

# AGENDA

## Adult Social Care and Strategic Housing Scrutiny Committee

Date: **Monday 14 December 2009**

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Time: **9.30 am**

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

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

For any further information please contact:

**David Penrose, Democratic Services Officer**

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

## **Membership**

<b>Chairman</b>	<b>Councillor PA Andrews</b>
<b>Vice-Chairman</b>	<b>Councillor AE Gray</b>
	<b>Councillor ME Cooper</b>
	<b>Councillor H Davies</b>
	<b>Councillor BA Durkin</b>
	<b>Councillor MJ Fishley</b>
	<b>Councillor KG Grumbley</b>
	<b>Councillor MD Lloyd-Hayes</b>
	<b>Councillor JE Pemberton</b>
	<b>Councillor GA Powell</b>
	<b>Councillor RV Stockton</b>

<b>Non Voting</b>	<b>Mr R Kelly (Voluntary Sector)</b>
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## **GUIDANCE ON DECLARING PERSONAL AND PREJUDICIAL INTERESTS AT MEETINGS**

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. A Councillor who has declared a prejudicial interest at a meeting may nevertheless be able to address that meeting, but only in circumstances where an ordinary member of the public would be also allowed to speak. In such circumstances, the Councillor concerned will have the same opportunity to address the meeting and on the same terms. However, a Councillor exercising their ability to speak in these circumstances must leave the meeting immediately after they have spoken.

## AGENDA

		Pages
1.	<b>APOLOGIES FOR ABSENCE</b> To receive apologies for absence.	
2.	<b>NAMED SUBSTITUTES</b> To receive details of any Member nominated to attend the meeting in place of a Member of the Committee	
3.	<b>DECLARATIONS OF INTEREST</b> To receive any declarations of interest by Members in respect of items on the Agenda.	
4.	<b>MINUTES</b> To approve and sign the Minutes of the meeting held on 30 October 2009.	1 - 2
5.	<b>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.	
6.	<b>REVENUE BUDGET MONITORING REPORT 2009/10</b> To advise members of the financial position for Adult Social Care and Strategic Housing revenue budgets for the period to 31 <sup>st</sup> October 2009. The report lists the variations against budget at this stage in the year and a projected outturn for the year.	3 - 12
7.	<b>SUPPORTING PEOPLE PROGRAMME GRANT BUDGET POSITION</b> To receive a report on the Supporting People Programme Grant budget.	13 - 16
8.	<b>ADULT SOCIAL CARE PERFORMANCE MONITORING 2009/10</b> To report on the national performance indicators position and other performance management information for the Adult Social Care Division within the Joint Commissioning Directorate.	17 - 36
9.	<b>STRATEGIC HOUSING SERVICE PERFORMANCE</b> To update the Committee on the progress towards the achievement of national performance indicator targets and other performance management information for the Strategic Housing Service within the Regeneration Directorate.	37 - 44
10.	<b>SAFEGUARDING BOARD, ADULT SOCIAL CARE – IMPROVEMENT PROGRAMME (TO FOLLOW)</b> To receive a progress report on the work of the Safeguarding Board.	
11.	<b>SCOPING REPORT FOR THE SCRUTINY REVIEW OF HOME CARE IN HEREFORDSHIRE</b> To consider a proposal to scrutinise the Support for Home Care in Herefordshire.	45 - 50

<b>12. HOMELESSNESS PREVENTION AND ALLEVIATION APPROACHES</b>	51 - 58
To inform the Committee of the measures used to help prevent homelessness in Herefordshire.	
<b>13. LIVING WELL WITH DEMENTIA – A NATIONAL STRATEGY - UPDATE ON IMPLEMENTATION</b>	59 - 86
To receive a report on Herefordshire’s implementation of the National Dementia Strategy: Living well with Dementia.	
<b>14. COMMITTEE WORK PROGRAMME</b>	87 - 90
To consider the 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***

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- 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.



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- 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.

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## **HEREFORDSHIRE COUNCIL**

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

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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 30 October 2009 at 2.00 pm**

**Present:** Councillor PA Andrews (Chairman)

Councillors: MJ Fishley, KS Guthrie and AT Oliver

**In attendance:** Councillors LO Barnett (Cabinet Member, Older People & Social Care Adults), WLS Bowen and KG Grumbley

**144. APOLOGIES FOR ABSENCE**

Apologies for Absence were received from Councillors ME Cooper, H Davies, B Durkin, AE Gray, MD Lloyd-Hayes, JE Pemberton and GA Powell.

**145. NAMED SUBSTITUTES**

Councillor AT Oliver was present as a substitute for Councillor H Davies.

**146. DECLARATIONS OF INTEREST**

There were no Declarations of Interest.

**147. MINUTES**

**RESOLVED:** That the Minutes of the Meeting held on 2 October 2009 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions from Members of the Public for issues for future scrutiny.

**149. REVIEW OF THE SUPPORT TO CARERS IN HEREFORDSHIRE**

The Committee received the Review of the Support to Carers in Herefordshire. The Chairman of the Review Group expressed his thanks to the Review Group for all the hard work that had gone into putting this report together and added that he hoped that the Recommendations would help to improve the position of carers in the County. In the ensuing discussion the following points were raised:

- That paragraph 4.1 of the report stated that the Council received £831.5k in funding from central Government for carers services through the Area-based Grant. This sum was augmented by a budget of £50k from the Primary Care Trust, and provided funding for the carers' support system in the County. This money was allocated solely for the needs of carers.
- That it was important that the Area Based Grant for carers should be protected, as outlined in Recommendation 2. The County was faced with an ageing population, and support for those who were caring for their spouses and relatives would become increasingly important.

- That as all six Partnership Groups were covered by the Area Based Grant, consideration might be given to not merely targeting the Health and Well Being Partnership, but also the others that provided both direct and indirect services to carers.
- In reply to a question from a Member regarding what provisions were in place for the cared for if their carer fell ill, the Associate Director of Joint Commissioning said that there were a number of options available to the Council, including placing a temporary carer into the home of the cared for.
- It was noted that whilst personal budget allocations to carers would be an important issue for the future, the Council was having problems in setting a formula for the allocation of points as part of the system. Whilst work had been done on this issue at local level, on the national level, there was still no set formula from Government.
- That there were now a full team of Carer Assessors in post, and a designated officer was in place to fulfil the role outlined in Recommendation 7 of the report.

The Cabinet Member (Older People & Social Care Adults) said that the Review had been a good and worthwhile exercise, and thanked the Review Group for their work.

**RESOLVED:**

**That:**

- (a) **the report of the Carers Scrutiny Review Group, in particular its recommendations should be approved and be submitted to Cabinet.**
- (b) **the Executive's response to the Review including an action plan be reported to the first available meeting of the Committee after the Executive had approved its response;**  
**and;**
- (c) **a further report on progress in response to the Review be made after six months with consideration then being given to the need for any further reports to be made.**

The meeting ended at 2.40 pm

**CHAIRMAN**

<b>MEETING:</b>	<b>ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>14 DECEMBER 2009</b>
<b>TITLE OF REPORT:</b>	<b>REVENUE BUDGET MONITORING REPORT 2009/10</b>
<b>PORTFOLIO AREA:</b>	<b>ADULT SOCIAL CARE AND STRATEGIC HOUSING</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide

### **Purpose**

To advise members of the committee of the financial position for Adult Social Care and Strategic Housing revenue budgets for the period to 31<sup>st</sup> October 2009. The report lists the variations against budget at this stage in the year and a projected outturn for the year.

### **Key Decision**

This is not a key decision

### **Recommendations**

**THAT: the report be noted**

### **Reasons for Recommendations**

1. To enable Scrutiny Committee to carry out its function in relation to the Adult Social Care and Strategic Housing revenue budget for 2009/10.

### **Key Considerations**

2. A detailed Budget Monitoring Report to 31<sup>st</sup> October 2009 is attached at Appendix 1 for Members' consideration.
3. The Adult Social Care budget sits within the Integrated Commissioning Directorate whilst the Strategic Housing budget sits within the Regeneration Directorate.
4. The summary position is set out in the following table.

	<b>Annual Budget £000</b>	<b>July 09 Net Forecast Over or (under) spend £000</b>	<b>October 09 Net Forecast Over or (under) spend £000</b>
Older People	14,783	945	316
Learning Disabilities	11,135	1,344	1,504
Mental Health	7,010	552	133
Physical Disabilities / Sensory Impairment	3,826	284	538
Section 75 Arrangements	895	34	118
Management and Support	254	(268)	(30)
Modernisation	162	(271)	(74)
<b>Total Adult Social Care</b>	<b>38,065</b>	<b>2,620</b>	<b>2,505</b>
<b>Strategic Housing</b>	<b>1,917</b>	<b>35</b>	<b>(30)</b>
<b>Total</b>	<b>39,982</b>	<b>2,655</b>	<b>2,475</b>

### **Adult Social Care**

5. The forecast outturn position is an over spend of £2.5 million. The forecast includes £1.088m savings arising from the recovery plan and £70k of potential continuing healthcare pressures. Further recovery action is being undertaken and is outlined in the report.
6. The forecasts are based on client commitments identified within the different social care systems and projected forward. Planned implementation of a commitment accounting approach for homecare has faced considerable software difficulties, and these are unlikely to be solved this financial year. Work is progressing on the implementation of the finance module of the Frameworki system which will enable full commitment accounting in 2010-11.
7. The attached activity information, appendix 2, shows the trend in packages for 2009/10 and indicates the increases in all areas except mental health where more a robust panel process for younger adults and the use of the mental health intermediate care project has helped to dampen down the affect of numbers going into residential care. Service Managers are now challenging care packages in all client groups put forward to panel, and have access to void information to aid their decision making.
8. Residential care is the most expensive category of care and the attached graph in appendix 2 illustrates the trend in residential numbers for the current year for each client group. The pattern is fairly consistent, with slight increases experienced in Learning Disabilities and Older People earlier in the year which have now reduced.
9. The key area of overspend is Learning Disabilities where work is on-going to transfer clients out of residential care into supported living making use of block contracts and housing related support purchased through the supporting people programme. Savings will have a part-year effect of around £30k if achieved and the full-year effect for 2010/11 is estimated at around £120k. This will be offset by the increase in transitions of four clients from children's services which if transferred at current cost level will have an impact of £279k. There is a further pressure due to the reduction of LSC funding for those clients going into further education.
10. Since the July report the social work teams have been strengthened to deal with emergency safeguarding issues. These issues require re-prioritisation of staff resources

and the consequences include an impact on the time available to conduct reviews in order to ensure that the most suitable level of care is in place. A team has been set up to deal with a small amount of homes which are falling short of current standards. The impact of this is an additional cost of £104k for 2009/10. The Council have a requirement for not only the supported clients but also those of self funders. Clients currently within these homes and supported by spot contract will transfer into current void residential care contracts. The number of contract voids is forecast to reduce by at least 40% from 1<sup>st</sup> January and is built into the forecast assumptions.

11. There have been increases for all client groups in the number of homecare packages agreed at panel. This is due to a combination of new clients and additional support hours required to meet increasing need following review. The recent bed crisis at the County Hospital has meant that patients were discharged in order to cope with exceptional demand.
12. The integrated community equipment store has seen an increase in the number of equipment issues made and a decrease of 8% in the number of pieces returned to the store. The impact of this is a £59k over spend if remedial action is not taken.
13. Modernisation projects such as electronic monitoring, external brokerage and Shop4Support will enhance the customer experience and help to deliver services in a more efficient and effective way. The projects will start to show an impact on costs in 2010/11. Projects are fully funded by the Social Care Transformation Grant.
14. There has been an increase in the projection for the Integrated Commissioning Directorate for redundancy costs of £30k due to re-structure.
15. Additional budget savings are expected of around £20k in 2009/10 from the hold on all non-essential spend within adult services and all agency staff are now approved by the relevant Head of Service. All other recovery action is noted in the plan below and Heads of Service will attend a further recovery meeting in December to ensure additional measures are in place to reduce the current overspend.

### **Supporting People**

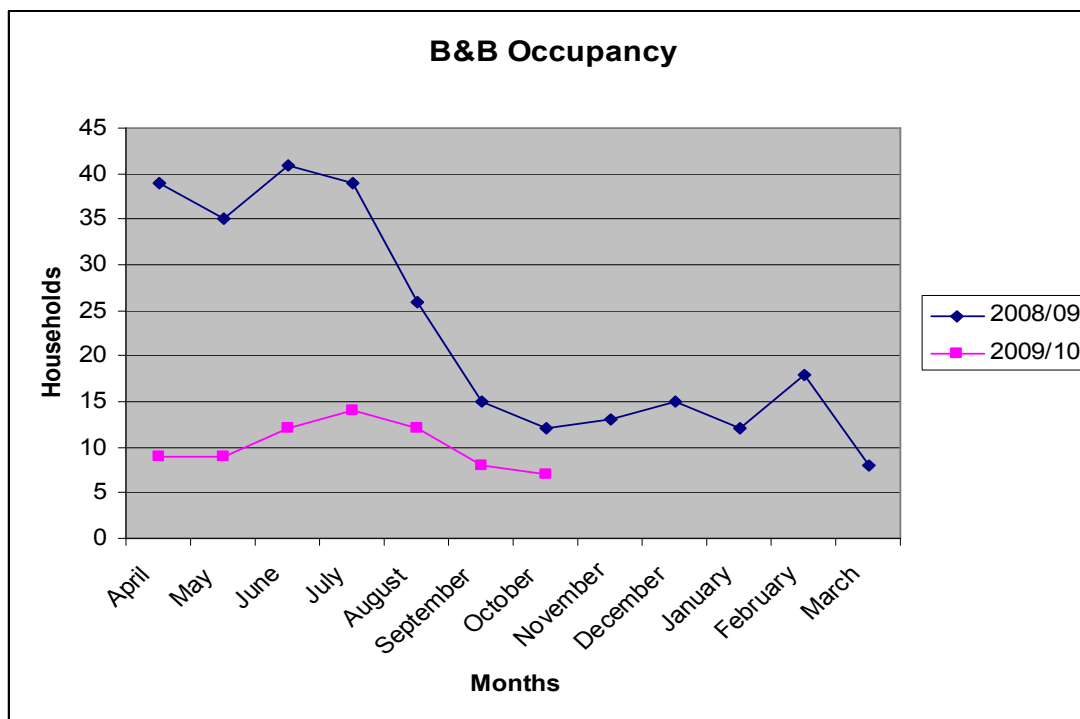
16. The 2009-10 grant to be received is £5.88 million and is fully committed. The cumulative carried forward under spend brought forward into 2009-10 was £4.83 million. A large proportion of the carry forward is committed to fund a number of pilot schemes and shortfall between on-going costs and the annual grant. The expected carry forward under spend at year end, based on current commitments, will be £1.320m.
17. A separate report to the Adult Social Care and Strategic Housing Scrutiny Committee gives more background and information on the Supporting People programme and the financial position.

### **Strategic Housing**

18. Strategic Housing is projected to under spend by £30k.
19. Demand for temporary accommodation in bed and breakfast has been lower to date than in the last year but remains a risk area. The following table shows a detailed breakdown of occupation this year. Families with children are the most expensive to house.

<b>Category</b>	<b>April</b>	<b>July</b>	<b>August</b>	<b>Sept</b>	<b>Oct</b>
Families with children	2	3	2	3	4
Other (couples, siblings)	1	1	1	1	0
Single	6	10	9	4	8
<b>Total</b>	<b>9</b>	<b>14</b>	<b>12</b>	<b>8</b>	<b>12</b>

20. The following table illustrates that the reduction in total B&B numbers which started in the last half of 2008/09 has been sustained so far this year.



21. The reduced occupancy means that there should be no overspend on temporary accommodation. Overall the homelessness section is expected to under spend by some £36k due to staff vacancies.
22. Within the remainder of the Strategic Housing there are a number of smaller positive and negative variances which even out across the service.

### Recovery Plans

23. The Adult Social Care recovery plan has highlighted a number of actions which could potentially generate savings of £1.7m. £75k has already been achieved through the hold on vacancies and the utilisation of daycare voids. A number of other savings totalling £1.089m have been assessed as achievable and these are included within the October forecast and are as defined as:
- a. The transfer of eligible expenditure to capital grants of £495k.
  - b. The transfer of eligible housing related support expenditure within adult services to the Supporting People Programme Grant of £500k.
  - c. The decrease in the residential voids from the transfer of clients following work completed by the emergency safeguarding team of £44k.
  - d. The movement of eligible expenditure to grants within learning disabilities of £50k.

Further measures identified for present and future financial stability include:

- e. The impact of completing a new standard price for residential care in order to reduce the amount of third party top-ups paid.
- f. Review of the fair pricing policy in order to generate additional income and look at services not currently charged.



- g. To implement the new resource allocation model giving greater equity to all clients and allowing a `budget` for care for social workers to work towards. Therefore reducing the impact of over allocation of personal budgets.
  - h. The implementation of electronic monitoring in order to ensure that more verification and payment of actual hours delivered.
  - i. The, impact on the hold on all non-essential spend of around £20k.
  - j. The transfer of learning disability clients into supported accommodation. Estimated at around £30k if moved by 1<sup>st</sup> January 2010.
  - k. Review of out of county placements within learning disabilities and the review of clients outside county with local PCT's where they now are eligible for continuing healthcare funding.
  - l. The use of the fair funding calculator to negotiate better prices with providers.
  - m. The claiming of ILF (Independent Living Fund) currently £14k to reclaim for current learning disability clients.
  - n. Consideration of options to raise eligibility criteria for services.
  - o. Automatic default to legal charge on property on admission to care.
24. An action plan to implement, monitor and review the recovery actions is in place and is regularly reviewed by senior management and financial services.
25. A recovery plan for Regeneration has been agreed which should enable the Directorate to achieve a balanced budget. However Homelessness remains a volatile area where increases can occur due to external pressures. The position will continue to be monitored closely and further action will be taken if required.

## **Financial Implications**

26. These are contained in the body of the report. The projected outturn is based upon results to the end of October 2009.

## **Legal Implications**

27. None

## **Risk Management**

28. The risks are set out in the body of the report, in terms of the potential over spend. The report notes the actions planned to address this potential overspend.

## **Consultees**

29. Not applicable

## **Appendices**

Appendix 1 - Revenue Budget Monitoring Report for 2009/10 Period to 31<sup>st</sup> October 2009

Appendix 2 - Activity Data relating to Adult Social Care



**ADULT SOCIAL CARE REPORT FOR THE PERIOD ENDING 31ST OCTOBER 2009/10 (PERIOD 7)**

	Expenditure £000					Income £000					Net Totals £000						
	YTD	Annual	Projected	YTD	Projected	YTD	Annual	Projected	YTD	Annual	Projected	YTD	Annual	Projected	YTD	Annual	Projected
	Budget	Actuals	Outturn	Budget	Outturn	Budget	Actuals	Outturn	Budget	Actuals	Outturn	Budget	Actuals	Outturn	Budget	Actuals	Outturn
Older People	11,551	12,135	19,871	20,123	(252)	(2,828)	(2,547)	(5,088)	(5,024)	(64)	8,723	9,588	14,783	15,099	(316)		
Learning Disabilities	9,459	9,856	16,507	17,657	(1,150)	(893)	(1,134)	(5,372)	(5,018)	(354)	8,566	8,722	11,135	12,639	(1,504)		
Mental Health	5,133	5,419	8,702	9,108	(406)	(968)	(1,077)	(1,692)	(1,965)	273	4,165	4,342	7,010	7,143	(133)		
Physical Disabilities / Sensory Impairment	2,404	2,998	4,122	4,861	(739)	(172)	(283)	(296)	(497)	201	2,232	2,715	3,826	4,364	(538)		
Commissioning Directorate	1,116	712	2,049	1,974	75	(266)	0	(513)	(492)	(21)	850	712	1,536	1,482	54		
Section 75 Arrangements	1,431	1,593	2,453	2,571	(118)	(909)	(278)	(1,558)	(1,558)	0	522	1,315	895	1,013	(118)		
Provider Services	150	92	255	260	(5)	0	0	0	0	0	150	92	255	260	(5)		
Modernisation	539	290	910	836	74	(733)	(712)	(748)	(748)	0	(194)	(422)	162	88	74		
Commissioning & Improvement	62	42	106	106	0	0	0	0	0	0	62	42	106	106	0		
Service Strategy	0	(1)	0	0	0	0	0	0	0	0	0	(1)	0	0	0		
Transport	(7)	31	(13)	(15)	2	0	0	0	0	0	(7)	31	(13)	(15)	2		
Adults	(943)	527	(1,616)	(1,503)	(113)	(8)	(157)	(14)	(106)	92	(951)	370	(1,630)	(1,609)	(21)		
<b>Total Adult Social Care</b>	<b>30,895</b>	<b>33,694</b>	<b>53,346</b>	<b>55,978</b>	<b>(2,632)</b>	<b>(6,777)</b>	<b>(6,188)</b>	<b>(15,281)</b>	<b>(15,408)</b>	<b>127</b>	<b>24,118</b>	<b>27,506</b>	<b>38,065</b>	<b>40,570</b>	<b>(2,505)</b>		
Supporting People Programme	3,623	3,641	5,887	5,887	0	(3,532)	(3,532)	(5,887)	(5,887)	0	91	109	0	0	0		
Pilot Projects	0	398	0	0	0	0	(4,831)	0	0	0	0	(4,433)	0	0	0		
<b>Total Supporting People</b>	<b>3,623</b>	<b>4,039</b>	<b>5,887</b>	<b>5,887</b>	<b>0</b>	<b>(3,532)</b>	<b>(8,363)</b>	<b>(5,887)</b>	<b>(5,887)</b>	<b>0</b>	<b>91</b>	<b>(4,324)</b>	<b>0</b>	<b>0</b>	<b>0</b>		
<b>Strategic Housing</b>																	
Homelessness Management & Admin	812	771	1,326	1,365	(39)	(192)	(379)	(329)	(405)	76	620	392	997	1,036	37		
Homepoint	79	86	135	162	(27)	0	(2)	0	(2)	2	79	84	135	160	(25)		
Housing Needs	164	106	281	281	0	(204)	(198)	(282)	(282)	0	(40)	(92)	(1)	(1)	0		
Private Sector Housing	217	249	373	395	(22)	(36)	(75)	(61)	(95)	34	181	174	312	300	12		
	632	542	1,084	1,056	28	(356)	(299)	(610)	(588)	(22)	276	243	474	468	6		
<b>Total Housing Services</b>	<b>1,904</b>	<b>1,754</b>	<b>3,199</b>	<b>3,259</b>	<b>(60)</b>	<b>(788)</b>	<b>(953)</b>	<b>(1,282)</b>	<b>(1,372)</b>	<b>90</b>	<b>1,116</b>	<b>801</b>	<b>1,917</b>	<b>1,963</b>	<b>30</b>		



## Adult Social Care - Package Activity Information

### Learning Disabilities

	April 2009	July 2009	October 2009
Residential	112	115	105
Direct Payment	45	54	55
Supported Accommodation	51	50	59
Adult Placement	12	16	16
Personal Budget	0	0	0
<b>Total</b>	<b>220</b>	<b>235</b>	<b>235</b>

### Mental Health

	April 2009	July 2009	October 2009
Residential	237	237	226
Direct Payment	7	5	4
Supported Accommodation	16	16	16
Adult Placement	0	0	0
Personal Budget	0	1	4
<b>Total</b>	<b>260</b>	<b>259</b>	<b>250</b>

### Older People

	April 2009	July 2009	October 2009
Residential	260	269	267
Direct Payment	22	13	19
Supported Accommodation	7	7	6
Adult Placement	0	0	0
Personal Budget	0	18	19
<b>Total</b>	<b>289</b>	<b>307</b>	<b>311</b>

### Physical Disabilities

	April 2009	July 2009	October 2009
Residential	28	24	23
Direct Payment	65	49	51
Supported Accommodation	7	5	6
Adult Placement	0	0	0
Personal Budget	2	23	35
<b>Total</b>	<b>102</b>	<b>101</b>	<b>115</b>

### Definitions

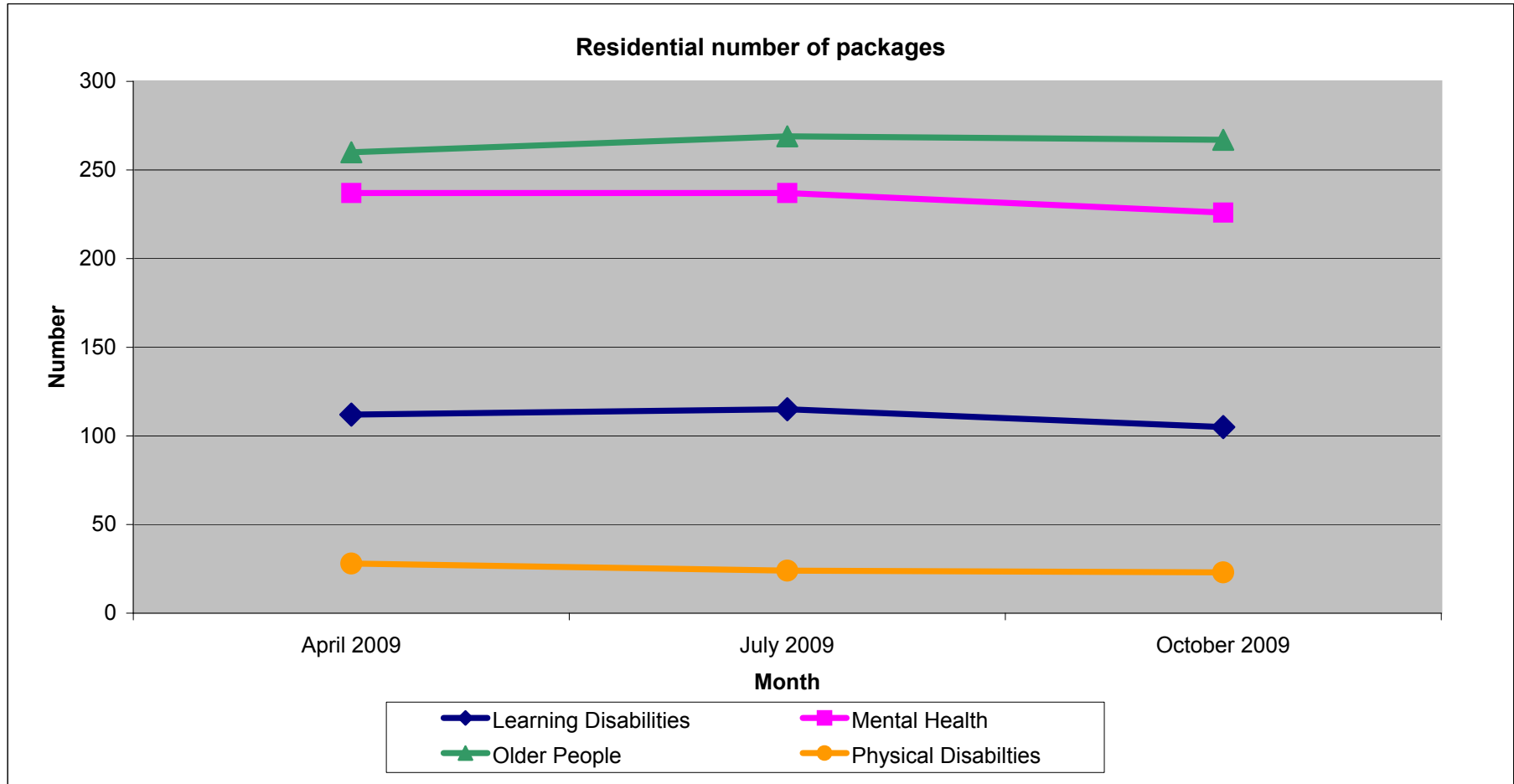
Residential - these are places within residential homes

Direct Payments - are payments for care to clients enabling them to manage themselves

Supported Accommodation - specific accommodation where care is given i.e. sheltered housing

Adult Placement - placed with a family who act as their carer

Personal Budget (Individual Budgets) - identified budget for care



Residential Information

	April 2009	July 2009	October 2009
Learning Disabilities	112	115	105
Mental Health	237	237	226
Older People	260	269	267
Physical Disabilities	28	24	23

<b>MEETING:</b>	<b>ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>14 DECEMBER 2009</b>
<b>TITLE OF REPORT:</b>	<b>SUPPORTING PEOPLE PROGRAMME GRANT BUDGET POSITION</b>
<b>PORTFOLIO AREA:</b>	<b>RESOURCES</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide.

### **Purpose**

To report on the Supporting People Programme Grant budget.

### **Key Decision**

This is not a Key Decision.

### **Recommendation(s)**

**THAT the Committee comments on the figures and text contained herein.**

### **Key Points Summary**

- To report on the current financial position within the Supporting People Programme Grant.

### **Alternative Options**

1. To maximise the grant allocated and ensure that it complies with existing grant conditions.

### **Reasons for Recommendations**

2. To ensure the grant is not reclaimed by central government and used to assist and support the people of Herefordshire.

### **Introduction and Background**

3. The Supporting People programme is the government funding stream for housing support. It currently helps around a million vulnerable people to live independently in their homes or safely within supported accommodation – including older people, victims of domestic violence,

Further information on the subject of this report is available from  
Greg Evans, Management Accounting Manager on (01432) 261848

teenage parents and those with mental health problems. The delivery of successful housing support is monitored through two indicators in the national indicator set (NIs 141 and 142) and research has shown that the programme is more than paying for itself through reduced costs in health services, tenancy failure, crime and residential care.

4. The membership of Herefordshire Supporting People Partnership's Commissioning Body is Director of Resources, the Director of Integrated Commissioning, and Head of Strategic Housing, Area Manager, West Mercia Probation Trust (Paul Baker).
5. Advice and guidance to assist the Membership is the Cabinet Member for Older People, Social Care, Adults, Chair of the Adult Social Care and Strategic Housing Scrutiny Committee (Councillor PA Andrews), Board Member West Mercia Probation Trust (Mrs Libhin Bromley), Non-Executive Director, NHS Trust Board (Mrs Dianne Jones), and The Alliance Herefordshire (Andrew Strong).
6. The Supporting People Programme Grant has been in place since 2003 with strict guidance in place limiting use of funding to Housing Related Support. Over the last 6 years there has been an accumulation of underspend. Grant allocations were advised and received on an annual basis which made it difficult to agree longer-term contracts with providers. There was also a lack of clarity from the DCLG on the carry forward arrangements. From 2009/10 the Supporting People programme grant is paid under section 31 as an unringfenced named grant and from 2010/11 will be paid as part of the Area Based Grant. This removal of the ring fence provides councils with the opportunity to come up with flexible and innovative ways to support vulnerable people in a range of different situations.
7. The projected underspend for the grant is set out in the table below, and the figures assumes agreed contracts are fully utilised:

Year	Grant Allocation + Other Contributions	Expenditure	Balance
2003/04 (Actual)	£7,657,525	£6,681,522	£976,003
2004/05 (Actual)	£7,473,703	£5,941,765	£1,531,938
2005/06 (Actual)	£6,860,947	£5,445,104	£1,415,843
2006/07 (Actual)	£6,706,498	£5,749,536	£956,962
2007/08 (Actual)	£6,523,369	£5,722,676	£800,693
2008/09 (Actual)	£6,197,199	£7,047,862	(£850,663)
2009/10 (Budget)	£5,887,339	£7,869,539	(£1,982,200)
2010/11 (Budget)	£5,257,394	£6,785,829	(£1,528,435)
Total	£52,563,974	£51,243,833	£1,320,141

8. In 2008 the Commissioning Board received notification that the under spend could be used to meet housing related support under the existing grant conditions. This was taken forward by the implementation of pilot projects funded by the, underspend which, supported vulnerable clients where there was unmet need and increased demand for services.
9. The annual grant has been reducing since 2007-08 and the accumulated underspend has been used to assist with meeting current contract commitments. For 2009-10 carry forward underspend of £678k will be utilised.



10. In 2010-11 a total of £1.4m is expected to be carried forward to cover the funding gap. This assumes a reduction of 6% due to the top-slice on transfer into the Area Base Grant for 2010/11.
11. Current contract performance indicates that the, underspend could rise to £1.96m if current hours are not delivered. The Supporting People team are working with providers to address the current activity.
12. £500k expenditure within Adult Social Care has been identified which meets Supporting People criteria. The Supporting People Commissioning Board will consider if these costs can be funded by the, underspend. This would reduce the anticipated underspend to £820k.
13. Where local authorities have generated savings in the programme through their careful management, they will be allowed to roll forward these unspent funds from 2008/09 to 2009/10. However, these funds will be subject to the 2008/09 grant conditions. It will be each authority's responsibility to ensure they meet the conditions.

### **Key Considerations**

14. Consideration should be given to;
  - a. The DCLG conditions of the roll forward of the grant.
  - b. The impact of taking the ring-fencing and flexibilities in 2009/10.
  - c. The current year grant allocation's ability to cover current contract commitments.

### **Financial Implications**

15. To consider the current projected underspend on the programme and the implications of the grant going into the Area Based Grant in 2010/11.

### **Legal Implications**

16. None.

### **Risk Management**

17. No applicable.

### **Consultees**

18. Not applicable.

### **Appendices**

19. None

### **Background Papers**

- Notification from DCLG



<b>MEETING:</b>	<b>ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>14 DECEMBER 2009</b>
<b>TITLE OF REPORT:</b>	<b>ADULT SOCIAL CARE PERFORMANCE</b>
<b>PORTFOLIO AREA:</b>	<b>ADULT SOCIAL AND STRATEGIC HOUSING</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide

### **Key Decision**

This is not a key decision

### **Recommendations**

**THAT:** the Committee note progress in managing performance towards achieving targets

### **Reasons for Recommendations**

To enable Scrutiny Committee to carry out its function in relation to the Adult Social Care and Strategic Housing performance targets for 2009/10.

### **Key Considerations**

1. The report cards in appendix 1 provide a full description of progress against national indicators and some retained indicators from the previous set that are considered valuable for scrutinising performance. The cards show the trend of performance, compared against our 'family' of similar authorities, the English Average, and some narrative to describe actions managers are taking to manage improvement.
2. Although the corporate performance system is a useful tool, it measures performance against the annual target set by managers rather than benchmarking nationally. Hence some indicators may appear to struggle to meet a 'stretch' target, yet still be better than most other local authorities (e.g. C29).
3. The CQC 2009 inspection has recognised real improvements in the robustness of management, performance and programme management, and commissioning and contract strategy. We have been given a score of 2 this means we have been assessed as an authority that is *performing well* (the maximum score is 3, lowest 0). This is an excellent result and indicates the huge improvement we have made in delivering Adult Social Care over the last two years. However we are not complacent and we know in many areas we still need to make improvements. Under the key themes we were scored as performing well in 4 areas and adequately in 3 i.e.

- Improved Health & Well-being – CQC assessment – performing well
- Improved Quality of Life — performing well
- Making a Positive Contribution — performing well
- Increased Choice and Control — performing adequately
- Freedom from discrimination and harassment — performing adequately
- Economic well-being — performing well
- Maintaining personal dignity and respect — performing adequately

We have developed an action plan which will focus on those areas that CQC and us consider to be underperforming to ensure that we maintain our score and improve in those areas we are rated as only performing adequately. At future meetings we will provide an update on progress against the action plan to date. Two areas where CQC noted we particularly needed to continue to make improvements were Safeguarding and the Personalisation agenda – both of which we are moving forward on.

4. The number of people supported to live independently through social care (NI 136) is a Key indicator for the Council, but has not previously recorded, to date, all the activity going on, particularly with respect to the work commissioned from the 3rd sector for older people.
5. We anticipate that Herefordshire performance will be comparable with other local authorities once the data is refined. This data should be included in December. The data also shows a slight dip in performance this month due to revised population figures that have impacted on the denominator. We recognise however this as a priority target and we will be ensuring we have a clear understanding of our performance in this area, that we are capturing all relevant data and where necessary building on the improvement plans we have in place.
6. The Department of Health (DoH) had set a stretch target of 30% of services users receiving individualised budgets by 2011 for NI 130 (Social Care clients receiving Self Directed Support). Although concern has been expressed by a number of authorities around this target and to achieve 30% of service users and cares on IB may not be possible unless we review the interpretation of this indicator. The government has now also shifted its focus towards personal indicative budgets and away from, what was previously our strategy, individualised budgets.
7. Our current performance for the last few months has remained fairly constant between 6 and 7 % (which compares favourably with other West Midlands authorities). We have recognised therefore we need to improve our current performance against this target, and now have a clear 'Personalisation programme' in place and Programme manager, and are moving forward on several initiatives e.g:
  - The council are currently upgrading the Resource Allocation System in line with other councils. To be completed Q4 2009/10.
  - A project around external brokerage has been started supported by the Joint Improvement Partnership to increase the level of personal budgets - to report by Q4 2009/10.
8. NI132 and NI133 have both seen in a drop in performance. This is largely due to an increase in safeguarding work. Frontline resources have been engaged in ensuring vulnerable clients are receiving appropriate protection to ensure that they are safe. The consequence of this has been less resource available for routine social care activities. We are also ensuring that we continue to record information accurately and training staff to make certain there is a consistent approach to data entry.

9. NI131 is currently underperforming in terms of the local health economy expectations. Hereford Hospitals Trust is currently underperforming against expectation and this is being addressed with the PCT through the Quality Review Forum who has requested a report on why delays are higher than expected.

The PCT Provider continues to monitor and review its processes, utilised throughout all the sites, so that a multidisciplinary team (MDT) approach is adopted to the care and discharge of the patient. A weekly MDT meeting is held at all sites with attendance from nursing, medical, therapy, social care and geriatrician. The process for discharge continues as always to be a central focus from the date of the patient's admission to discharge. The Head of Community Hospitals and Intermediate Care Facilities now receives a weekly update of delayed patients which identifies the length of the delay. It has been agreed that any delays greater than 7 days should be escalated for immediate intervention.

10. Audit indicated a failure in the IT system connected with NI 135; they noted that the system was failing to recognise joint assessments being made. This has now been rectified and therefore quarter 3 results should see improved performance in relation to this indicator.
11. New procedures around Safeguarding are being introduced, a launch event was held in mid November. These new procedures will clarify expectations for staff and drive higher performance. Frameworks are currently being updated to ensure that we can measure and report accurately the time between referral and strategy development (which locally has been agreed should be within 7 days).

## **Financial Implications**

12. The Directorates continue to experience considerable difficulty in reconciling activity and finance data, so the financial implications are as yet not clear. At the point of writing, it is hoped a new solution will be available this financial year.

## **Legal Implications**

13. None.

## **Consultees**

14. Not applicable

## **Appendices**

15. Appendix 1 – report cards

## **Background Papers**

- None.

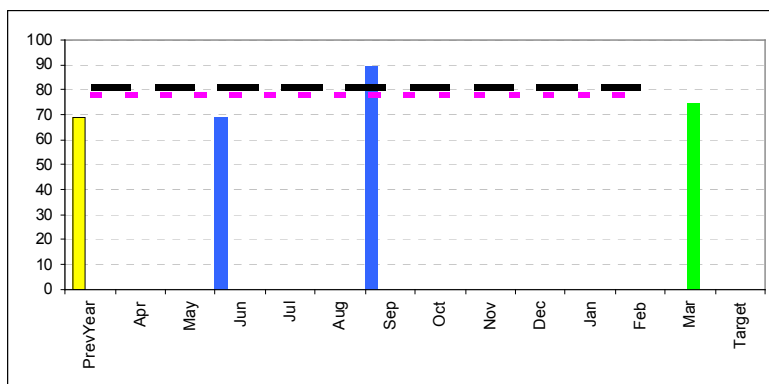
# Appendices

## NI125

**Title:-** Achieving independence for older people through rehabilitation/intermediate care

**Definition:-** The proportion of older people discharged from hospital to their own home or to a residential or nursing care home or extra care housing bed for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) who are at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital.

**Manager:-** Graham Taylor



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>			68.7			89							75
<b>Last year performance:-</b>													
<b>Forecast performance:-</b>													
<b>Comparator Family:-</b>	81												
<b>England:-</b>	78.1												
<b>Percentage</b>													
<b>Last year:-</b>													
<b>Direction:-</b>			↑			↑							
<b>Outturn 08/09:-</b>	68.7												
<b>Target 09/10:-</b>	75												

The survey period for this indicator for this financial year does not start until 30th September

Health and social care managers have developed a way to provide regular information on this crucial indicator, but the first new report is due by mid October

The figures presented in this report are the preliminary findings to August 2009 and require further validation. The figures are based on those patients, discharged from the acute hospital into the 3 Intermediate care units – Hillside, Kington and Ledbury

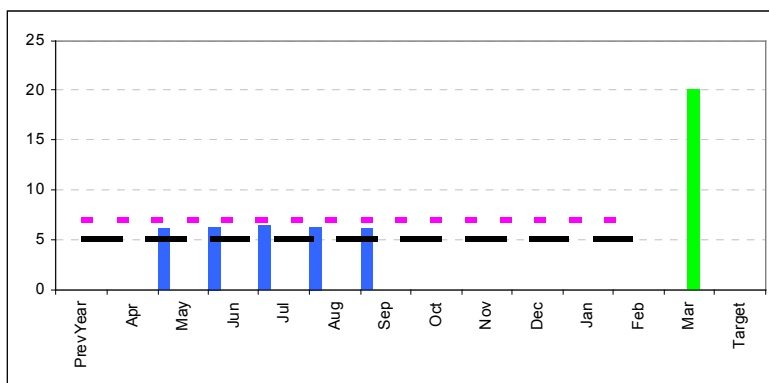
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**NI130 LAA Indicator**

**Title:-** Social care clients receiving Self Directed Support (Direct payments and Individualised Budgets)

**Definition:-** Number of adults, older people and carers receiving self directed support in the year to 31st March as a percentage of clients receiving community based services and carer's specific services aged 18 or over.

Manager:- Sara Keetly



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>		6.1	6.32	6.38	6.32	6.12							20
<b>Last year performance:-</b>													
<b>Forecast performance:-</b>													
<b>Comparator Family:-</b>	5.2												
<b>England:-</b>	7												
<b>Percentage</b>		227	244	256	256	291							
<b>Last year:-</b>													
<b>Direction:-</b>			↓	↓									
<b>Outturn 07/08:-</b>	131												
<b>Target 08/09:-</b>	20												

The indicator forms part of the Local Area Agreement and as such has stretching target set for 2009/10 and 2010/11 requiring us to provide self directed support service to at least 30% of our clients (1600 clients)

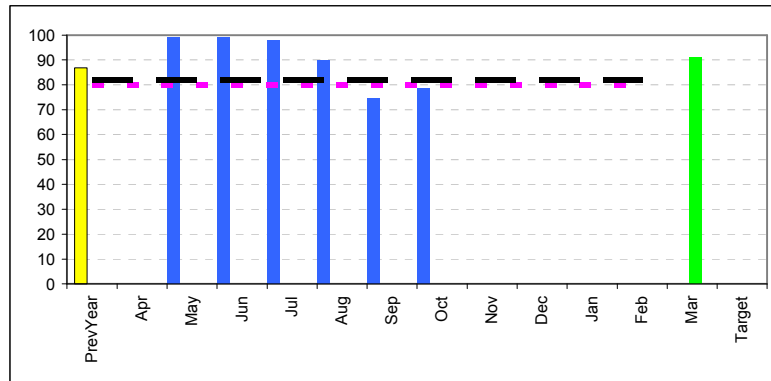
Our current performance is in line with other West Midland authorities, our performance suffers from historical performance. A Project Manager has been appointed to drive forward the uptake of services associated with this indicator.

**NI132**

**Title:-** Timeliness of social care assessments (all adults)

**Definition:-** Acceptable waiting times for assessments: For new clients (aged 18+), the percentage from where the time from first contact to completion of assessment is less than or equal to four weeks

Manager:- Denise Hawkins



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>		98.9	98.9	98	90	74.8	78.6						91
<b>Last year performance:-</b>													
<b>Forecast performance:-</b>													
<b>Comparator Family:-</b>	81.8												
<b>England:-</b>	80												
<b>Clients:-</b>		272	272			632	511						
<b>Last year:-</b>													
<b>Direction:-</b>			↑	↑									
<b>Outturn 07/08:-</b>	86.8												
<b>Target 08/09:-</b>	91												

We are confident that we will achieve the target - 90% at same period last year. Decline in performance is due to increase in safeguarding work. Frontline resources have been engaged in ensuring vulnerable clients are receiving appropriate protection to ensure that they are safe. The consequence of this has been less resource available for routine social care activities

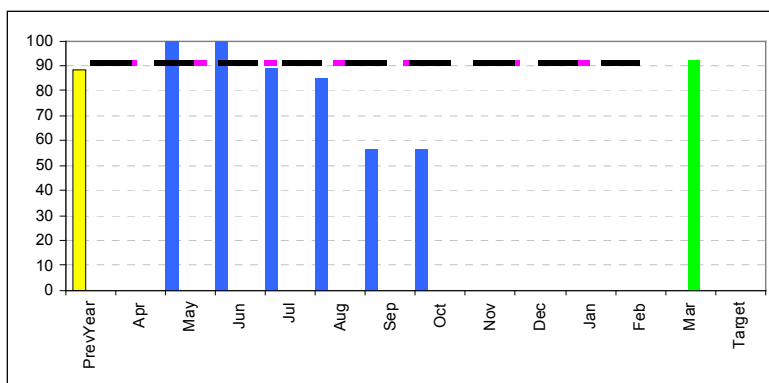


**NI133**

**Title:-** Timeliness of social care packages following an assessment

**Definition:-** Acceptable waiting times for delivery of care packages following assessment: For new clients (For 2008/09: Adults aged 65+, from 2009/10 Adults all ages 18+) the percentage for whom the time from completion of assessment to provision of all services in the care package is less than or equal to 4 weeks.

Manager:- Denise Hawkins



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>		100	100	89	85	56.8	56.8						92
<b>Last year performance:-</b>													
<b>Forecast performance:-</b>													
<b>Comparator Family:-</b>	91												
<b>England:-</b>	91												
<b>Clients:-</b>		36	36		170	172							
<b>Last year:-</b>													
<b>Direction:-</b>			↑	↑									
<b>Outturn 07/08:-</b>	88.2												
<b>Target 08/09:-</b>	92												

84% at same period last year.

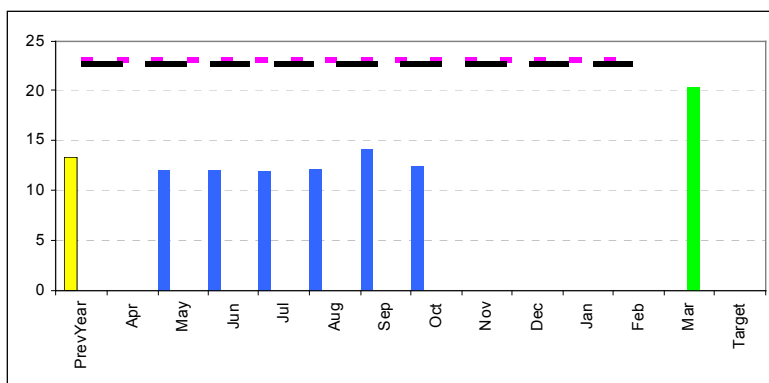
Decline in performance is due to increase in safeguarding work. Frontline resources have been engaged in ensuring vulnerable clients are receiving appropriate protection to ensure that they are safe. The consequence of this has been less resource available for routine social care activities

**NI135 LAA Indicator**

**Title:-** Carers receiving a needs assessment or review and specific carer's service or advice a

**Definition:-** The number of carers whose needs were assessed or reviewed by the council in a year who received a specific carer's service, or advice and information in the same year as a percentage of people receiving a community based service in the year.

Manager:- Sara Keetley



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>		12	12	11.9	12.1	14.1	12.5						20.4
<b>Last year performance:-</b>													
<b>Forecast performance:-</b>													
<b>Comparator Family:-</b>	22.6												
<b>England:-</b>	23												
<b>Clients:-</b>		398	398	426		616	559						
<b>Last year:-</b>													
<b>Direction:-</b>			↓	↓									
<b>Outturn 07/08:-</b>	13.3												
<b>Target 08/09:-</b>	20.4												

This is a new indicator and has caused some difficulties in terms of recording activities accurately and comprehensively. The Carers commissioning strategy and the reviewed Herefordshire Carers support contract ( supported by the Scrutiny review of carers services) will drive further improvements

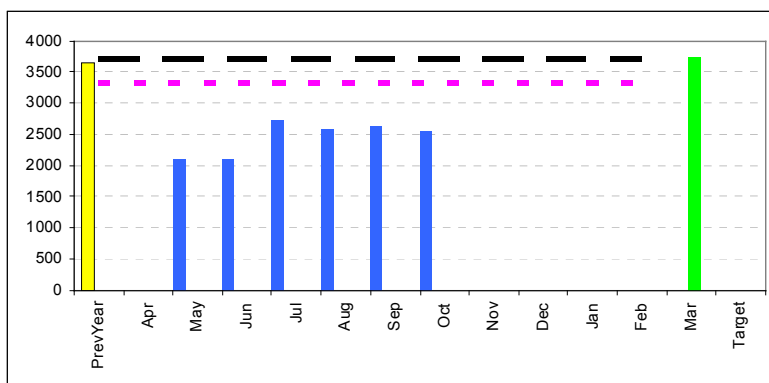
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**NI136 LAA Indicator**

**Title:-** People supported to live independantly through social services (all adults )

**Definition:-** This indicator will measure the number of adults all ages per 100,000 population that are assisted directly through social services assessed/care planned, funded support to live independently, plus those supported through organisations that receive social services grant funded services.

Manager:- Sara Keetley



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>		2102	2102	2724	2598	2643	2537						3736
<b>Last year performance:-</b>													
<b>Forecast performance:-</b>													
<b>Comparator Family:-</b>	3715												
<b>England:-</b>	3330												
<b>Clients:-</b>		2962	2962	3843		3728	3579						
<b>Last year:-</b>													
<b>Direction:-</b>			↓	↓									
<b>Outturn 07/08:-</b>	3635												
<b>Target 08/09:-</b>	3736												

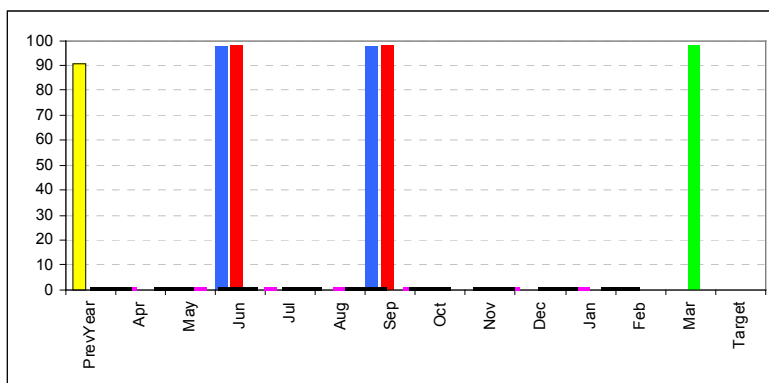
Data currently reported provides only a partial view. This will be rectified over the next 2 quarters as activity associated with external agencies becomes available. This NI has yet to include the Grant Funded Services data for this year which will be available in December.

**NI142 LAA Indicator**

**Title:-** Number of vulnerable people who are supported to maintain independent living

**Definition:-** The number of service users (i.e. people who are receiving a Supporting People Service) who have established or are maintaining independent living, as a percentage of the total number of service users who have been in receipt of Supporting People services during the period.

**Manager:-** Dawn Stradling



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>			97.7			97.7							97.4
<b>Last year performance:-</b>													
<b>Forecast performance:-</b>			97.8			97.8							
<b>Comparator Family:-</b>													
<b>England:-</b>													
<b>Ratio of clients:-</b>													
<b>Last year:-</b>													
<b>Direction:-</b>													
<b>Outturn 08/09:-</b>	90.5												
<b>Target 09/10</b>	97.4												

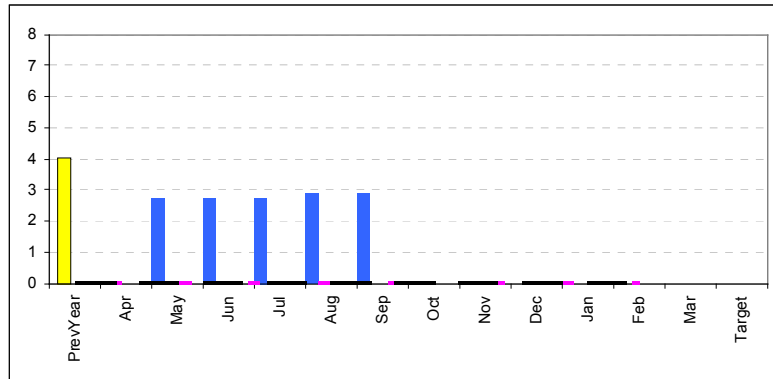
June and September scores based on local calculation and subject to Communities and Local Government ratification (awaited).  
 The previous regime for this indicator nationally is coming to an end and a new set up is being developed and implemented. Now entering into a period of change and development of new projects.  
 A business plan is currently being developed to make recommendations on the supporting people programme. Four pilots are currently being delivered that will cease between March-July 2010. A supporting people commissioning plan is also being undertaken to guide the future commissioning of supporting people services; these include learning disability - move on and transitional worker, older people and vulnerable disabled adult pilot, and a wrap around floating support service for offenders and people who are at risk of offending.

**C29 Included in NI 136**

**Title:-** Adults with physical disabilities helped to live at home.

**Definition:-** Adults with physical disabilities helped to live at home per 1,000 population aged 18-64.

Manager:- Sara Keetley



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>		2.74	2.74	2.74	2.9	2.9							
<b>Last year performance:-</b>	3.24	3.37	3.44	3.37	3.48	3.51	3.52	3.52	3.52	2.89	2.85	4.03	
<b>Forecast performance:-</b>													
<b>Comparator Family:-</b>													
<b>England:-</b>													
<b>Clients:-</b>		289	289			306							
<b>Last year:-</b>	340	353	360	353	365	368	369	369	369	303	300	425	
<b>Direction:-</b>			↓	↓									
<b>Outturn 07/08:-</b>	4.03												
<b>Target 08/09:-</b>													

We believe this apparent drop is because the number of service users being counted is very small, so a minor change can seem to have a disproportionate effect.

Indicators C29, C30, C31 and C32 are reported as single indicator

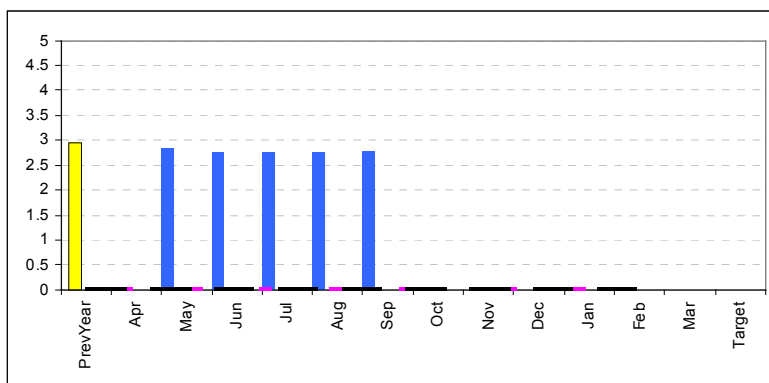
NI136 People supported to live independently through social services (all ages)

**C30 Included in NI 136**

**Title:-** Adults with learning disabilities helped to live at home

**Definition:-** Adults with learning disabilities helped to live at home per 1,000 population aged 18-64.

**Manager:-** Billy McAlinden



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>		2.84	2.74	2.74	2.74	2.78							
<b>Last year performance:-</b>	2.89	2.9	2.92	2.93	2.9	2.91	2.89	2.9	2.9	2.9	2.96	2.94	
<b>Forecast performance:-</b>													
<b>Comparator Family:-</b>													
<b>England:-</b>													
<b>Clients:-</b>		299	289			293							
<b>Last year:-</b>	303	304	306	307	304	305	303	303	303	304	312	310	
<b>Direction:-</b>			↓	↓									
<b>Outturn 07/08:-</b>	2.94												
<b>Target 08/09:-</b>													

Indicators C29, C30, C31 and C32 are reported as single indicator

NI136 People supported to live independently through social services (all ages)

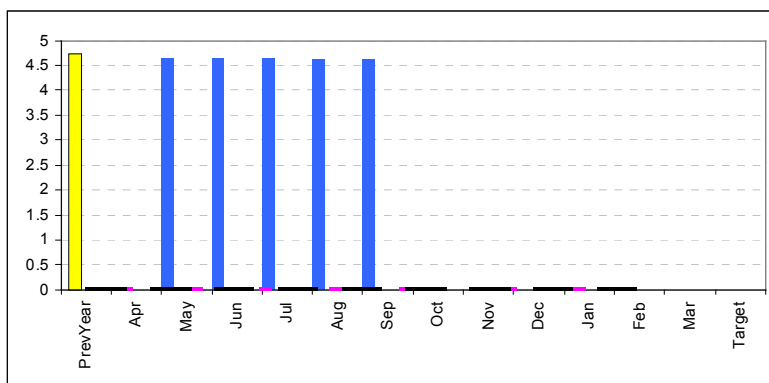
Herefordshire is still more dependent on residential care than other local authorities, but the implementation of the Midland Heart contract has already had a beneficial effect and the strategy for LD will continue to provide more supported living opportunities by finding local solutions close to home instead of institutional and often out of county placements.

**C31 Included in NI 136**

**Title:-** Adults with mental health problems helped to live at home.

**Definition:-** Adults with mental health problems helped to live at home per 1,000 population aged 18-64.

**Manager:-** Sara Keetley



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>		4.65	4.65	4.65	4.6	4.6							
<b>Last year performance:-</b>	4.17	4.2	4.22	4.2	4.25	4.4	4.77	4.4	4.4	4.75	4.72	4.73	
<b>Forecast performance:-</b>													
<b>Comparator Family:-</b>													
<b>England:-</b>													
<b>Clients:-</b>		490	490			483							
<b>Last year:-</b>	437	440	442	440	445	461	500	500	500	498	498	499	
<b>Direction:-</b>			↓	↓									
<b>Outturn 07/08:-</b>	4.73												
<b>Target 08/09:-</b>													

Although this indicator is being stretched to reach its target, performance is already better than most other local authorities

Indicators C29, C30, C31 and C32 are reported as single indicator

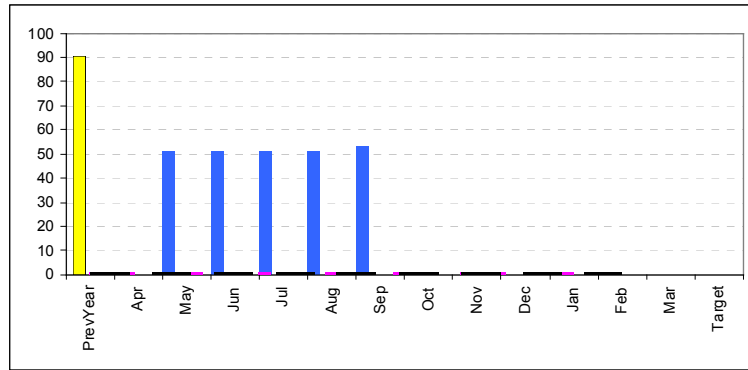
NI136 People supported to live independently through social services (all ages)

**C32 Included in NI 136**

Title:- Older people helped to live at home.

Definition:- Older people helped to live at home per 1,000 population aged 65 or over.

Manager:- Sara Keetley



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>		51.1	51.1	51.1	51.1	53							
<b>Last year performance:-</b>	56.5	59.67	59.4	58.48	58.8	57.82	59.67	59.7	59.7	53.8	50.46	90.7	
<b>Forecast performance:-</b>													
<b>Comparator Family:-</b>													
<b>England:-</b>													
<b>Clients:-</b>		1884	1884			1956							
<b>Last year:-</b>	2049	2166	2155	2123	2133	2099	2166	2166	2166	1953	1862	3347	
<b>Direction:-</b>			↓	↓									
<b>Outturn 07/08:-</b>	90.7												
<b>Target 08/09:-</b>													

Indicators C29, C30, C31 and C32 are reported as single indicator  
 NI136 People supported to live independently through social services (all ages)

The main services currently included within this indicator are:-

- Domiciliary care • Day opportunities • Maintained Equipment • Telecare • Meals • Sort term residential/nursing care • Transport
- Rehabilitation/ Intermediate care • Direct Payments • Professional support • Individualised budgets

Supporting People Clients who have the Careline alarm system are a potential addition to this client base.

There are 630 clients in receipt of this service of which 365 are already clients of Social Care.

Work is in hand to include the additional 265 clients

Other sources used for this indicator at the end of each year, which are not recorded on the Client Index system, (CLIX – Framework) and which are added manually to the figures are:-

- Village Warden scheme • Able (within 6 weeks of year end) • Private Sector Housing (major adaptations) • Talking Books • Maintained equipment • Home from Hospital • Promoting Independence • Minor adaptations (262 clients)

To ensure this additional information can be gathered throughout the year a project is to be set up to assess ways of real time recording of the services.

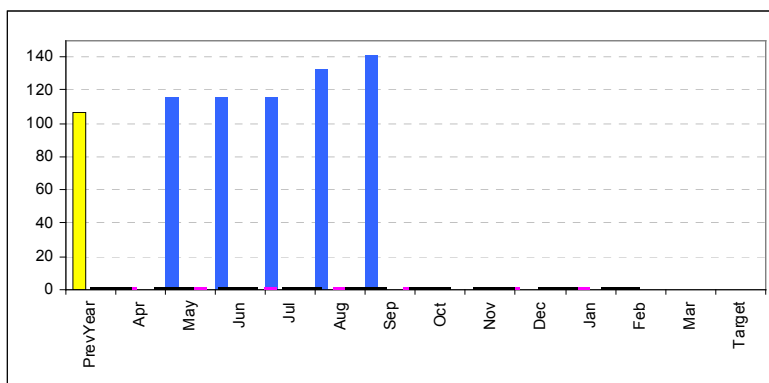


**C51 Included in NI130**

Title:- Direct payments

Definition:- Adults and older people receiving direct payments at 31 March per 100,000 population aged 18 or over (age standardised). This is a weighted average of four indicators which are calculated separately. The weight for each indicator is the percentage of the population of England aged 18 and over that falls into the relevant age group (this achieves the age standardisation).

Manager:- Sara Keetley



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
This years performance:-		116	116	116	133	141							
Last year performance:-	95.04	96.02	96.03	95.52	96.82	101	103.1	103.8	103.3	101.9	105.6	106.3	
Forecast performance:-													
Comparator Family:-													
England:-													
Clients:-		165	165			200							
Last year:-	136	137	137	136	138	144	147	148	147	145	152	151	
Direction:-			↑	↑									
Outturn 07/08:-	106												
Target 08/09:-													

This indicator is counted as per definition for 2008/09 i.e. those clients on the books to receive direct payment on the last day of the financial year.

C51 does not include Direct Payments for careers.

NI130 ( Social Care Clients receiving self directed support) will replace it but for 08/09 includes only the following:-

All people over the age of 18, including carers, who have received a direct payment or individual budget at any time in the year.

Data for this indicator is provided directly from Finance as a consequence of Panel.

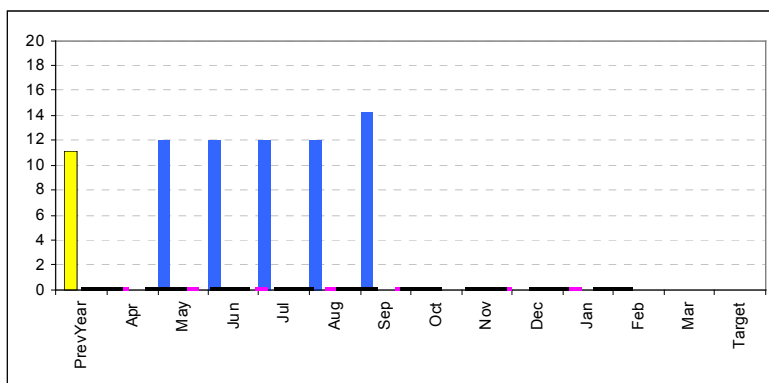
From 2009/10 onwards indicator NI130 will measure all clients receiving self directed support.

**C62 Included in NI 135**

**Title:-** Services for carers.

**Definition:-** The number of carers receiving a 'carers break' or a specific carers' service as a percentage of clients receiving community based services.

**Manager:-**



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>		12	12	12	12	14.2							
<b>Last year performance:-</b>	11.5	11.3	12.74	12.51	12.44	11.97	13.09				9.88	11.13	
<b>Forecast performance:-</b>													
<b>Comparator Family:-</b>													
<b>England:-</b>													
<b>Clients:-</b>		398	398			616							
<b>Last year:-</b>	370	402	470	478	509	516	620				502	596	
<b>Direction:-</b>			↑	↑									
<b>Outturn 07/08:-</b>	11.1												
<b>Target 08/09:-</b>													

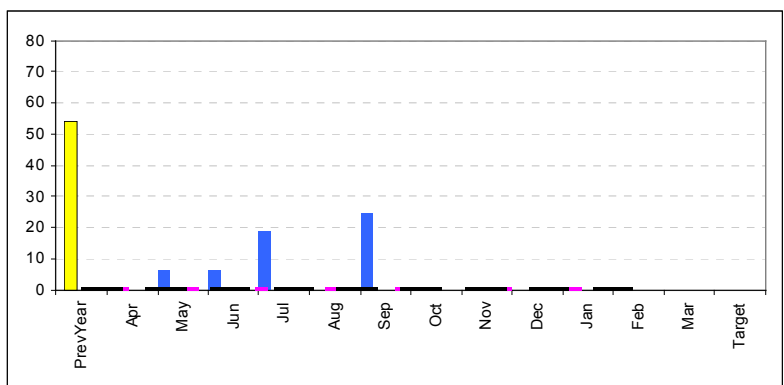
Redesign of the Commissioning Strategy will ensure that next year an improvement across the board for services users and in particular outcomes for careers.

**C72**

**Title:-** Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care.

**Definition:-** Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care.

Manager:- Denise Hawkins



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>		6.5	6.5	18.7		24.7							
<b>Last year performance:-</b>	2.48	8.54	9.64	12.4	16.5	20.39	28.1	35	40	41.32	41.19	53.93	
<b>Forecast performance:-</b>													
<b>Comparator Family:-</b>													
<b>England:-</b>													
<b>Clients:-</b>		24	24	69		91							
<b>Last year:-</b>	9	31	35	45	60	74	102	102	102	150	152	199	
<b>Direction:-</b>			↑	↑									
<b>Outturn 07/08:-</b>	53.9												
<b>Target 08/09:-</b>													

The council has struggled to provide accurate commitment accounting information that can match activity and expenditure (currently recorded on 4 separate systems) At the point of writing we believe a solution may have been found

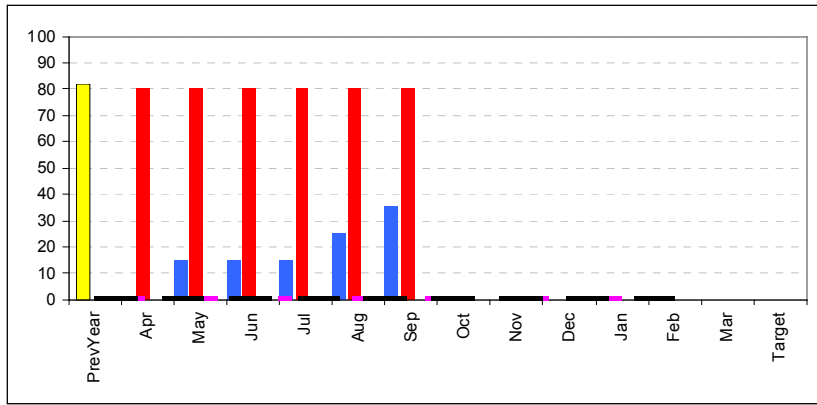
Essential that progress within the Herefordshire Connects project delivers integrated financial aspects of client services.

**D40**

**Title:-** Clients receiving a review.

**Definition:-** Adult and older clients receiving a review as a percentage of those receiving a service.

**Manager:-** Denise Hawkins



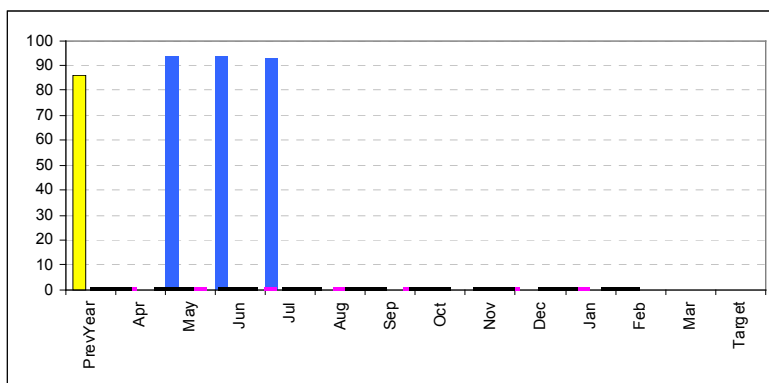
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>		14.8	14.8	14.8	25.2	35.5							
<b>Last year performance:-</b>	10.81	20.32	27.54	34	41.1	45.7	55.71	60	65	69.31	55.55	81.67	
<b>Forecast performance:-</b>													
<b>Comparator Family:-</b>													
<b>England:-</b>													
<b>Clients:-</b>		608	608										
<b>Last year:-</b>	440	898	1256	1597	2042	2376	3137	3137	3137	4315	3339	5094	
<b>Direction:-</b>			↓	↓									
<b>Outturn 07/08:-</b>	81.7												
<b>Target 08/09:-</b>													

**D55 Included in NI 132**

**Title:-** Acceptable waiting times for assessments.

**Definition:-** For new older clients, the average of (i) the percentage where the time from first contact to contact with the client is less than or equal to 48 hours(that is, 2 calendar days), and (ii) the percentage where the time from first contact to completion of assessment is less than or equal to four weeks (that is, 28 calendar days).

Manager:- Denise Hawkins



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>		93.4	93.4	93									
<b>Last year performance:-</b>	87.43	86.95	86.93	89.19	88.7	88.03	88.93	89	89	63.52	86.25	85.98	
<b>Forecast performance:-</b>													
<b>Comparator Family:-</b>													
<b>England:-</b>													
<b>Ratio of clients:-</b>		88.26	88.26										
<b>Last year:-</b>	88.82	86.5	85.54	88.28	87.6	87.3	88.21	88.21	88.21	59.61	84.18	86.38	
<b>Direction:-</b>			↑	↑									
<b>Outturn 07/08:-</b>	86												
<b>Target 08/09:-</b>													

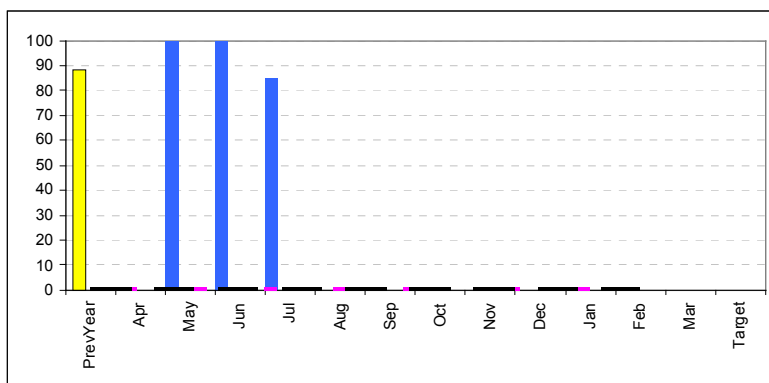
Although this performance is good, pressure on staff is growing, and this achievement will be hard to maintain. This is now included in NI132

**D56 Included in NI 133**

**Title:-** Acceptable waiting times for care packages.

**Definition:-** For new older clients, the percentage for whom the time from completion of assessment to provision of all services in the care package is less than or equal to 4 weeks.

**Manager:-** Denise Hawkins



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
<b>This years performance:-</b>		100	100	85									
<b>Last year performance:-</b>	77.14	89.36	93.33	80.9	83.2	84	82.25	83	83	83	81.43	88.16	
<b>Forecast performance:-</b>													
<b>Comparator Family:-</b>													
<b>England:-</b>													
<b>Clients:-</b>		31	31										
<b>Last year:-</b>	27	42	70	212	302	346	533	533	533	533	693	767	
<b>Direction:-</b>			↓	↓									
<b>Outturn 07/08:-</b>	88.2												
<b>Target 08/09:-</b>													

This indicator has been affected by staffing problems and is expected to improve

This indicator formed part of the Best Value set of indicators and is covered by Audit agreement on how to measure locally.

The agreed method used when CLIX was operational was to measure the time between end of assessment and the start of the last recorded service prior to any client review.

CLIX did not contain care plans therefore it is not possible to recalculate based on a 'majority' of services being in place.

We are using the same method with Frameworki – i.e. measuring only services delivered.

<b>MEETING:</b>	<b>ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>14<sup>TH</sup> DECEMBER 2009</b>
<b>TITLE OF REPORT:</b>	<b>STRATEGIC HOUSING SERVICE PERFORMANCE</b>
<b>PORTFOLIO AREA:</b>	<b>Adult Social Care and Strategic Housing</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide

### **Purpose**

To update Members on the progress towards achievement of national performance indicator targets and other performance management information for the Strategic Housing Service within the Regeneration Directorate. The performance rating system being used in the new integrated corporate performance report has changed, and explanation of the ratings is shown at Appendix A.

### **Key Decision**

This is not a Key Decision.

### **Recommendation(s)**

**THAT**

- (a) the report on Strategic Housing performance be noted;**
- and;**
- (b) areas of concern continue to be monitored.**

### **Key Points Summary**

- Two Local Area Agreement indicators are red flagged as below target (NI155 & NI156)
- Measures are being taken to improve the outlook for both indicators.

## Alternative Options

## Reasons for Recommendations

### Introduction and Background

- 1 Strategic Housing performance is monitored against the National Indicators (NI's) that were introduced from April 2008 and a number of Best Value performance indicators that have been retained as local indicators. Regular reports are sent to the Government Office of the West Midlands and the Department for Communities and Local Government.
- 2 The details of the Strategic Housing indicators are shown in **Appendix B**

### Key Considerations

#### Local Area Agreement

- 3 Strategic Housing has targets in place that are part of the Local Area Agreement (LAA) for National Indicators NI 155 – Number of affordable homes delivered, NI 156 – Number of Households in Temporary Accommodation and NI 187 – Tackling Fuel Poverty - % of People receiving income based benefits living in homes with a low energy efficiency rating.

#### Strategic Housing Update

##### Highlights

- 4 **NI 155 (LAA)** - Overall this indicator is just below target, although there are schemes due to complete during the 3rd Quarter. Every effort is being made to meet the target despite the economic downturn. At this stage we are not likely to be seeking a further re-negotiation of LAA NI 155 which has a target 09/10 of 220 and 10/11 of 275. We have received confirmation that the targets and outturns are cumulative and over delivery in 08/09 can count towards the final LAA outturn for the 3 years. As illustrated here funding is being maximised to ensure as many units as possible are delivered during 09/10. Strategic Housing has supported Forward Allocation Pool submissions to the Homes and Communities Agency to change planning gain sites formerly delivering e.g. 35% affordable housing to 100% affordable housing. These sites included Aubrey Street, Hereford was 8 now 23 affordable homes, Lambournes, Leominster, was 9 now 27, Kingsmeadow, Wigmore was 4 now 14 and Dark Lane, Leintwardine was 5 now 20 affordable homes.
- 5 **NI 156 (LAA)** – Performance against LAA NI 156 (Households in Temporary Accommodation) is in a negative position in comparison to the 08/09 (98 households) outturn. In recent weeks the trend has been downward from a high of 118 reported at the end of quarter 2. The target for LAA 156 is 82, therefore there is a risk that the target for 09/10 will be missed. Within the current figure there are 7 households in Bed and Breakfast which represents an improvement on recent levels of occupancy which have on occasions exceeded 12 households. There has been increased interest in the National Mortgage Rescue Scheme. A proposal is being prepared to focus loan support on 20 households who are currently being blocked from re-housing on account of former landlord rent arrears. This should free-up temporary accommodation and enable reductions in the use of bed and breakfast as households are moved into more suitable accommodation.
- 6 **NI 187 (LAA)** – Currently the 2009/10 Special Energy Efficiency Scheme (SEES) is



underway.; Warm front mail out is arranged for December to promote the national Warm front energy efficiency grant scheme to vulnerable households; this is an annual target and it is hoped that the initiatives will ensure that the target is achieved. A report on the outcome will be presented following the end of the 2009/10 financial year.

- 7 **BVPI 213** – Homelessness Prevention figures indicated at the end of the quarter that the number of cases per 1000 households was just below target. However, funding is being provided for access to private rented letting. Resources have also been allocated to implement the rent deposit and new procedures have been written and implemented within the team. Information packs are being sent out by the team to individuals where this scheme is identified as being appropriate to meet the housing needs of a household that may be facing homelessness. As part of the homelessness prevention a court desk service is now in place offering advice to those facing eviction providing appropriate advice to assist them in maintaining their tenancies and homes therefore preventing them from becoming homeless.

## **Community Impact**

- 8 Not Applicable

## **Financial Implications**

- 9 None identified

## **Legal Implications**

- 10 None identified

## **Risk Management**

- 11 None identified

## **Consultees**

- 12 None identified

## **Appendices**

- 13 Appendix A.: Key to performance reports  
Appendix B: Details of performance for the period 1<sup>st</sup> April – 30<sup>th</sup> September 2009.

## **Background Papers**

None identified



## KEY TO PERFORMANCE REPORTS

<b>PERFORMANCE AGAINST TARGETS AND ACTION PLANS</b>	
<b>G</b>	Outturn is 10% or more above target
<b>B</b>	Outturn is on or above target by up to 10% <b>or</b> , where up to date performance data against target is not available for good reason, the action plan shows satisfactory progress
<b>A</b>	Outturn is below target, but within 5% <b>or</b> where up to date performance data against target is not available for good reason, the action plan shows inadequate progress
<b>R</b>	Outturn is 5% or more below target <b>or</b> no target has been set without good reason <b>or</b> there is no action plan
<b>N.B.</b> Where data is available this determines the judgment made for each indicator. Action plans are used to judge performance only as a default where data is unavailable.	
<b>DIRECTION OF TRAVEL</b>	
<input type="checkbox"/>	Performance is better than the same period last year
<input type="checkbox"/> <input type="checkbox"/>	Performance is the same as for this period last year
<input type="checkbox"/>	Performance is behind the same period last year



Strategic Housing Performance to September 2009

Appendix B

Indicator	Tolerance	Performance		Target	Latest Performance		Judgement		Direction of Travel	
		2007-08	2008-09		2009-10	June	September	June	September	
NI 155 – number of affordable homes delivered (LAA)	Bigger is better	141	208	110 (to September) 220 (year-end)	44 (cumulative)	96 (cumulative)	1	1	▽	▽
NI 156 – households in temporary accommodation (LAA)	Smaller is better	109	98	82	116	118	1	1	▽	▽
BV 213 - Preventing Homelessness (number of cases per 1000 households)	Bigger is better	3.95 cases	4 cases	4.4 cases	1.2	1.04	3	2	▲	▽



<b>MEETING:</b>	<b>ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>14 DECEMBER 2009</b>
<b>TITLE OF REPORT:</b>	<b>SCOPING REPORT FOR THE SCRUTINY REVIEW OF HOME CARE IN HEREFORDSHIRE</b>
<b>PORTFOLIO AREA:</b>	<b>OLDER PEOPLE AND SOCIAL CARE, ADULTS</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide

### **Purpose**

To consider a proposal to scrutinise the Support for Home Care in Herefordshire.

### **Recommendation**

- THAT**
- (a) the Scoping Statement as appended is approved;**
  - (b) the Membership of the Review Group is approved; and**
  - (c) a Chairman of the Review Group be appointed.**

### **Key Points Summary**

- As the projected growth in the percentage of older people living in Herefordshire means that the County will be supporting a larger number of vulnerable people to live in their own homes with home care services, it is proposed to commission a Scrutiny Review in order to gauge the quality and capacity of the home care market in Herefordshire.

### **Alternative Options**

- 1 That the Committee does not undertake the Review, or modifies the Scoping Statement.

### **Introduction and Background**

- 2 This Committee agreed to include a Review of Home Care in Herefordshire in its Work Programme on 5 October 2009. The Scoping Statement for the Review is attached as Appendix 1.

### **Community Impact**

- 3 The review contributes to the following objectives contained in the Herefordshire Community Strategy, including the Council's Corporate Plan and other key plans or strategies:
  - NI 136 people helped to live independently through social care

NI 142 supporting people services (housing related support)

NI 125 achieving independence through re-ablement and intermediate care

## **Financial Implications**

4 There are no direct financial implications.

## **Legal Implications**

5 There are no legal implications.

## **Consultees**

6 Consultees are listed in the Scoping Statement, at Appendix 1.

## **Appendices**

7 Appendix 1 Scoping Statement.

## **Background Papers**

- None.



<b>TITLE OF REVIEW:</b>	<b>Review of Home Care</b>
<b>Committee:</b>	Adult Social Care & Strategic Housing Scrutiny Committee

## SCOPING

<b>Reason for Enquiry</b>
<p>The projected growth in the percentage of older people living in Herefordshire means that we will be supporting a larger number of frail older people and vulnerable people to live in their own homes with home care services.</p> <p>The quality and capacity of the home care market (the Council only delivers re-ablement home care) is therefore of key importance. A major review of contracted home care services has taken place over the last year, and the Committee may wish to review progress and 'future fit' of the proposals</p>

<b>Links to the Community Strategy</b>
<p>The review contributes to the following objectives contained in the Herefordshire Community Strategy, including the Council's Corporate Plan and other key plans or strategies:</p> <p>NI 136 people helped to live independently through social care</p> <p>NI 142 supporting people services (housing related support)</p> <p>NI 125 achieving independence through re-ablement and intermediate care</p>

<b>Summary of Review and Terms of Reference</b>
<p><b>Summary</b></p> <p><b>Terms of Reference</b></p> <ul style="list-style-type: none"> <li>• Comparison of value for money and unit costs based on the fair pricing tool and regional comparator data</li> <li>• Market analysis and capacity to deliver services for a growing population of people needing care at home</li> <li>• Quality of services commissioned and plans to improve quality</li> <li>• Impact of personalisation, and how plans to commission will cope</li> <li>• Development of re-ablement services, and impact on the number of people supported and the increased quality of life that can be secured for them</li> </ul>

<b>What will NOT be included</b>
<p>In order to make the Review manageable it is proposed that Supporting People Services which are currently undergoing a major review and restructuring, and hospital based, and residential based intermediate care are NOT considered.</p>

<b>Potential outcomes</b>
<ul style="list-style-type: none"> <li>• Evaluation of the robustness of the strategy in delivering the desired outcomes for vulnerable people at best value;</li> <li>• Recommendations with respect to development of reablement services.</li> </ul>
<b>Key questions</b>
<ul style="list-style-type: none"> <li>• How can sufficient market capacity be secured to support the projected growth in the numbers of vulnerable people who could need support;</li> <li>• How do we maximise independence through home care services to ensure a wider number of people are able to receive a service;</li> <li>• How do we demonstrate value for money in the service that we have procured.</li> </ul>
<b>Cabinet Member (s)</b>
Adult Social Care and Strategic Housing
<b>Key Stakeholders/Consultees</b>
<ul style="list-style-type: none"> <li>• Carers representatives</li> <li>• Home care providers forum</li> <li>• Older people's reference group- incl Age Concern advocacy</li> <li>• Valuing People partnership board</li> <li>• SIL</li> <li>• Mental Health reference group</li> </ul>
<b>Potential Witnesses</b>
From the consultation groups above
<b>Research Required</b>
Benchmark data across rural counties and West Midlands Regional project to develop reablement services
<b>Potential Visits</b>
Home care Telecare Reablement services
<b>Publicity Requirements</b>
Notification of review Publication of the Review and its recommendations Herefordshire Matters

<b>Timetable</b>	
<i>Activity</i>	<i>Timescale</i>
Confirm approach, programme of consultation/research/provisional witnesses/meeting dates (and proposed topic)	First meeting of the Review Group. January 2010
Collect current available data	February 2010
Collect outstanding data	February 2010
Analysis of data	March 2010
Final confirmation of interviews of witnesses	February 2010
Carry out programme of interviews	Early March 2010
Agree programme of site visits	February 2010
Undertake site visits as appropriate	February 2010
Final analysis of data and witness evidence	April 2010
Prepare options/recommendations	April 2010
Present Final report to Relevant Scrutiny Committee	April 2010
Present options/recommendations to Cabinet (or Cabinet member (s))	May 2010
Cabinet/Cabinet Member (s) response	June 2010
Implementation of agreed recommendations	July 2010
<b>Members</b>	<b>Support Officers</b>
<b>Councillors:</b> <b>(Chairman of Review Group)</b>  <b>Additional members of the Review Group</b>	<b>Lead Support Officer</b> (Independent of the Service being Reviewed) – to be confirmed  <b>Democratic Services Representative(s)</b> – David Penrose  <b>Other support Officers</b>



<b>MEETING:</b>	<b>ADULT SOCIAL CARE &amp; STRATEGIC HOUSING SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>14 DECEMBER 2009</b>
<b>TITLE OF REPORT:</b>	<b>HOMELESSNESS PREVENTION AND ALLEVIATION APPROACHES</b>
<b>PORTFOLIO AREA:</b>	<b>OLDER PEOPLE, SOCIAL CARE ADULTS</b>

**CLASSIFICATION:** Open

### **Wards Affected**

Report is for information only.

### **Purpose**

To inform the Committee of the measures used to help prevent homelessness in Herefordshire.

### **Key Decision**

This is not a Key Decision.

### **Recommendation**

**THAT: the Committee notes the range of interventions used by Strategic Housing Services to prevent homelessness in Herefordshire**

### **Key Points Summary**

- Homelessness and Housing Advice Services in Herefordshire focus activity towards the prevention of homelessness
- Through the use of a Homelessness Prevention Fund and utilising grant from the Department for Communities and Local Government the service has a range of initiatives in place which aim to prevent homelessness
- The activities of the Homelessness and Housing Advice Team are assisted by a range of Low Cost Home Ownership and Housing Options Schemes operated by the Housing Needs and Development Team.

### **Alternative Options**

1. None. This report is for information only.

## Reasons for Recommendations

2. Scrutiny Committee requested at its meeting of 27<sup>th</sup> July 2009 that a report be presented to Committee on the various schemes that the Council run to alleviate homelessness.

## Introduction and Background

- 3 The Council has a statutory duty to assist homeless households and those threatened with homelessness under the Housing Act 1996 and the Homelessness Act 2002. The Council also has a duty to assist Children's Services where ever possible in the discharge of some of their duties to 16 and 17 year olds who are homeless, under the Children Act 1989. Some of the work undertaken by the team will involve carrying out assessments in accordance with the homeless legislation. A good deal of work will involve trying to prevent homelessness by negotiating with a wide range of individuals, organisations and partners.
4. As such front line staff in the team need to have a wide range of skills and knowledge so that they can carry out their duties effectively and a number of practical interventions which can be used to try and prevent homelessness.

## Key Considerations

5. The Homelessness Strategy and Services team have a range of tools and initiatives to assist in the prevention of homelessness. These are as follows:-

- a) **Rent Deposit Scheme – Homeless Prevention Fund** - The purpose of this scheme is to assist those people who are eligible for assistance and are considered to be at risk of becoming homeless secure a property in the private rented sector. The scheme currently covers the deposit and the first month's rent. However, having recently reviewed the scheme the intention is to replace the deposit with a bond, which is a written undertaking to cover any wilful damage to the landlord's property up to the value of the usual deposit. This will enable prevention staff to assist more people with private sector accommodation within available budgets. From April to date the Homelessness and Housing Advice Service has assisted with the following:-

Deposits                      x 81 = £42,032

Rent in Advance            x 81 = £37,966

- b) **Other Homeless Prevention Fund Payments –**

- Good will payments – these can include small regular payments to friends and family who undertake to provide short-term accommodation for a homeless household pending either suitable temporary accommodation being located or a permanent offer of accommodation being made. This approach is far more cost effective than placing a household in costly and inappropriate Bed and Breakfast Accommodation. A total of 134 payments have been made for this purpose since April 2009 at a total value of £3,789.
- Loans for arrears – a number of households who present as being at risk of homelessness have rent or mortgage arrears and loan arrangements funded through the prevention budget can enable possession proceedings to be halted. 12 households have benefited from this scheme since April at a total cost of £8,266.31

- Incentive payments – payments can be made available to incentivise private sector landlords to assist a household in need or hold property for a household for a period.
- c) **Court Desk** – The Citizens Advice Bureau has been provided with funding of £10k, awarded to Herefordshire by the DCLG to operate an Advice and Advocacy service at the County Court for those people who are being evicted from their homes, whether their accommodation is owned or rented. Users of the service can approach the court desk before the date of their hearing as well as on the day and receive assistance with seeking suspension of possession whilst, for instance, other repayment arrangements are investigated.
- d) **CLG Funding for Loans to Prevent Repossessions** – The DCLG have provided Herefordshire Council with a grant of £57K to prevent repossessions in all tenures. DCLG have allowed us discretion as to how we manage use of the grant so long as it is broadly used for the purpose it was intended. Some of the funding has been earmarked to support the processing of Mortgage Rescue cases. Work is underway to write an internal protocol for using the grant, however the main thrust of the protocol will be that the money will only be used where it can be demonstrated that prevention will be long term or permanent and that everything has been done to prevent eviction. The money will mainly be treated as a loan rather than a grant, in order to achieve maximum use. In the case of mortgaged property investigations are underway as to whether it would be cost effective to apply a Legal Charge to the property.
- e) **CAB Debt Advice** – The Citizens Advice Bureau has also been provided with funds in order to increase their capacity to provide debt advice to members of the community who are in housing difficulty. Debt has a substantial knock-on effect when people are weighing-up what repayments to prioritise. Rent and mortgage are often the last and most costly items of expenditure to be paid when people are struggling to make ends meet. However it is the non payment of rent or mortgage that will often result in homelessness. Provision of good quality, targeted debt advice therefore has the benefit of educating people as to the priority they should give to housing costs, as well as being able to negotiate with other creditors to reduce or freeze interest, or even write off debt where this is possible. As part of the process out-goings are reduced and maximum take up of benefit or income is facilitated to help people.
- f) **Mediation** – There is currently a mediation service to help to reconcile families who are in dispute with each other. The role of mediation is to act as an independent party that can arbitrate and to an extent counsel both parties in order to prevent homelessness by achieving reconciliation. Even were homelessness cannot be prevented, a positive outcome would also be improving family relationships, and thus increasing the chances of tenancy sustainment by increasing access to the family network. This is particularly important in terms of preventing homelessness amongst young people living at home.
- g) **Early Intervention** – There is evidence to suggest that young people who experience homelessness as part of a family are more likely to suffer repeat homelessness in adult life. In a bid to address these risks early, Strategic Housing provides funding to the Supported Housing for Young Persons Project (SHYPP) to provide interactive learning sessions on housing and homelessness with schoolchildren in a number of targeted schools. The sessions are run by housing support workers and young people who have experienced homelessness and encourage children to explore the realities of homelessness and better prepare for independent living. In the longer term this approach should improve the outcomes for a number of young people who would otherwise enter the homelessness system.

- h) **Working Protocols** – Working protocols have been established with key partners which aim to set out how each organisation will assist in the prevention of homelessness. An example of this is the RSL protocol under which RSL's have agreed to notify the Homelessness and Housing Advice team when a household is at risk of becoming homeless on account of, for instance, rent arrears or anti-social behaviour.

### Changes Being Implemented to Service Delivery

6. From the 2<sup>nd</sup> November 2009 the service has been piloting a different approach to service delivery. In place of the Housing Options Officers, Prevention Officers, and Homelessness Officers, there is now have a generic team of 8 Housing Advisor's who undertake a number of duties within the team, but also combine the roles of homeless prevention and homeless assessment.
7. This means that instead of a customer being dealt with by 4 different people during the course of their involvement with the service, they now see a maximum of 2 people, the last one being their allocated named officer who will try to prevent their homelessness where possible, but if prevention is not possible carry out a homelessness assessment.
8. There is now a daily drop-in service in addition to a telephone service ensuring immediate access to customers needing advice in the first instance. Both the drop-in service and contact by telephone are put through a triage process in order to prioritise and allocate cases to an appropriate officer. Cases are allocated on a daily basis to Housing Advisors, who then arrange to interview the customer either at Garrick House or at home, or give sufficient advice over the phone to resolve their problem.
9. As a result of the changes currently being piloted the workload of the team has increased significantly and the number of staff directed to frontline roles has been increased from 5 to 8 to accommodate the increase in customers being seen.
10. Prior to the change in service delivery the team received an average of 15 prevention cases per week. The changes that are being piloted have made the service more accessible to customers and as such the average number of new cases per week has increased to 32. In the longer term this is expected to ensure more households are supported away from homelessness, therefore reducing the numbers presenting in more extreme crisis whose homelessness can be more difficult to prevent.
11. The team currently have a total of 339 on-going prevention cases at varying stages.

### Housing Options

12. There are currently a wide range of initiatives operated by the Housing Needs and Development Team that can be utilised to support the work of the Homelessness and Housing Advice Team and which assist in the reduction of homelessness and reduce the numbers of households in, for instance, Bed and Breakfast accommodation.

1) **Bringing Empty Properties back into use**

Target for 2009/2010 110 properties of which 40 properties will have been empty for more than 6 months

<u>Total Capital Budget 2009/2010</u>	<b>£300,000</b>
Financed by	
Housing Capital Reserves	£100,000
Private Sector Leverage	£ variable
Corporate Capital Funding	£200,000





properties back into use. Targeted to those properties that have been empty for more than 6 months and where the owner has not demonstrated any clear plan to bring the property back into use.

*Progress to date* – Whilst no orders have been taken out to date there are 3 properties being actively considered for EDMO action. This reflects the positive work that is being undertaken to pursue a range of options for bring empty property back into use. Once EDMOs have been pursued, the property is returned into use prior to taking formal action.

- c) New Schemes due to be piloted - to maximise access to the private rented sector by homeless households, those at risk of homelessness and tenants on the waiting list for Housing Association stock.
- d) Shadow Leasing Scheme – aimed at properties that are in good condition which are in an area of housing need. The scheme is for the council to “shadow” the tenancy for 12 months and assist the landlord to ensure the arrangements operate smoothly. This involves liaising with tenants/landlords to ensure that tenancy agreements are met, rental payments are maximised and that any antisocial behaviour is dealt with immediately. The properties can be managed by the Estate Agent, owner or a housing association. There are 2 options:
- Option 1 – a 6 month tenancy is signed between the tenant and landlord and the council will guarantee the rental for this period, together with on going support to both landlord and tenant. If the landlord is happy with the arrangements after 6 months a new agreement can be entered with less support from the council for the next 6 month period. At the end of the 12 months, the landlord takes on full management and the tenant remains
  - Option 2 – as above, but the initial 6 months is used by the council to discharge its statutory duty to provide temporary accommodation, through leasing arrangements. After the 6 months, a 6 month assured-shorthold tenancy can be agreed between the landlord and tenant and the council provides ongoing support for a further 6 month period.

It is anticipated that the schemes should require little budget provision, although this is still being investigated.

## **2. Low Cost Home Ownership**

There are a range of low cost home ownership schemes currently being operated, but the council is directly involved as detailed below

Targets 2009/2010 – contributes towards the delivery of 220 Affordable homes

<u>Total Capital Budget 2009/2010</u>	<b>£2,700,000</b>
Financed by Housing Capital Reserves	£ 400,000
Private Sector Leverage	£1,200,000
Corporate bid	£1,100,000

Estimated number of units to be brought back into use with funding - 25

Progress to date - 21

- **Do It Yourself Shared Ownership Scheme (DIYSO)** – Assists those in housing need to gain a foot on the housing ladder, who would otherwise have no alternative but to seek rented accommodation through Home Point. Operated in partnership with Elgar Housing Association, who purchase the property and lease a % back to the household, charging a rental income. The households must be able to secure a mortgage and/or have sufficient lump sum to purchase between 25% and 75% share.

Total budget for DIYSO – £600,000 (excludes private finance) estimated to provide 10 properties

Progress to date – 8

- **Local Mortgage Rescue Scheme** – Assists families experiencing financial difficulties to remain in their own home/support networks. The financial circumstances can be experienced through changes in employment circumstances or a relationship breakdown. Operated on the same principles as DIYSO it helps prevent homelessness or one or more of the household members. Priority is given to those where the council is likely to have a statutory duty under the homelessness legislation and temporary and permanent accommodation is likely to be sought.

Total budget for Local Mortgage Rescue - £900,000 (excludes private element) estimated to provide assistance to 15 households.

Progress to date – 13 households

- **National Mortgage Rescue Scheme** – introduced by central Government and incorporates a range of measures to prevent repossessions and help families to remain in their own home. Measures offered/available are based on the individual needs of the household and can range from negotiating with lenders to suspend possession proceedings, providing loans to clear arrears to prevent court action through to offering interest only mortgages and purchasing back the property as a last resort. The council work in partnership with Elgar housing association who are able to access funding to secure the property from repossession.

There is no overall budget to which the council is responsible for.

Progress to date – 1 completed with 2 further applications to be completed

## Community Impact

13. None, this report is for information purposes only

## Financial Implications

14. The future funding of a number of the schemes outlined above will be dependent upon the success of funding bids to the Council's Capital Programme

## Legal Implications

15. None, this report is for information only.

## Consultees

17. None, this report is fro information only

## Background Papers

- None



<b>MEETING:</b>	<b>ADULT SOCIAL CARE AND HOUSING SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>14<sup>TH</sup> DECEMBER 2009</b>
<b>TITLE OF REPORT:</b>	<b>LIVING WELL WITH DEMENTIA – A NATIONAL STRATEGY - UPDATE ON IMPLEMENTATION</b>
<b>PORTFOLIO AREA:</b>	<b>ADULT SOCIAL CARE</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide

### **Purpose**

To update the committee on Herefordshire's implementation of the national dementia strategy – Living well with Dementia.

### **Recommendation**

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

### **Key Points Summary**

#### **Introduction and Background**

1. Dementia is a national priority not only because of the ageing UK population but because research has shown shortcomings in current services. As a result of this in February 2009 the government published 'Living Well with Dementia – A National Strategy'
2. The aim of the Strategy is to ensure that significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care.
3. The strategy identifies 17 key objectives which when implemented locally should lead improvements in local delivery and a better understanding of the causes and consequences.
4. This report evaluates how far we have implemented the 17 objectives, what further work needs doing and how this will be achieved.

### **Key Considerations**

5. There are currently 700,000 people in the UK with dementia, of whom approximately 570,000 live in England. Dementia costs the UK economy £17 billion a year and, in the next 30 years, the

number of people with dementia in the UK will double to 1.4 million, with the costs trebling to over £50 billion a year.

6. Dementia is a key priority for Herefordshire given that the county's population has a relatively old age structure, with the proportion of older residents expected to increase.
7. A quarter (25%) of Herefordshire's population is of state retirement age (60 for females; 65 for males) or above (44,800 people), compared to a fifth both regionally and nationally (20% & 19% respectively).
8. Numbers of older people have grown more rapidly locally than nationally: there are 12% more people aged 65+ living in Herefordshire in 2008 than in 2001, compared to 6% more in England & Wales.
9. This growth is expected to continue, but even more rapidly - with 61% more people aged 65+ forecast to be living in Herefordshire by 2026, from 37,800 in 2008 to 61,000 in 2026 (see Figure 4.2). In particular, the number of people aged 85+ is expected to almost double, from 5,200 in 2008 to 10,200 in 2026.
10. One in 14 people aged over 65 have dementia, this rises to one in six over the age of 80 and 1/3<sup>rd</sup> of people over the age of 95.
11. In 2005 the number of people with dementia in Herefordshire was estimated to be 2,660 people which is the highest in the west midlands. This figure is predicted to rise to 3029 in 2010 and 3450 by 2015 (an increase of 30% over 10 years)
12. Currently commissioned services (Health and Social Care) for older people with MH problems (including Dementia) are in excess of £3.8m. Of this total almost 78% (2.95 million) is spent on residential and nursing care placements.
13. This spend will need to be realigned over the coming years to allow for greater investment in prevention, early intervention and intermediate care services which can delay or prevent the need for long term expensive care placements.
14. Within the strategy there are 17 objectives (or themes) of which 14 are for local delivery these are:
  - Improving public and professional awareness and understanding of dementia.
  - Good-quality early diagnosis and intervention for all.
  - Good-quality information for those with diagnosed dementia and their carers.
  - Enabling easy access to care, support and advice following diagnosis.
  - Development of structured peer support and learning networks.
  - Improved community personal support services.
  - Implementing the Carers' Strategy.
  - Improved quality of care for people with dementia in general hospitals.
  - Improved intermediate care for people with dementia.
  - Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers.
  - Living well with dementia in care homes.
  - Improved end of life care for people with dementia.
  - An informed and effective workforce for people with dementia.

- A joint commissioning strategy for dementia.
  - Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers.
  - A clear picture of research evidence and needs.
  - Effective national and regional support for implementation of the Strategy.
15. Appendix 1 shows a detailed assessment of work undertaken in Herefordshire to implement each local objective.
16. Key achievements are:
17. **Dementia Awareness Training for All** – Development and implementation of a Dementia training programme to improve the quality of care delivered to dementia sufferers across the dispersed rural population supporting and enabling people to ‘live well with dementia’. This is being achieved by delivering tailor-made training meeting the needs of a wide range of professionals and carers who come into contact with a person with dementia focusing on developing person centred care and raising awareness of dementia issues in the county. The goal is to educate and train EVERYONE who comes into contact with a person with dementia so that they can deliver person centred care at all levels in all situations to a high standard. The training encompasses care givers from various professional and informal groups and includes support for carers and service users through carers education sessions and Al’s Café (informal dementia café support group that provides help and information) in partnership with the Alzheimer’s Society.
18. **Specialist Intermediate Care** – Establishment of a specialist domiciliary Intermediate Care service delivered through a partnership between Herefordshire Council, Herefordshire Mental Health services and a domiciliary care provider. The aim is to provide short-term reablement support to individuals with dementia to enable them to remain living at home by providing a treatment environment more able to respond to the needs of individuals with dementia at times of crisis. The team have integrated developments in assistive technology (the Just Checking activity monitoring system, Safe Walking technology – GPS location devices, Telecare – exit sensors, fall detectors, automatic medication dispensers etc) with a person centred therapy based approach to deliver an innovative and responsive service. The assistive technology monitors the activity of service users and alerts a care specialist if they are at risk or stray outside their normal daily routines. The technology is part of a wider improvement programme designed to promote the independence of people with dementia and support them to live at home and reduce instances of costly emergency hospital or care home admissions. Another aim is to work closer with family carers and provide improved carer support. The technology provides information about a service user’s daily routines and patterns of activity and this can be accessed securely on-line. This greatly improves the relationship between professionals and family carers because both parties have access to objective information when conducting risk assessments. It has also given service users a genuine voice within the decision making process because it provides concrete evidence of their strengths and capabilities.
19. However, there remain a number of objectives which have not been fully implemented. Key priorities in relation to these are:
- **Identify named leads for the four outstanding Objectives** (Public & Professional Awareness; Quality Information; Community Personal Support; Housing & Telecare). This will enable the establishment of working groups of informed individuals who can actively improve the care pathway in those areas.
  - **Undertake Capacity and Demand Mapping Study and updating 2007 Gaps Analysis**

20. We also need to place a greater emphasis on achieving progress on the six national and regional priority areas of the dementia strategy which are:
- a) **Early Diagnosis and Intervention** – i) Enhance our current memory assessment services so that all people with dementia have access to a pathway of care that delivers rapid and competent specialist assessment, an accurate diagnosis and treatment, and care and support following diagnosis. This service requires the capacity to see all new cases of dementia in the locality. ii) Development of a Younger Person with Dementia service – early detection and intervention services can enable younger people with dementia to take actions that can reduce or delay the impact of dementia.
  - b) **Improving the quality of care in general hospitals** – i) Requirement to develop an explicit care pathway for the management and care of people with dementia led by a senior clinician with responsibility for quality improvements. ii) Enhance current Psychiatric Liaison Services to provide a comprehensive, standardised, multi-disciplinary approach to older people with psychiatric illness in the acute and community hospitals.
  - c) **Improving the quality of care in care homes** – i) Requirement to identify lead staff members in each care home to lead on quality improvement and strategy development ii) Development of specialist in-reach services from older people's mental health teams to support care homes to improve care provision iii) Implementation of a comprehensive training plan.
  - d) **Implementation of the Carers strategy** – Ensure that the needs of carers for people with dementia are strongly supported in the implementation of the carers strategy.
  - e) **An informed and Effective Workforce** – i) Undertake a scoring exercise examining the skills mix and competencies of the workforce ii) Develop a workforce profile, skills mix, recruitment and retention strategies and competencies framework to provide future services iii) Implementation and rolling out of 'Dementia Awareness Training for All' programme.
  - f) **Develop a Joint Commissioning Strategy for dementia**
21. In summary it can be seen that although substantial work has been done to implement the Dementia strategy, progress has been inconsistent with some objectives not being fully implemented.
22. The integrated commissioning directorate has now taken the lead for coordinating the implementation of the strategy in Herefordshire and to support this process has identified a senior officer to be Dementia Lead, - Amanda Edwards, Service Improvement Manager.
23. Resources from within the planning and service redesign sections of Integrated Commissioning have also been identified to support the development of a detailed dementia commissioning strategy.
24. Integrated Commissioning will be undertaking a further assessment on progress against the key objectives in March 2010.

## Appendices

25. Assessment against local key objectives/themes

## Background Papers

- Living Well with Dementia – A National Strategy



## Dementia Care Strategy

### Aims and Objectives

The aim of this Herefordshire Public Services Dementia Project is to provide a holistic response to Dementia services so that individuals are able to access universal and preventative services to maximise their independence; keeping people in their local communities for as long as possible and to ensure that a person with dementia receives high-quality care whenever they access care and support in primary, community and secondary health, social care and housing services.

Priorities for improvement will be for local determination with particular attention on:

- early diagnosis and intervention
- maximising independence
- workforce development
- Improving care and support in specialist services such as care homes

To achieve this it will be necessary to:

- carry out a capacity and demand baseline mapping study
- identify gaps in current service provision
- undertake a scoping exercise examining the skill mix and competencies of the workforce
- make recommendations for the preferred models and approaches required to deliver a high-quality Dementia service based on the 17 objectives contained within the National Dementia Strategy

### Regional West Midlands Vision

*By 2012 all people with a suspected or confirmed diagnosis of dementia will access an integrated, seamless, proactive and high quality locality based service that encompasses all the expertise to meet needs of the people with dementia and those of their carers.*

**Regional West Midlands Aim** – *to ensure that significant improvements are made to dementia services across the 3 areas (Raising awareness; Early diagnosis & support; Living well with dementia). The Dementia Strategy should be a catalyst for a change in the way that people with dementia are viewed and cared for in England*

## Dementia Care Strategy

### Regional West Midlands Implementation Plan Priority

A key regional Implementation plan is the:

- Appointment of **named Commissioners** for the whole Dementia pathway in every PCT and advisory groups

#### Priorities

Both the National and Regional Dementia Strategies identify the following as priorities in implementation:

- Early Diagnosis and Intervention
- Improving the quality of care in general hospitals
- Improving the quality of care in care homes
- Implementation of the New Deal for carers
- Informed and effective workforce
- Joint commissioning strategy for dementia

#### Vulnerable Groups

The following are identified as vulnerable local groups that need specific leadership to link into Dementia Care Pathways:

- Young Onset Dementia
- Alcohol Related Brain Damage
- Learning Disability
- Carers with significant depression
- Inpatients on Cantilupe Ward
- Antipsychotic prescribing

## Dementia Care Strategy

Key Project Objective Milestones					
	Objective	Action Plan	Update November 2009	Lead	Timescale
1	Clinical Governance & Project Planning	<ul style="list-style-type: none"> <li>Project scope, budget and management arrangements</li> <li>Draft Project Plan</li> <li>Project Board meet and agree Project Plan</li> <li>Identify Stakeholders and agree a consultation plan</li> <li>Establish Support teams and arrange meetings</li> </ul>	<p>Project Board established</p> <p>Completed and circulated</p> <p>Plan Agreed</p> <p><b>Dementia Strategy Clinical Reference Group established</b></p> <ul style="list-style-type: none"> <li>Dr Pam Jaques (Chair)</li> <li>Sue Pope (Carers Rep)</li> <li>Dr Andrew Watts (GP Rep)</li> <li>Dr Mike Frost (Clinical Psychology rep)</li> <li>Kumbi Mandinyenya (Alzheimer's Society)</li> <li>Tim Wallin (Nurse Prescriber)</li> <li>Diane Jones (Non-Executive Director)</li> <li>Amanda Edwards (Dementia Lead, Integrated Commissioning)</li> <li>Leads for Objectives 10-13 Group to meet quarterly; each NDS Objective Working Group to provide</li> </ul>	<p>Wendy Fabbro</p> <p>Amanda Edwards</p> <p>Amanda Edwards</p> <p>Amanda Edwards</p> <p>Pam Jaques</p>	<p>Sep 2009</p> <p>Sep 2009.</p> <p>Sept 2009.</p> <p>Sept 2009.</p> <p>Sept 2009</p>

**Dementia Care Strategy**

		<p>Objective Working Group to provide written synopsis prior to Clinical Reference Group meetings; if lead unable to make meeting a deputy to be identified</p> <p><b>Strategy Objective Working Groups established</b></p> <ul style="list-style-type: none"> <li>• Public &amp; Awareness (no lead)</li> <li>• Early Diagnosis &amp; Intervention (Dr Richard Eggar lead)</li> <li>• Quality Information (no lead)</li> <li>• Easy Access to Care, Support and Advice (Sarah Bennion lead)</li> <li>• Peer Support and Learning Networks (Kumbi Mandinyanya lead)</li> <li>• Community Personal Support (no lead)</li> <li>• Carers Strategy (Sarah Bennion lead)</li> <li>• Quality of Care in General hospitals (Dr Kit Byatt lead)</li> <li>• Intermediate Care (Jodie Thomas lead)</li> <li>• Housing Support, Housing Related Services &amp; Telecare (no lead)</li> <li>• Living Well with Dementia in Care Homes (Caroline Alexander lead)</li> <li>• End of Life Care (Dr Sandra Salter)</li> <li>• Informed and effective Workforce (Cheryl Poole lead)</li> </ul>	
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### Dementia Care Strategy

2	Capacity & Demand Baseline Mapping Study	<ul style="list-style-type: none"> <li>• Undertake Capacity and Demand Baseline Mapping and produce first cut to SHA by 31<sup>st</sup> Oct</li> <li>• Update Capacity and Demand template to produce 2<sup>nd</sup> cut by Jan 2010</li> <li>• Undertake a gaps analysis in current service provision</li> </ul>	<p>Each working groups to have involvement of service user</p> <p><b>Other Working Groups</b></p> <ul style="list-style-type: none"> <li>• Alcohol Related Brain Damage (Dr Pam Jaques lead)</li> <li>• Antipsychotic Prescribing in Care Homes (Tim Wallin lead)</li> <li>• Young Onset Dementia (Sarah Bennion lead)</li> <li>• Learning Disability (<b>no lead</b>)</li> <li>• Carers with significant depression (<b>no lead</b>)</li> <li>• Cantilupe Ward inpatients (<b>no lead</b>)</li> </ul> <p>Some baseline mapping work undertaken but after discussion with SHA only headlines submitted.</p>	<p>Amanda Edwards</p> <p>Amanda Edwards</p> <p>Amanda Edwards</p>	<p>31<sup>st</sup> Oct 09</p> <p>Jan 2010</p> <p>Dec 2009.</p>
3	Gaps Analysis in current service provision	<ul style="list-style-type: none"> <li>• Undertake Capacity and Demand Baseline Mapping and produce first cut to SHA by 31<sup>st</sup> Oct</li> <li>• Update Capacity and Demand template to produce 2<sup>nd</sup> cut by Jan 2010</li> <li>• Undertake a gaps analysis in current service provision</li> </ul>	<p>Each working groups to have involvement of service user</p> <p><b>Other Working Groups</b></p> <ul style="list-style-type: none"> <li>• Alcohol Related Brain Damage (Dr Pam Jaques lead)</li> <li>• Antipsychotic Prescribing in Care Homes (Tim Wallin lead)</li> <li>• Young Onset Dementia (Sarah Bennion lead)</li> <li>• Learning Disability (<b>no lead</b>)</li> <li>• Carers with significant depression (<b>no lead</b>)</li> <li>• Cantilupe Ward inpatients (<b>no lead</b>)</li> </ul> <p>Some baseline mapping work undertaken but after discussion with SHA only headlines submitted.</p>	<p>Amanda Edwards</p> <p>Amanda Edwards</p> <p>Amanda Edwards</p>	<p>31<sup>st</sup> Oct 09</p> <p>Jan 2010</p> <p>Dec 2009.</p>

### Dementia Care Strategy

4	Workforce Planning & Skills Mix	<ul style="list-style-type: none"> <li>• Undertake a scoring exercise examining the skills mix and competencies of the workforce dedicated to providing services for people with dementia</li> <li>• Develop a workforce profile, skills mix, recruitment and retention strategies and competencies framework that need to be in place to provide future services.</li> </ul>	Andrew Hasler	Oct 2009.
4	Make recommendations for the preferred models and approaches required to deliver a high quality dementia service	<ul style="list-style-type: none"> <li>• Determine local priorities against the National Dementia Strategy, Regional Care Pathway and the local Future Care Model for dementia.</li> <li>• Develop the preferred models and approaches for a high quality dementia service based upon current best practice.</li> <li>• Develop Business Case for operating plan (LDP) process</li> <li>• Report to Project Board giving indication of preliminary findings and possible recommendations</li> <li>• Preliminary findings and proposals shared with key stakeholder groups</li> <li>• Final report produced (following consultation) and presented to range of interested parties.</li> </ul>	Andrew Hasler Amanda Edwards	Jan 2010
			Amanda Edwards	Dec 2009.
			Amanda Edwards	Jan 2010
			Amanda Edwards	Jan 2010
			Amanda Edwards	Jan 2010
			Amanda Edwards	Feb 2010
			Amanda Edwards	Feb 2010

## Dementia Care Strategy

Theme 1 – Improving Public and Professional Awareness and Understanding of Dementia					
Date	National Milestones	Herefordshire Milestones	Update November 2009	Lead	Timescale
	<ul style="list-style-type: none"> <li>Awareness raising programme on NDS and govt prioritisation of dementia</li> <li>National anti-stigma campaign</li> <li>Improved awareness programme for senior NHS decision makers and frontline clinicians</li> <li>Develop a communication strategy to engage patient groups, health and social care professionals, the Third Sector, health &amp; social care regulators and all key stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Objective 1 Working Group to be established</li> <li>Overarching Communication and Engagement Strategy to be developed</li> <li>Developing and delivering a general public information campaign</li> <li>Consultation &amp; Engagement Events (strong prevention message – ‘what’s good for the heart is good for your head’)</li> <li>Specific complementary local campaigns</li> <li>Targeted campaigns for other specific groups (e.g. utilities, public facing service employees, schools, cultural and religious organisations)</li> </ul>	<p>Working Group still to be established</p> <p>Overarching Strategy required</p> <p>A range of ‘Listening Events’ are planned over the next 12 months targeted at service users and carers with information &amp; feedback fed into the Clinical Reference Group</p> <p><b>First Listening Day event on the 4<sup>th</sup> Dec 2009 at the Kindle Centre 10 – 3.30pm (topics based around the NDS Objectives)</b></p> <p><b>Mental Health Promotion Training</b></p> <ol style="list-style-type: none"> <li>E-source (on-line training facility) purchased</li> <li>Professor Dawn Brooker (Worcester University) commissioned to provide training on research based Mental Health promotion – this will form basis of new training programme and conference next year (dates tbc)</li> </ol>	<p>No identified Lead</p> <p>(requires Sub Group with Lead)</p> <p>Mary Ann Thomas (Service User Involvement rep)</p> <p>Mary Ann Thomas</p> <p>Cheryl Poole / Caroline Alexander</p>	

## Dementia Care Strategy

Theme 2 – Good Quality Early Diagnosis and Intervention for All (* Priority Theme)					
Date	National Milestones	Herefordshire Milestones	Update November 2009	Lead	Timescale
	<ul style="list-style-type: none"> <li>Senior Professional Advisor in OPMH to convene an expert group to inform commissioners and practitioners on development of good quality services for early diagnosis and intervention</li> <li>To support and promote the quality improvement scheme for memory services via the Royal College of Psychiatrists</li> </ul>	<ul style="list-style-type: none"> <li>Objective 2 Working Group to be established</li> <li>Evaluation of current Diagnosis service to be undertaken</li> <li>Models and Best Practice</li> <li>To evaluate local dementia services with reference to age appropriate support</li> </ul>	<ul style="list-style-type: none"> <li>Working Group established</li> <li>Current Memory Assessment services evaluated</li> <li>Memory &amp; Cognitive Assessment Service Care Pathway identified</li> <li><b>Proposed Enhanced Memory Service produced</b></li> <li><b>Proposed Young Onset Dementia Service produced</b> to provide improved support to meet the different needs of younger people with dementia enabling early detection and intervention and preventative strategies to reduce or delay the impact of dementia and appropriately plan for future (awaiting confirmation of funding)</li> </ul>	Dr Richard Eggar	



## Dementia Care Strategy

Theme 3 – Good Quality Information for those with diagnosed dementia and their carers					
Date	National Milestones	Herefordshire Milestones	Update November 2009	Lead	Timescale
	<ul style="list-style-type: none"> <li>Information Stakeholder Group to be developed (including people with dementia and carers)</li> <li>Gather evidence of the information needs of people with dementia, carers, family and public</li> <li>Measure effectiveness of existing information (content and media)</li> <li>Complete review of existing information sets</li> <li>Submit recommendations for information guidance, tools and packages at national, regional and local levels</li> </ul>	<ul style="list-style-type: none"> <li>Objective 3 Working Group to be established</li> <li>Identification of current Information sets to service user / carers / professionals</li> <li>Work with SHA lead on identification of information needs of people with dementia, carers, family and public</li> <li>Review current information and work with SHA to take forward future recommendations</li> <li>The development and distribution of good-quality information sets on dementia and related services relevant on diagnosis and throughout the course of care</li> </ul>	<ul style="list-style-type: none"> <li>Working Group still to be established</li> <li>Limited evidence of existing information analysis</li> </ul>	No identified Lead	

## Dementia Care Strategy

Theme 4 – Enabling Easy Access to Care, Support and Advice Following Diagnosis					
Date	National Milestones	Herefordshire Milestones	Update November 2009	Lead	Timescale
	<ul style="list-style-type: none"> <li>Dementia Advisors Demonstrator Sites</li> <li>Develop Prospectus and FAQs on demonstrator sites</li> <li>Hold briefing sessions</li> <li>Develop process for inviting bids including timelines, selection criteria and support</li> <li>Announcement of successful sites</li> <li>Regional support for demonstrator sites</li> <li>Development of demonstrator site learning network and forum in collaboration with regional dementia leads</li> <li>Develop web based resources</li> <li>Arrange and support national evaluation</li> <li>Disseminate learning from sites nationally and across regions</li> <li>Evaluation Report</li> </ul>	<ul style="list-style-type: none"> <li>Objective 4 Working Group to be established</li> <li>Development of Dementia Advisor (Navigator) role in line with NDS guidance</li> <li>Feed into Demonstrator site learning networks and collaborate with regional dementia leads in order to understand this learning to enhance local Dementia Advisor Project Plan</li> </ul>	<ul style="list-style-type: none"> <li>Working Group established</li> <li><b>Comprehensive Dementia Advisor plan established from the demonstrator site application bid</b></li> </ul>	Sarah Bennion	

## Dementia Care Strategy

Theme 5 – Development of Structured Peer Support and Learning Networks					
Date	National Milestones	Herefordshire Milestones	Update November 2009	Lead	Timescale
	<ul style="list-style-type: none"> <li>Peer Support Demonstrator Sites</li> <li>Develop Prospectus and FAQs on demonstrator sites</li> <li>Hold briefing sessions</li> <li>Develop process for inviting bids including timelines, selection criteria and support</li> <li>Announcement of successful sites</li> <li>Regional support for demonstrator sites</li> <li>Development of demonstrator site learning network and forum in collaboration with regional dementia leads</li> <li>Develop web based resources</li> <li>Arrange and support national evaluation</li> <li>Disseminate learning from sites nationally and across regions</li> <li>Evaluation Report</li> </ul>	<ul style="list-style-type: none"> <li>Objective 5 Working Group to be established</li> <li>Development of Peer Support and Learning Networks in line with NDS guidance</li> <li>Feed into Demonstrator site learning networks and collaborate with regional dementia leads in order to understand this learning to enhance local Peer Support &amp; Learning Network Project Plan</li> <li>Development of local peer support and learning networks that provides practical and emotional support, reduce social isolation and promote self-care whilst providing information about local need to inform commissioning decisions</li> </ul>	<ul style="list-style-type: none"> <li>Working Group established</li> <li>Some Peer Support networks already established (Al's Café monthly meeting at Riverside Resource Centre, Hereford &amp; South Herefordshire Group recently established in partnership with Alzheimer's Society)</li> <li>Expert Carers programme established</li> </ul>	Kumbi Mandinyenya	

## Dementia Care Strategy

Theme 6 – Improved Community Personal Support Services					
Date	National Milestones	Herefordshire Milestones	Update November 2009	Lead	Timescale
	<ul style="list-style-type: none"> <li>Stakeholder seminar to focus on what's needed to support accelerated implementation of community personal support services</li> <li>Identify authorities leading on Individual Budgets – extract learning and disseminate</li> <li>Establish evidence base for different interventions to improve community personal support services</li> <li>Explore interface with community health services (such as dementia liaison services) to identify critical dependencies between health and care provision</li> <li>Identify key interface activities that deliver effective outcomes for people with dementia and their carers</li> <li>Support commissioning and provider agencies to accelerate personalised community personal support services</li> </ul>	<ul style="list-style-type: none"> <li>Objective 6 Working Group to be established</li> <li>Assessment of local community services to evaluate if they adequately support people with dementia living at home and their carers</li> <li>Identification of flexible and reliable services (ranging from early intervention to specialist home care) which are responsive to the personal needs and preferences of each individual and take account of their broader circumstances (including age appropriate services)</li> <li>Accessible to people living on their own or with carers, people who pay for their care privately, through personal budgets, or local authority arranged services</li> <li>Link with the personalisation lead for health &amp; social care</li> </ul>	<ul style="list-style-type: none"> <li><b>Working Group still to be established</b></li> <li><b>Proposed Young Onset Dementia Service produced</b> to provide improved support to meet the different needs of younger people with dementia enabling early detection and intervention and preventative strategies to reduce or delay the impact of dementia and appropriately plan for future (awaiting confirmation of funding)</li> <li>Personalisation &amp; Individual Budgets Training               <ul style="list-style-type: none"> <li>-Over 40 staff attended a two day training event and can clearly articulate to service users and carers the potential impact of personalisation and IBs specifically in relation to older people with dementia. This has increased confidence and enabled staff to successfully implement IBs with individuals with dementia including PCT funded IBs.</li> </ul> </li> </ul>	No identified lead	

## Dementia Care Strategy

### Theme 7 – Implementing the Carers Strategy (\*Priority Theme)

Date	National Milestones	Herefordshire Milestones	Update November 2009	Lead	Timescale
	<ul style="list-style-type: none"> <li>Work with Carers Strategy leads to ensure needs of carers of people with dementia are included in their programme</li> </ul>	<ul style="list-style-type: none"> <li>Objective 7 Working Group to be established</li> <li>Ensure that the needs of carers for people with dementia are included as the carers strategy is implemented</li> <li>Support the development of carer information and education based upon person centred approaches</li> <li>Promote the development of breaks that benefit both people with dementia and their carers</li> </ul>	<ul style="list-style-type: none"> <li>Working Group established</li> <li>Carer Education groups developed via the Expert Carers programme</li> </ul>	Sarah Bennion	

## Dementia Care Strategy

Theme 8 – Improved Quality of Care in General Hospitals (* Priority Theme)					
Date	National Milestones	Herefordshire Milestones	Update November 2009	Lead	Timescale
	<ul style="list-style-type: none"> <li>Formation of 'Task and Finish Group' to incl. key clinicians, stakeholders. Group to identify how to develop, commission, publicise and promote the most effective ways to deliver change</li> <li>Map good practice examples</li> <li>Commissioning of coding project to establish evidence of admissions of people to general hospital</li> <li>Develop toolkit for practice</li> <li>Regional workshops</li> </ul>	<ul style="list-style-type: none"> <li>Objective 8 Working Group to be established</li> <li>Identification of senior clinician within the general hospital to take the lead for quality improvement in dementia in hospital settings</li> <li>Development of an explicit pathway for the management and care of people with dementia in hospital</li> <li>The gathering and synthesis of existing data on the nature and impacts of specialist liaison older people's mental health teams working in general hospitals</li> <li>Commissioning of a specialist liaison older people mental health team to work in general hospitals</li> <li>Training Programme to be established to improve the awareness of dementia and person centred support in hospital settings</li> </ul>	<ul style="list-style-type: none"> <li>Working Group established (Dr Kit Byatt lead)</li> <li>Senior Clinician identified (Dr Kit Byatt)</li> <li>Case Note Audit established</li> <li>Hospital intranet site established</li> <li><b>Comprehensive Business Case for the Development of a Psychiatric Liaison Hospital Service produced</b></li> <li>Training Plan currently being developed with training dates for hospital staff from Jan – Jun 2010</li> </ul>	Dr Kit Byatt	
				Cheryl Poole / Caroline Alexander	

## Dementia Care Strategy

Theme 9 – Improved Intermediate Care					
Date	National Milestones	Herefordshire Milestones	Update November 2009	Lead	Timescale
	<ul style="list-style-type: none"> <li>Intermediate Care review of 2001 DH guidance to include dementia</li> <li>Issue for people with dementia will be highlighted at the Intermediate Care launch and in on-going publicity</li> </ul>	<ul style="list-style-type: none"> <li>Objective 9 Working Group to be established</li> <li>Development of Intermediate Care services that are accessible to people with dementia and which meets their needs</li> </ul>	<ul style="list-style-type: none"> <li>Working Group established (Jodie Thomas lead)</li> <li><b>Comprehensive Specialist Intermediate Care service established in partnership with Care Agency – countywide therapy based service utilising developments in new technology with integration of person centred training and approach</b></li> <li><b>Re-Tendering exercise required for appropriate care provider partner based upon model developed in Specialist Intermediate Care pilot – awaiting capacity</b></li> <li>Phase Two of Community Intermediate Care Integration plan</li> <li><b>Comprehensive evaluation</b></li> </ul>	<p>Jodie Thomas</p> <p>Sarah Bennion / Contracts Team</p> <p>David Roberts / Sarah Bennion</p>	

### Dementia Care Strategy

	<ul style="list-style-type: none"> <li>• Evaluation of current services and development of evidence base for Specialist Intermediate Care services</li> <li>• Develop innovative Assistive Technology approaches to service provision and evaluate appropriately (Also included in Objective 10)</li> </ul>	<p><b>report produced</b></p> <ul style="list-style-type: none"> <li>• Working with Telehealthcare Network JIP and regional partners (South Staffs) to develop an evidence based study concerning the benefits of specialist homecare re-ablement services and Assistive Technologies</li> <li>• A number of Technology projects currently in progress or being developed including:             <ol style="list-style-type: none"> <li><b>1. Safe Walking Technology</b> (GPS Location Devices) – pilot started July 2009.</li> <li><b>2. TANDEM</b> project – 3 year National research project to develop future technologies to support people after diagnosis and upstream interventions</li> <li><b>3. CIRCA</b> devices – touch screen memory reminiscence products to improve support in care homes and day opportunities – currently working on business case for targeted pilot</li> <li><b>4. Pivottell pilot</b> – working with Telecare Team and Regional JIP on a large scale pilot of an automatic pill dispenser</li> </ol> </li> </ul>	<p>Andrew Morris</p> <p>A Morris / J Thomas / H Spencer</p>
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## Dementia Care Strategy

Theme 10 – Considering the Potential for Housing Support, Housing Related Services and Telecare					
Date	National Milestones	Herefordshire Milestones	Update November 2009	Lead	Timescale
	<ul style="list-style-type: none"> <li>Establish links with key stakeholders nationally and regionally, including links with Housing and Dementia Research Consortium</li> <li>Develop guidance and training materials for staff working in housing and housing-related services</li> <li>Scope current models of housing and ensure research develops the evidence base for future needs</li> <li>Make links with DH Network, and telecare researchers</li> <li>Scope current use of telecare and ensure research develops evidence base for future commissioning</li> </ul>	<ul style="list-style-type: none"> <li>Objective 10 working Group to be established</li> <li>Monitoring the development of models of housing (including extra care housing) to meet the needs of people with dementia and their carers</li> <li>Evaluation of current housing provision and care support structures (including skills mix and competencies)</li> <li>Development of skills set for staff working in housing and housing-related services needed to provide best quality care and support for people with dementia in the roles and setting where they work</li> <li>Exploration of the evidence base on assistive technology and telecare to support the needs of people with dementia and their carers</li> </ul>	<ul style="list-style-type: none"> <li>Working Group still to be established</li> <li>Work already started to evaluate and pilot a range of assistive technologies targeted at dementia (see Objective 9)</li> </ul>	No identified lead	Andrew Morris

## Dementia Care Strategy

Theme 11 – Living Well with Dementia in Care Homes (* Priority Theme)					
Date	National Milestones	Herefordshire Milestones	Update November 2009	Lead	Timescale
	<ul style="list-style-type: none"> <li>Develop Good Practice resource pack</li> <li>ECCA to host event with providers to scope detail of resource pack and identify future work streams</li> </ul>	<ul style="list-style-type: none"> <li>Objective 11 Working Group to be established</li> <li>Senior staff member in individual care home to take lead for quality improvement in the care of dementia in care home</li> <li>Development of a local strategy for the management and care of people with dementia in the care home, led by senior staff member</li> <li>Anti-psychotic medication care home review so that only appropriate use of medication for people with dementia</li> <li>Readily available guidance and information for care home staff on the best practice dementia care (including the use of assistive technology)</li> <li>Development of specialist in-reach services from older people's mental health teams to work in care homes to support and improve care</li> <li>Development of other in-reach</li> </ul>	<ul style="list-style-type: none"> <li>Working Groups established (Caroline Alexander lead)</li> <li>Anti-psychotic Prescribing in Care Homes Group established with identified lead clinician</li> </ul>	<p>Caroline Alexander</p> <p>Tim Wallin</p>	

## Dementia Care Strategy

	<p>support services (such as primary care, pharmacy, dentistry etc) to improve care support</p> <ul style="list-style-type: none"> <li>Comprehensive Training Plan to be established and implemented to improve care staff skills in Nursing &amp; residential settings</li> <li>Exploration of assistive technologies developments to support care provision and enhance the quality of life of people with dementia</li> </ul>	<ul style="list-style-type: none"> <li>Dementia training for Res &amp; Nursing Homes             <ol style="list-style-type: none"> <li>Nine 2 day courses booked and oversubscribed</li> <li>Four 1 day course running to provide additional training to those previously trained</li> </ol> </li> <li>CIRCA pilot – currently working on the development of a business case to pilot multi-touch screen memory device that improves care planning and person-centred relationship building between carer staff and service users in care home / day care environments</li> <li>TANDEM – Involved in National bid for research project to develop future dementia technology</li> </ul>	<p>Cheryl Poole / Caroline Alexander</p> <p>Andrew Morris / H Spencer</p>
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## Dementia Care Strategy

Theme 12 – Improving End of Life Care					
Date	National Milestones	Herefordshire Milestones	Update November 2009	Lead	Timescale
	<ul style="list-style-type: none"> <li>Establish close links with DH End of Life Care Strategy Team</li> <li>Develop commissioning guidance with end of life teams and NICE</li> <li>Develop dementia and end of life care pathway</li> <li>Collate and publish good practice case examples</li> </ul>	<ul style="list-style-type: none"> <li>Objective 12 Working Group to be established</li> <li>Develop improved end of life care for people with dementia across care settings which reflects their preferences and makes full use of the planning tools in the Mental Capacity Act</li> <li>Develop local end of life care pathways for dementia consistent with the Gold Standard framework as identified by the End of Life Strategy</li> <li>Ensure palliative care networks support the spread of best practice on end of life care in dementia</li> <li>Develop improved pain relief and nursing support for people with dementia at the end of life</li> </ul>	<ul style="list-style-type: none"> <li>Working Group established (Dr Sandra Salter lead)</li> </ul>	Dr Sandra Salter	

## Dementia Care Strategy

Theme 13 – An Informed and Effective Workforce (*Priority Theme)					
Date	National Milestones	Herefordshire Milestones	Update November 2009	Lead	Timescale
	<ul style="list-style-type: none"> <li>Discussions with Skills for health, Skills for Care, the Social Care Institute for Excellence and the English Community Care Association about action needed</li> <li>Consideration of commissioning mapping exercise</li> <li>Each NDS objective to have core lead</li> <li>Work with key national stakeholders to secure engagement</li> <li>Run conferences and workshops on specific themes</li> <li>Link with other DH or cross government demonstrator programme to ensure integrated approach</li> </ul>	<ul style="list-style-type: none"> <li>Objective 13 Working Group to be established</li> <li>Undertake a scoring exercise examining the skills mix and competencies of the workforce dedicated to providing services for people with dementia</li> <li>Develop a workforce profile, skills mix, recruitment and retention strategies and competencies framework that need to be in place to provide future services.</li> <li>Develop a comprehensive training plan and implement</li> </ul>	<ul style="list-style-type: none"> <li>Working Group established (Cheryl Poole lead)</li> <li><b>Comprehensive Older Mental Health Peoples Workforce Project established</b> <ol style="list-style-type: none"> <li>Personalisation &amp; Individual Budget training</li> <li>Mental Health Promotion (including functional skills training for 60 clinical staff)</li> <li>Dementia training for Residential and Nursing Homes (in-house training / e-learning resource)</li> <li>Physiotherapist training – Two x two day courses</li> </ol> </li> </ul>	<p>Cheryl Poole</p> <p>Andrew Hasler</p> <p>Andrew Hasler</p> <p>Cheryl Poole</p>	

**Dementia Care Strategy**

		<p>tailored to meet specific group needs</p> <ol style="list-style-type: none"> <li>5. GP – pilot training in south Herefordshire for GPs (improved specialist referral routes and earlier referral)</li> <li>Presentation now being used across other sectors (carers groups / AI's café)</li> <li>6. Training for Trainers – 10 OPMH clinicians trained and signed up to host on-going training sessions (increasing capacity to meet growing demand for dementia training)</li> <li>7. Specialist Care Service training – person centred training cornerstone of development of specialist Intermediate Care Service – rolling this training out and looking to increasing provide training and support to other domiciliary care providers</li> <li>8. Professor Dawn Brooker commissioned to provide twelve half day seminars for 15 staff trainers on a series of topics relating to all aspects of dementia care.</li> <li>9. Young Onset dementia – professor Brooker commissioned to provide training as part of seminars</li> <li>10. Primary care teams – new</li> </ol>		
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**Dementia Care Strategy**

			<p>training programme being established based upon south Herefordshire model work</p> <p>Strong Links with Worcester University to be further forged through above work with Professor Brooker and her team enabling networking with Worcestershire to avoid repetition while expanding knowledge and skills base</p>		
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<b>MEETING:</b>	<b>ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>14 DECEMBER 2009</b>
<b>TITLE OF REPORT:</b>	<b>COMMITTEE WORK PROGRAMME</b>
<b>REPORT BY:</b>	<b>DEMOCRATIC SERVICES OFFICER</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide.

### **Purpose**

To consider the Committee's work programme.

### **Recommendation**

**THAT**

- a) the Committee re-examine the current work programme to ensure that matters listed for future consideration remain appropriate subjects for scrutiny; and
- b) subject to any other comment or issues raised by the Committee the Committee work programme be approved and reported to the Strategic Monitoring Committee.

### **Introduction and Background**

1. As reported to this Committee in September, work has been ongoing in response to the findings of the external healthcheck of the scrutiny function, undertaken by the Leadership Centre. Members of the Scrutiny Committees and the Executive participated in a facilitated scrutiny event to develop an enhanced external focus to the scrutiny committee work programme reflecting the concerns of residents and communities of Herefordshire. After considering the challenges facing the County and key issues identified from public consultation and surveys Members identified the following five priorities for scrutiny: Housing related issues; Youth; Communication; Safeguarding and Transport related issues.
2. Strategic Monitoring Committee on 19 October requested that all Scrutiny Committees re-examine their current work programmes to ensure that matters listed for future consideration remain appropriate subjects for scrutiny.

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Further information on the subject of this report is available from David Penrose, Democratic Services Officer on (01432) 383690

3. The programme may be modified by the Chairman following consultation with the Vice-Chairman and the Directors in response to changing circumstances.
4. Should any urgent, prominent or high profile issue arise, the Chairman may consider calling an additional meeting to consider that issue.
5. Should Members become aware of any issues they consider may be added to the scrutiny programme they should contact the Democratic Services Officer to log the issue so that it may be taken into consideration when planning future agendas or when revising the work programme.

## **Background Papers**

- None identified.

**Adult Social Care and Housing Scrutiny Committee Work Programme 2009/10**  
**Work Programme Presented for Consideration on 14 December 2009**

<b>25 January 2010</b>	
Items	<ul style="list-style-type: none"> <li>• Budget</li> <li>• Performance Monitoring</li> <li>• Review of Housing Allocation</li> <li>• Joint Strategic Needs Analysis</li> <li>• Report on a planned Scrutiny event to be held on the Affordable Housing Policy linked to the Local Development Forum</li> <li>• Review of Cabinet's Response to the Scrutiny Review of the Support to Carers in Herefordshire.</li> <li>• Review of Cabinet's Response to the Joint Scrutiny Review of the Transition From Leaving Care To Adult Life</li> </ul>
<b>31 March 2010</b>	
Items	<ul style="list-style-type: none"> <li>• Budget</li> <li>• Performance Monitoring</li> <li>• Report on a one day event on the Scrutiny Review of Housing Allocation</li> <li>• Joint Commissioning – progress report</li> </ul>
<b>June 2010</b>	
Items	<ul style="list-style-type: none"> <li>• Budget</li> <li>• Performance Monitoring</li> <li>• Action Plan Monitoring: the Scrutiny Review of the Support to Carers in Herefordshire, Joint Scrutiny Review Of The Transition From Leaving Care To Adult Life</li> <li>• Safeguarding Board, Adult Social Care – Improvement Programme</li> <li>• Presentation by the Cabinet Member (Environment and Strategic Housing)</li> </ul>
<b>July 2010</b>	
Items	<ul style="list-style-type: none"> <li>• Budget</li> <li>• Performance Monitoring</li> <li>• Scrutiny Review of Home Care Services</li> <li>• Review of Cabinet's Response to the Scrutiny Review of Housing Allocation</li> <li>• Presentation by the Cabinet Member (Older People &amp; Social Care, Adults)</li> </ul>
<b>October 2010</b>	
Items	<ul style="list-style-type: none"> <li>• Budget</li> <li>• Performance Monitoring</li> <li>• Review of Cabinet's Response to the Scrutiny Review of Home Care Services</li> </ul>

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

