Midland Heart to ensure its success.
5. The contract has an annual value for £3.3m (2008/9) and includes residential care, short break and supported living services, which currently support 80 individuals. The contract is for five years during which time Midland Heart will support an increased number of individuals for the same annual value (plus inflation at 2.5% per year)
6. The contract with Midland Heart requires them to work with individuals, their family carers and staff, to transform services, to offer increased independence and at the same time achieve better value for money for the Council.
7. This will be achieved by moving away from the provision of registered residential care to models of support which will offer people the opportunity to live in their own home or share with friends with support as needed.
8. Since Midland Heart have commenced the contract they have begun to review the services they have within the contract as well as prepare for the future changes and developments necessary to achieve the agreed transformation. Work already undertaken includes:

- A review of all current services they are managing including baseline quality audits.
  - Development of local office bases, IT systems etc
  - Induction for all staff and review of their training needs.
  - Building relationships with local providers, registered social landlords and key personnel within the council and PCT
9. Midland Heart have committed to a challenging transformation plan which will span the five years of their contract. This plan contains specific targets which if not achieved will directly impact on the income they receive from Herefordshire Council
10. In recognition of the challenge of the partnership, Herefordshire Council have allocated one day per week of a senior officer to work with them. Their role will be to ensure that Herefordshire Council supports and facilitates the necessary changes as well as fulfilling its commitments as outlined within the contract.
11. Within the first year of the contract there are a number of planned developments. These include:
- Development of a Housing Facilitation Team to work with younger disabled people to enable them to consider their housing and support options, to support them to access these choices and ensure they are settled and have ongoing support if needed. This is funded by additional Supporting People Grant money as a pilot for 18 months (January 2009)
  - Amalgamation of short-breaks onto one site at Southbank Close This will result in Herefordshire Council being able to offer longer-term accommodation for an additional 5 people with a learning disability at no additional cost. (March 2009)
  - £120k refurbishment plan for Ivy Close funded by Midland Heart (April to July 2009)
  - The development of Ivy Close as supported living for younger people with a learning disability linked to the local colleges (July 2009)
  - £100k refurbishment and development of the three bungalows at Southbank Close which offer longer-term care and support. This is being funded by Herefordshire PCT (January – March 2009)
  - Development of the resource centre on the Southbank Close site into 6 supported flats for people with a learning disability currently living with an older family carer. This is in partnership with Herefordshire Strategic Housing and will be subject to planning permission (late 2009)
  - Development of personalisation within the contract. Midland Heart are working with Simon Duffy (Chief Executive of InControl) to individualise funding within the contract and look at how they can support individuals to manage and direct their own services.

## **RECOMMENDATION**

**THAT subject to any comments that the Committee may want to make, the report be noted.**

## **BACKGROUND PAPERS**

- None



## UPDATE REPORT ON PROGRESS OF PERSONALISATION OF CARE IN HEREFORDSHIRE

**Report By: Head of Transformation**

### Wards Affected

County-wide

### Purpose

1. To update the committee on the progress on the introduction of personalised budgets in the County.

### Financial Implications

2. No direct financial implications at this stage.

### Background

3. The numbers of people receiving individual budgets is now increasing month on month and the Council are on target to achieve 250 service users receiving individual budgets by the end of March 2009.
4. In addition, on 17<sup>th</sup> October all service users who receive Direct Payments received a letter advising them that the restrictions around the spend of their payment had been relaxed in line with Individual Budgets. They be re-assessed when they received their annual review, and offered an individual budget.

### National and local pilots

5. Herefordshire Adult Social Care has joined a national pilot being run by FACE, with Department of Health backing, to develop a single Resource Allocation System (RAS) across all service user groups that is compatible with systems of assessment and review including the Single Assessment Framework and development of a Common Assessment Framework. The FACE approach to Individual Budgets has also been designed to support personal healthcare budgets which will enable the support to be extended out to PCTs.
6. Work supporting the pilot will begin in January with the assessment of an additional 250 service users and costing up of their existing care packages.
7. Locally, Mind will be starting up advocacy pilot in early January which will be funded by Adult Social Care. The pilot is intended to support people with mental health needs who wish to take up individual budgets
8. We have agreement with the PCT to pilot personal healthcare budgets for people with Continuing Healthcare (CHC) needs and people with Long Term Conditions. To date six people with CHC needs have been identified and the process of assessment and planning has begun. Some exploratory work is also due to start in partnership with St. Michael's Hospice, Hereford, looking at the possibility of providing Personalised healthcare/individual budgets for people receiving 'end of life' care.

## **Cultural Change and training**

9. The programme of training and mentoring to facilitate cultural change and support Personalisation continues with the following having taken place in the last quarter:
- Training event for City Team social work staff
  - Half day multi- disciplinary training for mental health staff including (Pyschiatry and Psychology)
  - Mentoring session in October with Head Injury services staff
  - Personalisation presentation provided to a group of people with physical disabilities who attend the day centre at Canal Road. This resulted in positive interest in from the service users, one of whom has joined the Service User and Carers Personalisation working group.
  - Initial meeting for providers to discuss work required for FACE project
  - Follow-up training (delivered on a quarterly basis) for third sector and independent sector providers
  - Half day 'catch- up' training for staff who have missed Personalisation updates
  - 121 training with commissioning member of staff
  - Person Centred Planning is being rolled out across all service user groups
  - Personalisation Champions meet on a six weekly basis to discuss issues and updates relating to Personalisation and to increase their understanding and knowledge so that they can, disseminate information to social care and health staff
  - Monthly training on Personalisation is provided as part of the induction programme for newly qualified social workers and new staff in post.
  - At the Adult Social Care staff event on 2<sup>nd</sup> December information and leaflets on Personalisation were given out to all ASC staff and visitors
  - Work is in progress with staff and service users from Mental Health to develop a specific self assessment questionnaire to support them through the process of receiving an Individual Budget.
  - Training session on Personalisation will be held in December for Community Alcohol Services in Herefordshire
  - Presentation to domiciliary providers on Personalisation
  - Presentation to the PCT professional and commissioning executive board

## **Future training**

10. December - Training day for MH teams where each social workers will bring a case that they have assessed as suitable to receive an Individual Budget and they will spend the day developing an action plan to take forward the process.

January and February:

- similar training as detailed above in December will be run for other social work teams
- review requirement of IBs including financial implications for SWs of 'light touch'Auditing
- Presentation to Physical Disabilities board on Personalisation

## **Personalisation Programme working groups**

11. The Policies Procedures and Pathways (PPP) group have made considerable progress on revising and amending all the Individual Budgets policies and processes to move to a much more user friendly, plain English documentation. All documents will now be passed to the Service User and Carer group for testing and amending as necessary
12. The PPP group have also revised the Assessment and Care Management Procedure manual to take into account Personalisation and this was completed and put in place in line with the implementation of Frameworki with all of the procedures available as links from Frameworki to the intranet. The group are already considering the first tranche of policy revisions that will be required as new issues arise relating to Personalisation.
13. Charging for services purchased though Individual Budgets is proving challenging for all local authorities and the Department of Health currently are currently consulting on the issues. The Finance group are currently developing a paper outlining a range of potential options for charging for discussion at the Programme Board in January.

### **National and regional events**

14. Herefordshire Adult Social Care, together with the PCT, Deloittes and Corelogic (suppliers of Frameworki) led on the submission of a bid to the Department of Health for £2.5m to support the progress of integration and become part of a national pilot for 'Early Adopter' sites to implement a Common Assessment Framework across health, social care and voluntary and independent sector provider organisations. From 49 applications submitted Herefordshire were one of 17 short-listed local authorities and we are now in the process of putting in a second stage bid to become one of the final 12 sites to be selected. Ministers will notify successful sites at the end of January 2009
15. Herefordshire are regular members of the regional West Midlands Joint Improvement Partnership hosted by Care Services Improvement partnership (CSIP) and, together with Worcestershire, will be leading workshops on Brokerage for Personalisation at the next regional event on 9<sup>th</sup> January 2009.

### **Visits**

16. In October a group of senior managers from Staffordshire spent the day in Hereford gaining information and ideas on progressing the implementation of Personalisation.
17. In January we will receive a delegation from the London Borough of Enfield who are visiting to gain information on all areas of developing and implementing Personalisation and individual Budgets

## **RECOMMENDATION**

**THAT subject to any comments that the Committee may want to make, the report be noted.**

### **BACKGROUND PAPERS**

- None



**PROPOSED RESTRUCTURING OF HEREFORDSHIRE COUNCIL  
ADULT SOCIAL CARE AND PRIMARY CARE TRUST  
COMMISSIONING FUNCTIONS****Report By: Director of Integrated Commissioning****1. Purpose**

The purpose of this paper is to set out the proposed functional content and overall structure of the new Integrated Commissioning Directorate, the rationale for the structure, and the formal staff engagement process which will be followed to create the new Directorate and appoint staff to posts within it.

The paper is particularly intended for staff whose posts may be affected by the restructuring. However, it will also be shared with other directorates for information and comment.

**2. Background**

The deep partnership between Herefordshire Council and Herefordshire Primary Care Trust is designed to secure:

- improved outcomes;
- excellent services;
- improved user/patient experience;
- value for money

for the people of Herefordshire, increasingly breaking down the barriers between public service organisations to enable a focus on individuals and populations. A key step in delivering these improvements is the creation of an Integrated Commissioning Directorate, with a single Director accountable to both Council and PCT, bringing together the current Council Adult Social Care Commissioning and PCT Commissioning functions.

Within the PCT, the separation of functions into commissioning and provision is (in most cases) already reflected within the structure of the PCT. However the separation is less clear cut within Adult Social Care. In deciding which Adult Social Care functions should transfer to the new integrated commissioning directorate, and which should form part of the new integrated provider arrangements, a key principle is that the new commissioning directorate must be able to support the preferred model of multi-disciplinary working in Herefordshire.

Staff in both Adult Social Care and the PCT have been involved in discussions which have looked at how health and social care provision can be delivered through more integrated arrangements in the future. A consistent model, based around integrated locality teams, has

emerged both from those discussions and from the Provider Services Review. This model is set out in Appendix 1. The model is designed to build on existing work, enabling more care and support to be delivered closer to home, with the focus on individuals within a population of concern (e.g. a locality) on an ongoing basis.

The “core commissioning” function identified within Appendix 1 will include that part of Adult Social Care which will form part of the new Integrated Commissioning Directorate.

### 3. Proposed Structure

The proposed functional structure and content of the new Integrated Commissioning Directorate is set out in Table 1 below:

**Table 1**  
**Functions within the Directorate of Integrated Commissioning**

Title	Role
Business Support Unit	Internal directorate performance management; Internal directorate performance improvement; Internal directorate planning processes; Information capture and reporting; Management of interface with Council (e.g. Cabinet and Scrutiny Committees) and PCT (e.g. Board and PaCE); Programme and project management; Administration and office functions; Assurance processes (Comprehensive Area Assessment, World Class Commissioning, Care Quality Commission).
Quality	Quality assurance in commissioned services (including social care and primary care); Monitoring and feedback on user/patient experience (including complaints); Regulation of providers (e.g. accreditation and appraisal of primary care practitioners, pharmacy governance, FHS contractor functions); Medicines management; Professional advisors; Safeguarding (adult social care).
Strategy Development/Planning	Development of strategies and implementation plans for improving health and well being and integrated health and social care services (informed by public health and corporate needs assessment and prioritisation); Capacity and demand planning (activity, workforce, facilities) across all sectors; Predictive modelling of future scenarios.
Service Redesign and Performance Improvement	Develop service specifications for tendering/contracting; Assurance of service proposals from providers; Workforce redesign; Service improvement with providers (including social care and primary care); Identification of service gaps/market gaps (informed by integrated locality teams).
Procurement	Manage tender processes for new/changed services (e.g. Any Willing Provider, personalised service providers); Contract negotiation (new contracts); Market development (capacity and capability).
Contract Performance Management	Contract renegotiation (existing contracts); Contract performance management (fed by information from new

Management	integrated corporate performance reporting system); All health and social care contracts including residential placements, domiciliary care, day care, NHS providers (primary, community, secondary and tertiary), Supporting People contracts, Adult Placement Scheme.
Locality Support	Interface with provider side integrated locality teams; Practice Based Commissioning functions.

#### 4. Rationale for the New Structure

The creation of a fully integrated commissioning team, where health and social care boundaries are only reflected where there is a statutory or pragmatic need to do so (e.g. the Safeguarding role for Adult Social Care), will enable a focus on the holistic needs of individuals and populations, in line with the values of Herefordshire Public Services.

The identification of teams specialising in delivering discrete components of the commissioning cycle will:

- ensure clarity of role and purpose both internally (for staff, other directorates and Board/Cabinet) and externally (for public, users, partners and providers);
- streamline the interface of the components of commissioning with other workstreams in the organisation, i.e. reduce duplication and increase effectiveness;
- enable development of expertise in technical functions;
- enable additional resource to be brought into the organisation when required against specific technical competencies, e.g. for short-term cover.

The work of integrated locality provider teams will increasingly focus on supporting individuals to make choices about their own care, and the integrated commissioning team structure will support the use of information from such choices to drive changes in the pattern of provision.

The positioning of the adult social care assessment and care management function as a key component of the proposed integrated locality teams within provider services is a pragmatic response to the small size of the organisation and teams within it, i.e. to support critical mass, recruitment and retention. The commissioning function will need to ensure that assessment and care management is undertaken in the context of clear documented guidelines and explicit quality standards e.g. eligibility criteria and risk sharing arrangements.

The structure will require staff to work in a matrix (e.g. planning may be focused on care groups, contracting on providers and locality teams on individuals/populations) but within that matrix the roles and responsibilities, handover and decision points will be clearly set out. The Directorate will adopt a programme and project management approach to its work, with programmes of work aligned to, for instance, the Herefordshire Public Services key themes and the NHS “Darzi” groups.

The Integrated Commissioning Directorate will fulfil an “expert commissioner” role for the Children’s Trust, the detail of which will be agreed with the Director of Children’s Services.

#### 5. Links with other Directorates

There are key operational links with other directorates, for example:

- Public Health (needs assessment, knowledge management);

- Clinical Leadership & Quality (service redesign, quality and outcomes, user/patient experience, regulation, Safeguarding);
- Finance (budgets, risk-sharing) & Information (performance monitoring and improvement);
- Deputy Chief Executive (public engagement, corporate performance management);
- Regeneration (drugs and alcohol commissioning).

It is essential to ensure that the required functions are delivered within the deep partnership, are not duplicated and are coherent. In order to progress with restructuring and staff appointments, the following assumptions have been made at this point (these will be tested and resolved during the consultation period):

- the elements of the existing directorates that relate to quality assurance are identified as a discrete entity in the new Directorate to facilitate discussions over appropriate links with the new Director of Clinical Leadership and Quality;
- the elements of the existing directorates that relate to data capture, information and reporting are identified as a discrete entity in the new Directorate to facilitate discussions over appropriate links with corporate information and performance reporting functions;
- there is sufficient capacity in other directorates to support the functioning of the Integrated Commissioning Directorate (e.g. budget setting at locality team level, needs assessment, prioritisation, stakeholder engagement);
- resources will flow from the Children's Trust to support its specific requirements;
- responsibility for drug and alcohol commissioning remains with the Regeneration directorate.

## **6. Next Steps**

The proposed process for the restructuring of the Integrated Commissioning Directorate is set out in Appendix 2 .

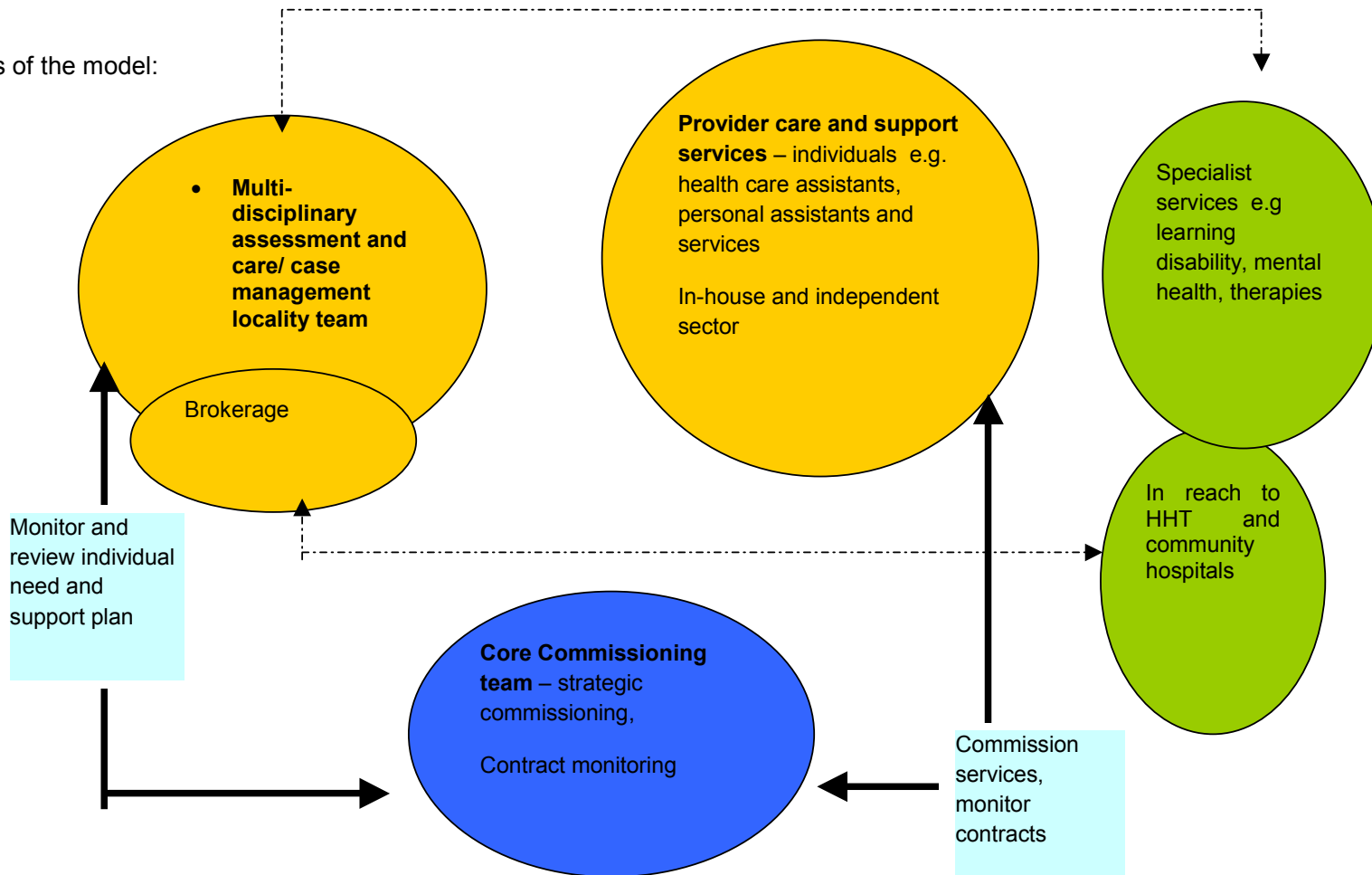


**Multi-disciplinary working across health and adult social care**

**Key Objectives:** to improve outcomes, with improved quality of life and improved well-being for patients and users through co-ordinated and effective care pathways, delivered as close to home as possible. To reduce health inequalities experienced by the population of Herefordshire.

Key elements of the model:

63



## **Multi-disciplinary teams**

The teams will be based in primary care settings linked to GP practices. Line management of the team will be within the provider services of the PCT. We have now appointed to the new Head of Service Adult Social Care post, who will have the social care lead within the provider services and will ensure that the social care responsibilities are fully understood and delivered in the new arrangements. The teams will include social workers, therapists, District Nurses, CPNs, and through Practice Based Commissioning arrangements, GPs and their practice teams. Their key responsibilities will include: assessment, care and support planning and key worker proactive case management, monitoring and review of individual care needs and support packages. The team will include brokers who will either arrange care and support for individuals or will ensure access to independent brokerage to enable effective use of Individual Budgets, or individual's own finances where they can afford to pay for social care.

## **Provider Care and Support Services**

This will include the full range of care and support, provided by both the PCT integrated health and social care provision and by the independent sector to meet assessed need, including domiciliary, day, residential, respite, intermediate and nursing care. Individuals will also be able to use Individual Budgets to buy support, which may include personal assistants or direct purchasing from care providers.

## **Core Commissioning Team**

This will be part of the responsibilities of the Integrated Commissioning directorate, to ensure strategic commissioning of services to meet assessed need, and to put in place and oversee contracts covering health, social care and Supporting People. Integrated commissioning will be informed by the work of the locality teams in monitoring and reviewing individual need and packages of support. We have now appointed to the new post Head of Integrated Commissioning (Adult Social Care lead) who will ensure that the social care responsibilities are delivered in future commissioning arrangements.

## **Specialist services**

The locality teams will be the first point of referral and will ensure a co-ordinated and timely response. This will include responding to those who may have mental health, physical (including sensory) or learning disability needs. Where those needs are complex and meet the threshold for the specialist CMHTs, Learning Disability team, or therapy service, then there will be a referral to those teams. Where there are less complex needs, the locality teams should receive specialist support and advice to assist them in providing an informed response.

## **Links to HHT and community hospitals**

The locality teams will be responsible for ensuring seamless care and effective discharge home when someone from their area is admitted to or discharged from hospital.

## **Financial Responsibility**

The locality teams will have an identified budget to meet the full range of individuals' needs. Specialist services will be commissioned for all the localities, with contracts managed by the core commissioning team and accessed by the locality teams. We will need to ensure that arrangements for charging for social care, and recharging locality teams for the use of specialist services, are clear within the new structures and processes.

## **Working with providers**

This will be a shared responsibility between the core commissioning team – who will take the lead on this at an organisational level – and the localities who will have responsibility for individual client placements/packages and who will have a key role in working with local providers.

**Improving Performance**

The improvement programme for adult social care will continue in new integrated arrangements. The improvement team will need to work across commissioning and provision but will be line managed within commissioning, and accountable to the Director of Integrated Commissioning who will be taking on the DASS role and responsibilities.

**Children's services**

This model could be extended to cover children's services. This would be particularly important to facilitate smooth transition to adult services for young people who will need support as adults, and for families with parents who have care needs.

**DIRECTORATE OF INTEGRATED COMMISSIONING RESTRUCTURE**

ISSUE		17-Nov	24-Nov	01-Dec	08-Dec	15-Dec	22-Dec	29-Dec	05-Jan
99	Staff Engagement	Department briefing meetings x 2: PCT & Council	Consultation group meeting #1	Consultation group meeting #2	Consultation group meeting #3	Consultation group meeting #4	Consultation group meeting #5	Update & publish FAQs	Directorate meeting
		Distribution of consultation paper; includes functional content	Launch of 30 days consultation period from 24/11	Update & publish FAQs	Update & publish FAQs	Present ring-fencing boundaries	Consultation period ends 23/12		present report
		Identify issues for consultation	Agree Agenda for consultation			Update & publish FAQs	Update & publish FAQs		Publish JDs & structure including Grades/Bands
		Nominations for consultation group	Commence FAQs						Timetable for implementation

**NOTES:** Consultation Group = 3 x managers (IRGW + PE + EB); 2 x HR (GT + CG); 2 x Staff reps; 2 x staff affected  
 Consultation Agenda: Concept & principles, process (including fairness & equity issues), timetable, who affected  
 FAQs (Frequently Asked Questions) to be published weekly with updates from Group meetings

## WORK PROGRAMME

Report By: Assistant Chief Executive - Legal and Democratic

### Wards Affected

County-wide

### Purpose

- 1 To consider the Committee's work programme.

### Financial Implications

- 2 None

### Background

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

### RECOMMENDATION

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

### BACKGROUND PAPERS

- None identified.



**Adult Social Care and Housing Scrutiny Committee Work Programme 2008/09**

<b>25th March 2009</b>	
Items	<ul style="list-style-type: none"> <li>• Budget</li> <li>• Performance Monitoring</li> <li>• Joint Commissioning – progress report</li> <li>• Executive’s Response to the Review of the Modernisation of Day Opportunities Services Provided by Herefordshire Council</li> <li>• Progress Reports arising from future needs of 18-64 year-olds in Herefordshire with mental health problems and physical disabilities.</li> <li>• Update on contract monitoring arrangements with Shaw Healthcare</li> <li>• Workforce Improvements to implement recommendations arising from future needs of 18-64 year-olds in Herefordshire with mental health problems and physical disabilities</li> <li>• Implementation of Frameworki and Common Assessment Framework – progress report</li> </ul>
Scrutiny Reviews	<ul style="list-style-type: none"> <li>• Scoping Statement – Transfer from hospital to Home</li> </ul>
<b>July 2009</b>	
Items	<ul style="list-style-type: none"> <li>• Budget</li> <li>• Performance Monitoring</li> <li>• Joint Commissioning – progress report</li> <li>• Adult Safeguarding – progress report</li> <li>• Implementation of Frameworki and Common Assessment Framework – progress report</li> </ul>
<b>Other issues</b>	
<ul style="list-style-type: none"> <li>• Home Care Services</li> </ul>	

**Further additions to the work programme will be made as required**

