

# AGENDA

## Adult Social Care and Strategic Housing Scrutiny Committee

Date: **Friday 24 September 2010**

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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:

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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 KS Guthrie</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</b>	(Voluntary Sector)
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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.

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## 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 26 July 2010.	7 - 12
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 2010/11</b> 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> July 2010. The report lists the variations against budget at this stage in the year and a projected outturn for the year.	13 - 26
7.	<b>SCRUTINY REVIEW OF HOME CARE IN HEREFORDSHIRE</b> To consider the findings of the Scrutiny Review of Home Care in Herefordshire.	27 - 52
8.	<b>PROCUREMENT OF MENTAL HEALTH SERVICES - UPDATE</b> To receive an updated report on the progress of the Mental Health Procurement Project.	53 - 58
9.	<b>ADULT SOCIAL CARE PERFORMANCE MONITORING 2010/11</b> To provide an updated report on the progress towards the achievement of national performance indicator targets and other local performance indicators for Adult Social Care within the Joint Commissioning Directorate.	59 - 70
10.	<b>HOMES AND COMMUNITIES PERFORMANCE OUT- TURN TO JUNE 2010</b> To provide an updated report on the progress towards the achievement of national performance indicator targets and other local performance indicators for Homes and Communities (formerly Strategic Housing Services) within the Sustainable Communities Directorate and to consider the subsequent plans to improve performance in 2010/11.	71 - 76
11.	<b>COMMITTEE WORK PROGRAMME</b> To consider the Committee's Work Programme.	77 - 80



## **PUBLIC INFORMATION**

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

The Council has established Scrutiny Committees for Adult Social Care and Strategic Housing, Children's Services, Community Services, Environment, and Health. An Overview and Scrutiny 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**

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

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

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

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

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

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

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

*Statutory functions for adult social services and Strategic Housing.*

### **Children's Services**

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

### **Community Services Scrutiny Committee**

*Cultural Services, Community Safety (including Crime and Disorder), Economic Development and Youth Services.*

### **Health**

*Scrutiny of the planning, provision and operation of health services affecting the area.*

### **Environment**

*Environmental Issues  
Highways and Transportation*

### **Overview and Scrutiny Committee**

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

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- 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.
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## **HEREFORDSHIRE COUNCIL**

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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 Monday 26 July 2010 at 9.30 am**

**Present:** Councillor PA Andrews (Chairman)  
Councillor AE Gray (Vice Chairman)

Councillors: ME Cooper, MJ Fishley, KS Guthrie, MD Lloyd-Hayes, JE Pemberton and RV Stockton

**In attendance:** Councillors LO Barnett (Cabinet Member, Adult Social Care, Health and Wellbeing), WLS Bowen and AT Oliver

**13. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors BA Durkin, H Davies and GA Powell.

**14. NAMED SUBSTITUTES**

There were no named substitutes.

**15. DECLARATIONS OF INTEREST**

Councillor AE Gray declared a personal interest as a provider of provisions for people with learning disabilities.

**16. MINUTES**

**RESOLVED:** That the Minutes of the meeting held on 21 June 2010 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions from members of the public.

**18. PRESENTATION BY THE CABINET MEMBER (ADULT SOCIAL CARE, HEALTH AND WELLBEING)**

The Committee received a presentation from the Cabinet Member, Adult Social Care, Health and Wellbeing on past performance, key issues and future plans in relation to her portfolio. In her report

The Cabinet Member report that the Integrated Commissioning Directorate has continued to develop joint health and social care solutions, including our practice led solutions in 'Transforming Community Services'. The 'World Class Commissioning strategy was a key driver in the provision of new services and the Council and PCT was successfully delivering a highly complex 'competitive dialogue' procurement of mental health services to target, with the active support of staff, service users and carers, clinicians and partners.

She went on to say that the delivery of the Putting People First programme had continued to be effectively managed, and Herefordshire had moved forward on all 4 domains (Choice and

Control, Social Capital, Universal Services and Early Intervention). The Council had declared at amber/green because (like other Local Authorities) there was a delay in the delivery of a Remote Access System, and consequent poor performance on NI 130 (number of personal budgets in place). This had been in part caused by problems in developing the ICT. Rather than allow this to delay delivery of outcomes, personal budgets had continued to be offered, and this would accelerate once the tools became available.

The Chairman thanked her for her report, and in the ensuing discussion the following points were made:

- That the comment on the County's stroke service was not noted, and it should be appreciated that this service was poor, and was a major source of handicap in the County.
- That there were concerns over the delay of the Agresso Finance System, which should be in place by October. There were a number of projects that depended upon this being put in place. The Service had bought an EMS package for Home Care, but was unable to use it until the appropriate ICT system was in place.
- In reply to a Member, the Principal Accountant said that migration of data onto the Frameworki system in order to enhance the finance module was in hand, and payments were being done on both the new and the old system. The biggest issues were around residential and home care. A test would be run in the next few weeks. AN integration of the PCT and Council finance packages was on track to be in place for 1 April 2011.
- That the withdrawal of the Independent Living Fund would have a detrimental effect on the Service. Local Authorities were already considering some independent living packages to be too expensive, and it was possible that Herefordshire might have to come to the same conclusion.
- That Homelessness did not sit comfortably in the present Cabinet Portfolio structure. It was an important issue, and consideration might be given to either including it into the Adult Social Care, Health and Wellbeing portfolio, or making it part of the wider corporate management structure.
- That the Council's Special *Energy* Efficiency Scheme, which had been running for ten years, had received only a few complaints from over 1,100 jobs that had been completed. There were a far greater number of concerns expressed over jobs completed with grants from the DEFRA Warm Front scheme, which did not use the same local contractors as the Council did.
- That the Strategy Director from the Alliance would be on the Health and Social Care Commissioning Board, and more use would be made of Third Sector Services.
- The Voluntary Sector Representative added that the Alliance was focused on addressing a challenging situation over the next few years, and was anticipating cuts to Third Sector funding.

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

## **19. BUDGET MONITORING 2010/11**

The Committee received a report on the financial position for Adult Social Care and Strategic Housing revenue budgets for the period to 31<sup>st</sup> May 2010. The Principal Accountant reported that the outturn position had benefited from the use of central budget, contingencies and reserves of £2.2m and the additional funding was

shown as a reduction in spend. The next report would show the budget allocated over the areas once it had been signed off by the Chief Executive to ensure virement rules had been complied with. A budget deficit of £1.5m remained which would need to be recovered by 31<sup>st</sup> March 2011. The outturn position included a number of measures within the recovery plan and further work would be required in order to balance the budget.

The position for 2011/12 would also need to be addressed and further savings would have to be found to achieve the required 5% reductions and potential further budgetary cuts of up to 25%. The Associate Director, Joint Commissioning was in the process of drawing up plans on spending reductions which would need to be implemented within this financial year in order to have a significant impact in future years and achieve the targets set.

The Supporting People Grant had a deficit of £1,290k between the current year grant and contract commitments, was being supported by the brought forward underspend and was currently under review by a new Transitions Board chaired by the Director of Resources. It would be merged into the Herefordshire Partnership.

In the ensuing discussion the following points were made:

That a percentage cut in the budget of 25% would decimate the Service, and make it impossible to deliver services to the County.

The Associate Director, Joint Commissioning reported that it was not clear as to whether the budgetary cuts would be as high as 25%, and it was to be hoped that they would only be in the region of 15%. Reductions in funding at these levels would, however, mean cuts to services.

That there would be a formal consultation with staff before a decision was taken regarding the Meals on Wheels service. Alternative ways of delivering the service would be considered as a preference

In reply to a question from a Member, the Associate Director said that domiciliary care costs were higher in the County than the national average, but this was largely as a result of the rural nature of Herefordshire. A great deal of work had been undertaken over the previous year to produce a fair price policy for care provision, something that was not done for home care in other authorities.

In reply to a further question, she went on to say that negotiations were underway regarding the block contracts with Shaw Care, and would be finalised by September.

That the increase in the number of safeguarding referrals over the past 12 months was as a result of an increased awareness of the team. This had led to an increase in activity of 50% for the team. Whilst the team had been set up, there was currently no allocated budget for it. The cost of the current Safeguarding Team for the 2010/11 financial year would be £230k.

## **RESOLVED**

**That:**

- a) Although the addition of £2.2m contingency fund was welcome, the Committee notes that severe budgetary pressures still remained; and;**
- b) The Committee expressed concern over the suggestion that the budget might be cut by up to 25% in 2011-12 which would impact on the provision of services and mean that many services currently provided would no longer be viable.**

## **20. UPDATE ON THE EXECUTIVE'S RESPONSE TO THE REVIEW OF TRANSITION FROM LEAVING CARE TO ADULT LIFE**

The Committee received a report on progress made on the action plan for the Scrutiny Review of Transition from Leaving Care to Adult Life.

The Chairman of the Review Group went through the report and made the following comments:

- That the review of the Children's and Young People's Directorate would successfully incorporate the Education Liaison Support Service for Looked After Children (LAC).
- That she was concerned that an IT solution to link the Council's system with the Health System had not yet been produced.
- She welcomed the news that there was a proposal to employ a dedicated health worker for Care leavers and that despite lack of funding, that this remained a key issue for transition to adult care.
- That the issue of measuring the number of LAC's from other authorities who were placed in the County had to be solved.
- She was outraged that black bin liners were still being used three years after this report had been published.

The Chairman of the Children's Services Scrutiny Committee concurred with her comments and said that he was deeply disappointed by the years of obfuscation and delay that had greeted this review. He said that this was a poor report, and he would raise the matter with the Interim Director of Children's Services.

In reply to a question from a Member, the Head of Safeguarding, LADO (Local Authority Designated Officer) reported that the recent judgement made in Southwark, which found that homeless 16 and 17 year olds should be treated as Looked After if provided with accommodation, would have a profound effect on Aftercare services in Herefordshire as these individuals would become entitled to these services if Looked After for more than 12 weeks. They would also be entitled to advice and support until aged 21 years. Having to find suitable accommodation for 40 young people who had previously been dealt with by the Housing Service had put pressure on the accommodation available to Care leavers. A funded agreement had been reached with the Supporting Herefordshire Young People Project (SHYPP) in order to recruit and support an additional eight supported lodgings to meet the needs of this group

The Head of Safeguarding went on to say that there were currently 89 LAC children in the County, placed here by other Authorities. The provider organisations were obliged to provide the Council with information regarding these children, and the Council was working in partnership with the Police. The placing authorities were not obliged to provide the information, and he did not understand why OFSTED would not provide information regarding these placements.

The Head of Safeguarding undertook to provide Members with a briefing note regarding the status of LAC in the County.

#### **RESOLVED:**

**That:**

- a) That the Committee expressed concern that it was still not clear that any of the areas of concern raised by the Review had been adequately dealt with, and the Action Plan was not fit for purpose;**
- b) The report should be brought back to the next meeting of the Committee; and;**

**c) The matter should be discussed at Children's Services Scrutiny Committee.**

**21. ADULT SOCIAL CARE PERFORMANCE AGAINST PUTTING PEOPLE FIRST**

The Committee received a report on progress against Putting People First, the Government's agenda for transforming the Adult Social Care Service.

The Associate Director, Joint Commissioning reported that, through the Transforming Adult Social Care Reform Grant, the Government had provided ring fenced funding specifically to enable councils to make the changes. In September 2009 a set of milestones was agreed with the Department of Health which focused on five areas to help councils prioritise their use of the final year of the reform grant. These were laid out in the report.

At present the Council was reporting achievement at amber/green, largely because it had not been able to deliver the changes in IT and operating systems to support industrial scale adoption of personal budgets. A robust project was managing progress and it was anticipated that target would be achieved by April 2011. Significant achievements, which included piloting external agencies delivering care brokerage for the region, working with young people with complex needs reaching adulthood to assist them into employment and an 'e' catalogue of services for all including self funders to have easy access to information.

**RESOLVED:**

**That:**

- a) progress in managing performance towards achieving targets should be noted; and;**
- b) Concern was expressed that the progress and improvement of the Service had been obstructed by the lack of the appropriate IT package.**

**22. ADULT SOCIAL CARE PERFORMANCE MONITORING 2010/2011**

The Committee received a report on the progress toward the achievement of national performance indicator targets and other local performance indicators for Adult Social Care within the Joint Commissioning Directorate.

The Associate Director, Joint Commissioning reported that she was pleased that NI 135 (Carers receiving a needs assessment or review) continued to be above target.

In reply to a question, the Associate Director said that there was a wide range of equipment associated with telecare that allowed the Service to monitor people. These ranged from pendant alarms to pressure pads to ensure that people had actually got out of bed, and sensors to check whether taps had been left running or whether gas hobs had been left on.

**RESOLVED**

**That:**

- a) the report be noted; and;**
- b) Areas of concern should continue to be monitored.**

**23. COMMITTEE WORK PROGRAMME**

The Committee noted its Work Programme.

**RESOLVED: That the work programme be approved and reported to the Overview and Scrutiny Committee.**

The meeting ended at 11.45

**CHAIRMAN**



<b>MEETING:</b>	<b>ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>24<sup>TH</sup> SEPTEMBER 2010</b>
<b>TITLE OF REPORT:</b>	<b>REVENUE BUDGET MONITORING REPORT 2010/11</b>
<b>PORTFOLIO AREA:</b>	<b>ADULT SOCIAL CARE, HEALTH AND WELLBEING</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide

### **Purpose**

- 1 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> July 2010. The report lists the variations against budget at this stage in the year and a projected outturn for the year.

### **Recommendation(s)**

**THAT**

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

### **Reasons for Recommendations**

- 2 To enable the Committee to carry out its function in relation to the Adult Social Care and Strategic Housing revenue budget for 2010/11.
- 3 A detailed Budget Monitoring Report to 31<sup>st</sup> July 2010 is attached at Appendix 1 for Members' consideration.
- 4 The Adult Social Care budget sits within the Integrated Commissioning Directorate whilst the Strategic Housing budget sits within the Sustainable Communities Directorate.
- 5 The summary position is set out in the table below, and provides the current view of forecast outturn which was predicted throughout the year. The forecast outturn for July is predicting a £2.26m overspend for Adult Social Care and Strategic Housing to come in on budget.

	Annual Budget £000	July10 Net Forecast (Over)/Under spend £000	Budget Virements	Projected Net (Over)/Under spend £000
Older People	15,021	(1,841)		
Learning Disabilities	11,611	(1,380)		
Physical Disabilities / Sensory Impairment	3,895	(694)		
Mental Health	7,407	(111)		
Adults	(2,198)	(151)		
Section 75 Arrangements	936	(55)		
Other Services	201	(48)		
Commissioning Directorate	1,620	0		
<b>Total Adult Social Care</b>	<b>38,493</b>	<b>(4,280)</b>	<b>2,019</b>	<b>(2,261)</b>

Note: Other Services include Public Contact, Provider Services, Needs Analysis and Transport.

### Adult Social Care

6. The final outturn position for 2009/2010 was an over spend of £2.7 million. This was aided by £800k of Supporting People money to assist with the deficit and £200k of Capital grants. This was a one-off occurrence and thus gives a baseline starting deficit of £3.7m. For 2010/11 these funding issues have been brought forward, although the £2m budget virement will mitigate some of this effect.
7. The Budget for 2010/11 was put together based on the following assumptions:
  - a. Demographics. The number of clients within Older People is based on an increase of 18% over the next 5 years as stated in the JSNA. For all other client groups the percentage rise is based on prior year trends. Learning Disabilities will rise by 8% where it is anticipated clients transferring from Children's Services will have more expensive packages. Physical Disabilities will increase by 23%. These demographic increase estimations exclude homecare, which has assumed between 5% and 10% rise based on previous year trends. As part of these assumptions any new clients are built in as being offered Personal Budgets.
  - b. Inflation. There is no inflation on basic pay but 4.08% on superannuation. 2% client income. Provider contracts have been budgeted using new provider rates or contracted rate where known.
  - c. Financial Resources Model growth increases to the Base Budget include:
    - £279k for Learning Disability transitions from Children's Services.
    - A 4% increase in Older People with dementia £162k
    - £700k for inflation
  - d. FRM savings applied:
    - Reduction in the number of contract voids by 35% within older people £450k
    - Use of STARRS service to put in reablement and reduce the need for long-term homecare £159k
    - 30% saving on packages transferring from Transitions £84k following re-modelling of care packages from Children's Services.
    - Reduction of 5% in supplies and services non-pay budgets (excluding. Equipment, voluntary organisations and supporting people) £74k

- Disinvestment in Meals on Wheels £60k
- e. Area Based Grant was cut by 6% which has an impact of a £194k reduction in grant income for 2010/11.
8. Budget has been identified within the Corporate Budgets for safeguarding (£200k). A business case for the budget virement was submitted and approved. The July position reflects this addition in budget.
  9. The July forecast is a net overspend of £2.26m. This is based on existing commitments projected forward in combination with a realistic forecast of the recovery measures of £929k that has been identified and a further £1m yet to be identified and costed. There is a further £2m of budget to be vired from the corporate centre.
  10. There has been an increase from May's projection due to an increase in respite care predicted to be £105k, connects saving s £151k, £33k due to Hillside overspend, £88k predicted overspend on the Community Equipment Store. Domiciliary care is predicted to rise across all areas, especially in older people of £278k and residential care in older people of £115k. This is offset by some savings in public contact of £56k
  11. Older People predicted overspend is £1,841k.
    - The numbers of residential and nursing care packages are rising and more expensive packages put in place due to more complex needs. Last financial year resulted in an over spend of £221k. It is anticipated that due to demographics the number of older people requiring care will rise and built into the budget is a 3% increase in the number of packages. Year to date there have been 3 new nursing and 10 new residential packages. Predicted over spend £115k
    - Domiciliary care was over spent by £1m last financial year. The budgets assumed a 5% rise on top of the actual spend for last year. Year to date there is an overspend on the budgeted figure of £164k, thus the predicted outturn has been increased to reflect this, a rise of £278k.
    - The number of Personal budgets was expected to be the area to grow. There have been no new packages approved year to date and the forecast has been reduced by £392k to reflect this
  12. Learning Disabilities anticipated to be £1,380k over spend.

The full year anticipated over spend relates to increased costs in:

- The uses of expensive packages for clients with more complex needs. This was a problem last financial and these packages will continue. It is assumed an 8% increase in the number of clients supported in the 2010/11 budget.
- An increase in the number of new clients choosing to take personal budgets. In 2009/10 the number of clients taking up personal budget increased from 36 to 53. Increased awareness of Putting People First programme will allow greater choice and flexibility of care delivered to meet assessed need. The increase built into the assumption for 2010/11 is to increase by a further 15% to 61 packages.
- Care homes deregistering. Although it is generally thought that this is cost neutral, during July one client has now become ordinary resident in Herefordshire due to a home deregistering, thus costing £65k this year. There is a danger that this could happen in other homes creating a further pressure on the budget.
- The age of carer's supporting Learning Disability clients. There are currently 17 carers

over the age of 80 and potentially would be unable to care for the clients putting pressure on the Learning Disability budget

### Supporting People

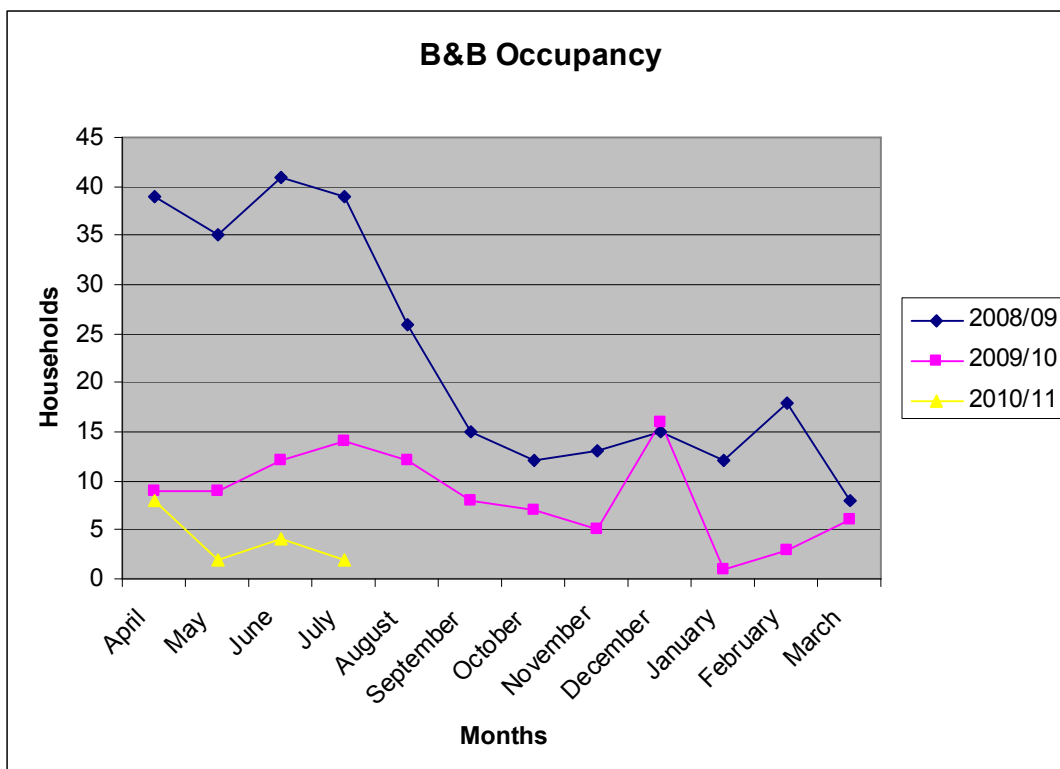
13. The final outturn for 2009/10 gave an underspend of £2,672k which has been carried forward into 2010/11.
14. For 10/11 the underspend will be allocated as follows:
 

Pilot Projects	£627k
Social Care SLA	£500k
Supported Lodgings (SHYPP)	£95k
Shortfall in current commitments	£1,120k

This leaves an underspend of £330k which has been used to cover the cut in the ABG.
15. The Grant is now part of the Area Based Grant and is assumed in the Budget to be top-sliced by 6% (£336k) leaving £5,257k.
16. The Team are reviewing principles for setting eligibility criteria for Supporting People services, that will mitigate potential overspend in future years.

### Strategic Housing

17. The 2010/11 Budget for Strategic Housing remains the same as last reported at £1,809k.
18. Strategic Housing is projected to spend to budget
19. The graph below shows the occupancy of Bed and Breakfast at the end of each month in 2008/09, 2009/10 and 2010/11 to date. As can be seen the use of B&B is significantly lower in the first four months of this financial year



20. The following table illustrates that the reduction in total B&B numbers which started in the last half of 2008/09 was sustained through 2009/10 and into the beginning of 2010/11. As at the end of July 2 single people were in receipt of bed and breakfast.

Category	April	May	June	July
Families with children	1	1	1	0
Other(couples, siblings)	0	0	0	0
Single	7	1	3	2
<b>Total</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>2</b>

### Adult Social Care Recovery Plans

21. Recovery Plans for 2010/11:

Objective	Progress to Date	Lead	Deadline Date	Potential Saving £k
Review of voids in existing contracts to ensure maximum value is being achieved.	There is currently a review of the Shaw contract. It is assumed that if voids are reduced by 40% for 6 months following the review the saving will be £129k. This year reduction in voids has so far given a saving of £60k	Wayne Welsby	Oct-10	129
Review of voids in existing contracts to ensure maximum value is being achieved.	The contracting team are to review the services contained in all block contracts (excluding Shaw) to ensure that the services contained are still required by clients. A new post for brokerage support is to be advertised which will help with specialism for Learning Disabilities	Martin Smith	Oct-10	30
Review of daycare services .	Renegotiation of contracts after review of service which is due in September 2010. Daycare voids reduction assumed to be 40% for 6 months would be a saving of £18k. Voids currently stand at 43% of contracted places.	Sharon Pugh / Lydia Bailey	Sep-10	18
Surpluses on Direct Payments	The exchequer team is looking at ways of ensuring that direct payment surpluses are collected in a timely manner. Moving to monthly payments instead of quarterly is likely to be implemented from April 2011. Potential for the year could be £100k.	Darren Birch	Sep-10	100
The implementation of electronic monitoring	This is in order to ensure that more verification and payment of actual hours delivered during 2010/11 for homecare. Other authorities have realised a saving of 5% on home care. Following this implementation with full working from January 2011, this could be a saving of £120k this financial year, although there is a delay in the implementation of the finance module link with Frameworki	Paul Griffiths	Jan-11	120

Use of STARRS service to put in reablement and reduce the need for long-term homecare.	Savings figure is based on the reduction of unit cost within the STARRS service (from £70ph to £45ph) and therefore reducing the need for Spot purchase homecare. £159k. Criteria and capacity within the service needs to be assessed. If STARRS cannot meet the criteria for reablement the savings will not be achievable	TBC	Nov-10	159
Review of Out of County Placements	Review process where the OOC placement is higher than in-county. Other forms of care should be explored i.e. move to supported living. One client in Physical Disabilities has been negotiated with a repayment due to £63k. Other areas are being assessed on a regular basis	Service Managers	Sep-10	63
Transitions	Re-assess clients coming through transitions from children's services	LD Area	Dec-10	84
Review procedures for agreeing client top-up payments to reduce the current level of costs	Review of Midland Heart contract	Lydia Bailey	Sep-10	26
Safeguarding	Movement of Budget from Corporate	Finance	Aug-10	200
			<b>Total</b>	<b>929</b>

22. Recovery Plan Actions already achieved include:

- Out of County Placement £63k
- Residential voids within the Shaw contract have reduced from 12% to 10% with a saving of £60k

23. Further measures identified for present and future financial stability include:

- Supported Living - A review of costly Learning Disability packages where opportunities exist to transfer clients into supported living.
- Review all expensive out of county placements - Service Managers are currently working on agreeing clients that may meet the criteria and review high cost packages that may benefit from other care options. Mental Health has produced a detail report of all Out of County placements. There maybe some clients that could benefit but it is unlikely to produce any savings this financial year.
- Review Personal budgets where costs exceed previous client packages.
- Charges on property - The exchequer team is looking at ways of ensuring that the charges on property are attributed effectively and efficiently. The team are implementing processes for the automatic default to legal charge on property on admission to residential care. This will assist in the reimbursement of the cost of packages to be more effectively and promptly reclaimed.
- Review in-house services - Plans to improve efficiency and value for money for all Council provided services.
- The new standard rate for residential care is being rolled out to providers and due to become effective on 1<sup>st</sup> April 2010. Contracts are currently working with providers where they are providing information on an open book basis in order to establish a new standard rate.
- Training on the fair funding calculator is underway with care managers and social workers. This will assist them in having more accurate cost information on what type of package cost

should be appropriate for a specific clients need. This is likely to achieve cost savings in 2010/11.

- Extensive use of telecare as a first response to reduce the dependency on personal care.
- Charging policy review. The charging group is due to meet in September to review current charging policy and areas that could be considered.
- New ways of working. Telecare and self assessment.

#### 24. Further Pressures

- Safeguarding. £200k budget has been approved to cover the Safeguarding Team. The current cost for the team is estimated to be £230k. There remains a pressure on the social work teams as the numbers of referrals have increased. However it is usual in other areas for other agencies to contribute to the cost of safeguarding and Herefordshire does not receive contributions from other agencies.
- Due to the decrease in grant funding by Central Government the partnership are reviewing all uncommitted Area Based Grant expenditure; Mental Health Capacity £52k, ASC Workforce £100k, LDDF £24k and £330k Supporting People underspend. Which may, be re-allocated to other areas
- Changes to the ILF criteria will reduce the number of clients that can claim this funding. No more applications will be approved and inflationary increase to current awards will also not be applied. Potentially this could impact by £43k dependant upon when it applies from.
- Reablement The new Hereford Intermediate Care Team has been formed integrating health and social care services. Since the set-up there have been a number of cases where requests have been rejected due to the tightening of criteria. Consequently there has been an increase in the number of homecare packages at panel due to the inability to utilise reablement services.
- Legal challenge for Tenancy Agreements. There is currently a case proceeding through the courts challenging the capacity of understanding of a learning disability client to complete a tenancy agreement. The outcome could set a precedent and the financial impact will mean the inability to claim housing benefit. This will involve the transfer of client back into registered care.
- Reduction in Supporting People Services. Following contract review there has been a reduction in contracted hours for support such as the `shopping service` which has lead to an increase in homecare hours put forward to panel.

There is a robust process in place for reviewing and approving cases at panel each week.

An action plan to implement, monitor and review the recovery actions is in place and is regularly reviewed by senior management and financial services.

The Director is currently working on the identification of where further savings will be made within the service. This will be reflected in future reports.

## **Financial Implications**

25. These are contained in the body of the report.

## **Legal Implications**

26. None

## **Risk Management**

27. 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**

28. Not applicable

## **Appendices**

Appendix 1 - Revenue Budget Monitoring Report for 2010/11 Period to 31<sup>st</sup> July 2010

Appendix 2 – Activity data relating to Adult Social Care



Budget Monitoring to July 2010	Expenditure			Income			Net Totals		
	Annual Budget	Projected Outturn	Variance (over) / under	Annual Budget	Projected Outturn	Variance (over) / under	Annual Budget	Year End Forecast	Variance (over) / under
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
<b>Adult Services</b>									
Older People	19,839	21,816	(1,977)	(4,818)	(4,955)	137	15,021	16,861	(1,840)
Learning Disabilities	16,950	17,864	(914)	(5,339)	(4,872)	(467)	11,611	12,992	(1,381)
Mental Health	8,841	8,961	(120)	(1,434)	(1,443)	9	7,407	7,518	(111)
Physical Disabilities / Sensory Impairment	4,320	4,934	(614)	(425)	(345)	(80)	3,895	4,589	(694)
Commissioning Directorate	2,072	1,994	78	(452)	(374)	(78)	1,620	1,620	0
Section 75 Arrangements	2,502	2,476	26	(1,566)	(1,485)	(81)	936	991	(55)
Provider Services	106	210	(104)	0	0	0	106	210	(104)
Needs Analysis	886	886	0	(886)	(886)	0	0	0	0
Public Contact	106	50	56	0	0	0	106	50	56
Transport	(11)	(11)	0	0	0	0	(11)	(11)	0
Adults	(2,095)	(1,944)	(151)	(103)	(103)	0	(2,198)	(2,047)	(151)
<b>Total Adult Social Care</b>	<b>53,516</b>	<b>57,236</b>	<b>(3,720)</b>	<b>(15,023)</b>	<b>(14,463)</b>	<b>(560)</b>	<b>38,493</b>	<b>42,773</b>	<b>(4,280)</b>
<b>Supporting People</b>									
Programme	5,257	5,257	0	(5,257)	(5,257)	0	0	0	0
Pilot Projects	0	2,672	(2,672)	0	(2,672)	2,672	0	0	0
<b>Total Supporting People</b>	<b>5,257</b>	<b>7,930</b>	<b>(2,672)</b>	<b>(5,257)</b>	<b>(7,930)</b>	<b>2,672</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Strategic Housing</b>									
Homelessness	1,369	1,359	(10)	(444)	(519)	(75)	925	840	(85)
Management & Administration	141	176	35	0	(4)	(4)	141	172	31
Homepoint	249	249	0	(249)	(249)	0	0	0	0
Housing Needs	362	362	0	(61)	(61)	0	301	301	0
Private Sector Housing	1,053	1,019	(34)	(611)	(523)	88	442	496	54
<b>Total Strategic Housing</b>	<b>3,174</b>	<b>3,165</b>	<b>(9)</b>	<b>(1,365)</b>	<b>(1,356)</b>	<b>9</b>	<b>1,809</b>	<b>1,809</b>	<b>0</b>



**Adult Social Care - Package Activity Information****Learning Disabilities (LD)**

	March 2010	July 2010
Residential/Nursing	101	108
Direct Payment	16	16
Supported Accommodation	47	48
Adult Placement	15	0
Personal Budget	53	65
Total	232	237

**Mental Health (MH)**

	March 2010	July 2010
Residential/Nursing	209	195
Direct Payment	4	5
Supported Accommodation	17	16
Adult Placement		
Personal Budget	7	7
Total	237	223

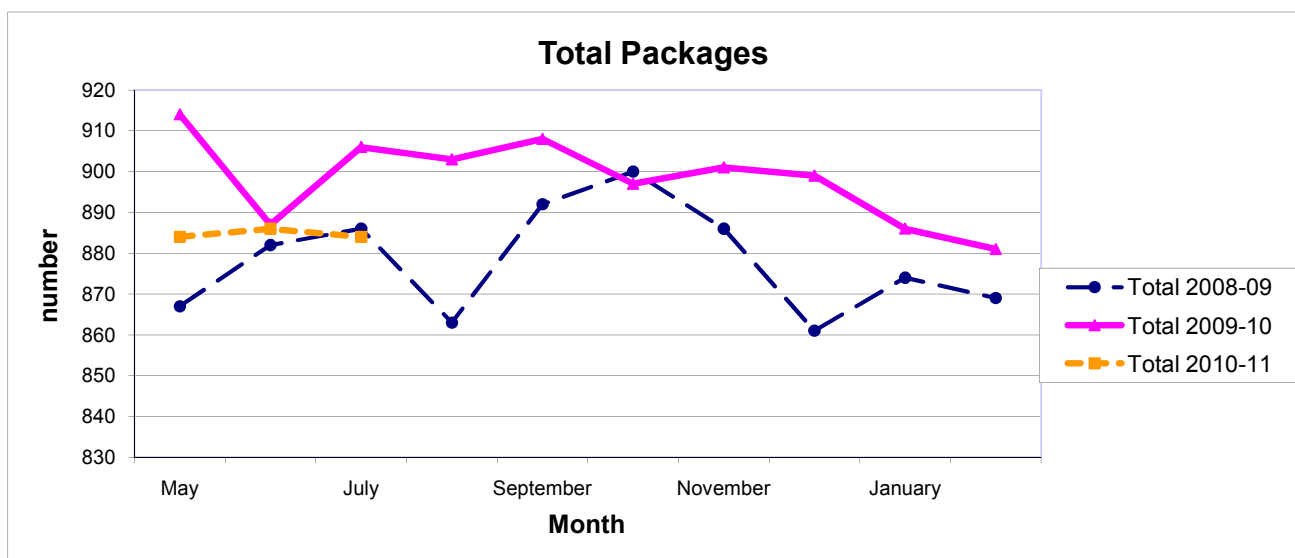
**Older People (OP)**

	March 2010	July 2010
Residential/Nursing	242	255
Direct Payment	10	10
Supported Accommodation	5	4
Adult Placement		
Personal Budget	30	29
Total	287	298

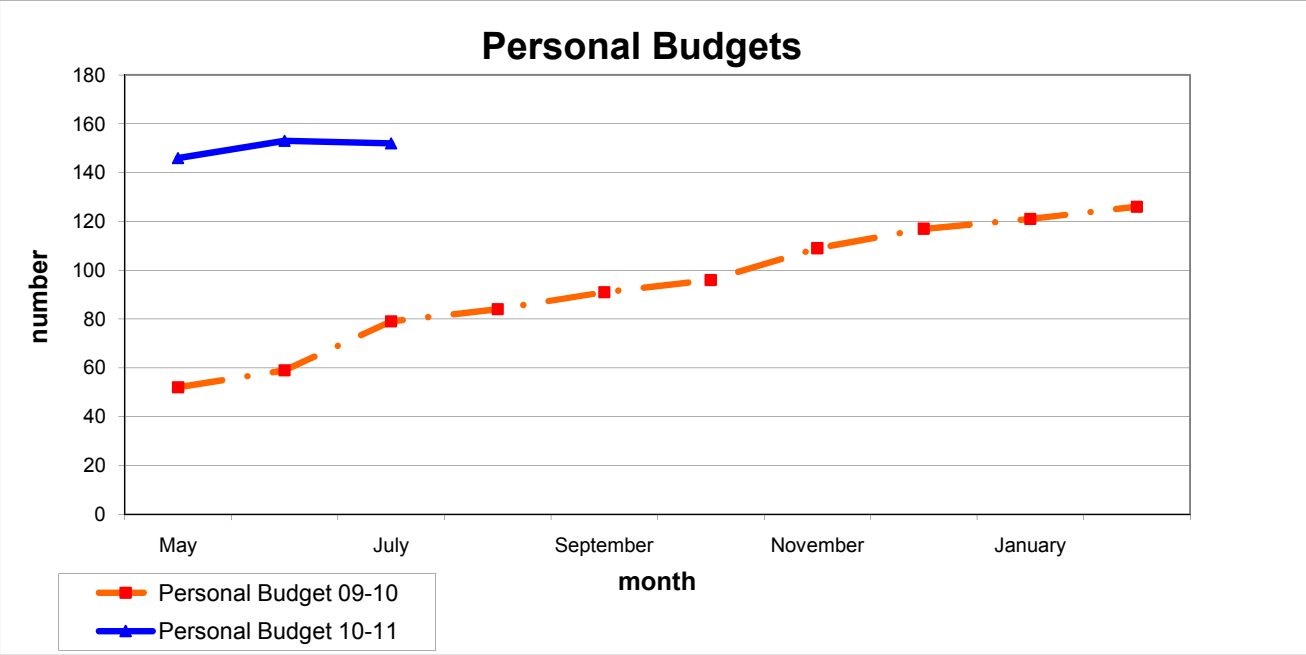
**Physical Disabilities (PD)**

	March 2010	July 2010
Residential/Nursing	24	23
Direct Payment	48	46
Supported Accommodation	6	6
Adult Placement		
Personal Budget	44	51
Total	122	126

The graph below shows the Total number of packages for 2010/11 across all groups compared with 2009/10 and 2008/09



The graph below shows the trend in Personal Budget for 2009/10 and 2010/11





|

<b>MEETING:</b>	<b>ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>24<sup>TH</sup> SEPTEMBER 2010</b>
<b>TITLE OF REPORT:</b>	<b>SCRUTINY REVIEW OF HOME CARE IN HEREFORDSHIRE</b>
<b>REPORT BY:</b>	<b>Home Care Scrutiny Review Group</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide.

### **Purpose**

To consider the findings arising from the Scrutiny Review of Home Care in Herefordshire.

### **Recommendation**

**THAT**

- (a) **the Committee considers the report of the Home Care Scrutiny Review Group, in particular its recommendations, and determines whether it wishes to agree the findings for submission to Cabinet.**
- (b) **subject to the Review being approved, the Executive's response to the Review including an action plan be reported to the first available meeting of the Committee after the Executive has approved its response;**  
**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.**

### **Introduction and Background**

1. At the meeting of the Adult Social Care and Strategic Housing Scrutiny Committee on 14<sup>th</sup> December 2009 the Committee considered a suggestion that a Scrutiny Review of Home Care in Herefordshire should be undertaken. The Committee agreed to form a scrutiny review group and appointed its membership. The terms of reference for the review were drawn up by the Lead Officer for the Review and are incorporated into the attached report at Appendix 1.
2. The Review Group's report setting out its approach to its task, its findings, and recommendations is attached.

## **Background Papers**

- None identified.



# **Scrutiny Review of Home Care in Herefordshire**

**Report by the Adult Social  
Care and Strategic Housing  
Services Scrutiny Review  
Group – September 2010**

**People  
Excellence  
Openness  
Partnership  
Listening  
Environment**



# Scrutiny Review of Home Care in Herefordshire

## Contents

		<b>Page</b>
<b>1</b>	<b>Introduction</b>	<b>2</b>
<b>2</b>	<b>Method of Gathering Information</b>	<b>2</b>
<b>3</b>	<b>Background to the Review</b>	<b>2</b>
<b>4</b>	<b>Future Service Demands</b>	<b>3</b>
<b>5</b>	<b>Current Home Care Provider Market</b>	<b>4</b>
<b>6</b>	<b>Supporting The Growth In The Numbers Who Could Need Help</b>	<b>4</b>
<b>7</b>	<b>Demonstrate value for money in procured Services</b>	<b>5</b>
<b>8</b>	<b>Home Care Unit Costs</b>	<b>6</b>
<b>9</b>	<b>Maximising Independence Through Home Care Services</b>	<b>7</b>
<b>10</b>	<b>Instant Care</b>	<b>7</b>
<b>11</b>	<b>Recommendations</b>	<b>10</b>
<b>Appendices</b>		
<b>Appendix 1</b>	<b>Scoping Document</b>	<b>14</b>
<b>Appendix 2</b>	<b>Interviewees</b>	<b>18</b>
<b>Appendix 3</b>	<b>Home Care Unit Costs</b>	<b>20</b>



## **1. Introduction**

- 1.1 Members of the Adult Social Care and Strategic Housing Scrutiny Committee agreed to conduct a Review of Home Care in Herefordshire on 7th December 2009.
- 1.2 A scoping statement for the Scrutiny Review (Appendix 1), including the Terms of Reference were approved at the meeting on the 7th December 2009. The projected growth in the percentage of older people living in Herefordshire means that the County would be supporting a larger number of frail older and vulnerable people to live in their own homes with home care services. The quality and capacity of the home care market is therefore of key importance.
- 1.3 It was agreed that the review Group would comprise Councillors PA Andrews, AE Gray and KS Guthrie, and would be chaired by Councillor AE Gray.
- 1.4 The Review took place between 9 February and 15 July 2010. This report summaries its findings concluding with its recommendations to the Adult Social Care and Strategic Housing Scrutiny Committee.
- 1.5 The Review Group would like to express its thanks to all internal and external officers and organisations who were interviewed at part of this review.

## **1.6 Next Steps**

- 1.7 The Review Group anticipate that, when approved by the Adult Social Care and Strategic Housing Scrutiny Committee, this report will be presented to Cabinet for consideration.
- 1.8 The Adult Social Care and Strategic Housing Scrutiny Committee would then expect Cabinet within two months of receipt of the report to consider the report and recommendations and respond to the Committee indicating what action the Cabinet propose to take together with an action plan.

## **2 Method of Gathering Information**

- 2.1 The main work of the sub-group was to conduct interviews, complemented by some desk research.
- 2.2 The list of interviewees is contained in Appendix 2 and the Review Group would like to convey it's thanks to those who gave up their time to help with the work of the Group.

## **3. Background**

- 3.1 For the purpose of this Review, Home Care services includes domiciliary care provided by registered providers and also other help and support delivered at home and intended to enable individuals to maintain their independence and well-being at home rather than being admitted to hospital or long-term care.
- 3.2 Home care offers support such as shopping, help with personal care, meal preparation, medication checks, repositioning and other services. In order to receive a home care service funded by Herefordshire Council, an individual must meet the FACS (Fair Access to Care Services) criteria of 'Substantial' or 'Critical'. Individuals should be supported and assisted wherever possible to improve their confidence and skills in order to enable them to regain independence and become less dependent on home care services. Home care can also be offered to support carers in their caring role – to offer a break or respite.

- 3.3 Individuals need to be supported in order to recognise and manage risks in their own homes and to have an inclusive role within their local community. Assistive technology (telecare), which ranges from a variety of systems such as pull cords, epilepsy sensors, Just Checking systems to Safe Walking GIS is a cost effective means of providing this support with the minimum of intrusion.
- 3.4 The definition of personal care has changed and now includes “prompting” to carry out personal care. The significance of this is that previously this was carried out by agencies and staff not regulated by the Care Quality Commission (CQC). The impact will be further demand on an already stretched market of registered service providers.

**4 Service Demands**

- 4.1 The estimate of the resident population of the County as of 2008 is 179,300 people, of whom 37,800 (21%) are aged 65+. This is a higher proportion than the 16% in England & Wales. Older people account for the large majority of home care service users and hours of care delivered.
- 4.2 As at the 31st March 2009, 3,345 people aged 65+ were helped to live at home with support and services provided by adult social care. This compares with a comparator authority average of 3,715 and an all England average 3,330. Of the 3,345 older people receiving services in Herefordshire, 685 were receiving 11,494 hours of home care in an average week.
- 4.3 The County’s dispersed population presents particular challenges for effective and efficient service delivery. No other English county-level authority has a greater proportion of residents living in ‘very sparse’ area than Herefordshire does - 25% of the population. A total of 54% of the county’s residents live in areas defined as rural.
- 4.4 Herefordshire has a relatively elderly population, and the proportion of older residents is expected to increase as follows:

2010 = 37,800 (21% of total population)  
 2014 = 46,300 (25% of total population)  
 2026 = 61,000 (32% of total population)

The demand for home care services in the future is therefore also certain to increase. Even under the optimistic forecasts of improved population health<sup>1</sup> from the national Wanless Review<sup>2</sup>, the anticipated demographic changes in Herefordshire would result in an increase of more than 55% in the number of older people with a *substantial need* for social care to help with at least one of the core activities of daily living (washing; dressing; eating; getting in & out of bed/chair; going to the toilet) between 2004 and 2020 – a total of 6,500 people with this level of need (Table 1 below). This is a faster rate of growth than the national average.

**Table 1: Expected numbers of older people with a social care dependency**

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

Data source: Council corporate Policy and Research Team

<sup>1</sup> I.e. individuals ‘take their health seriously and there is a decline in risk factors, particularly obesity and smoking’. The health service is responsive with effective disease prevention and treatments.

<sup>2</sup> *Securing Good Care for Older People – Taking a Long-Term View* (2006). Wanless Social Care Review King’s Fund Report.

- 4.5 There is also expected to be a disproportionate increase in the numbers of older people with dementia: of some 69% between 2004 and 2010 (over 700 more people) in those needing continuous support, rising to 97% by 2015 (over 1,000 more people) and likely to carry on rising substantially to 2020.

## 5 Current Home Care Provider Market

- 5.1 Current capacity continually struggles to meet demand and time taken to travel between visits in rural areas is a major issue. There are certain to be on-going issues in the future in view of the increasing older population and the national and local priority to keep people independent and supported at home rather than placing them in long-term care. Any improvements planned or implemented must therefore endeavour to sustain and grow the independent provider market, especially in rural locations, and increase overall service capacity and provision. With no increase in funding and the need to make efficiency savings but still ensure a high quality service, this will be a challenge.

## 6 Supporting the growth in the numbers of people who could need help

### Care Agencies

- 6.1 There are currently 36 independent home care provider agencies of varying size. Four internal teams provide a reablement-type service. The responsibility for quality monitoring and contract management sits within the contracting team in Integrated Commissioning. Information about each agency, the geographical area covered and the type and quality of service offered is co-ordinated by the internal Home Care Brokerage Team.

- 6.2 This team is also responsible for the allocation of care packages on the basis of quality of care following agreement at the Adult Social Care Panel. The Brokerage system will award packages by reference to quality, where more than one provider is able to provide the service it will always be awarded to the provider with the highest quality rating.

The Brokerage team is currently carrying a vacant post and is therefore under-resourced. As a result, the ability to keep information up-to-date and ensure that those needing care are matched to the most appropriate care agency is adversely affected.

- 6.3 The quality of service varies across the service providers and the Group considered that care should only be commissioned from Two and Three Star providers. Although this may at times jeopardise the ability to provide a service, this is not a major issue. Herefordshire currently has five One Star services providing 9% of the overall hours of care (table 2). Monitoring and contract management will focus on these One Star services in order to secure necessary improvements.

**Table 2: Home Care Provider Agencies - Percentage of care provided by CQC Star Ratings**

CQC Quality Rating	Number of Agencies	Total hours of care currently provided	Percentage of total hours of care provided
1 Star - Adequate	5	921	9%
2 Star - Good	16	6174	60%
3 Star - Excellent	12	3127	30%
Welsh Providers	3	105	1%

- 6.5 It should also be noted that CQC will not re-inspect One Star rated services if there is no particular ongoing concern about quality. As a result, these Star ratings could be misleading where providers have implemented necessary improvements but do not have the opportunity for their Star rating to be reviewed by CQC. Likewise Two and Three Star services will only be monitored every three years unless there are particular concerns. Therefore the CQC rating may not provide an up-to-date reflection of quality.
- 6.6 Currently there are block contract agreements with four care agencies. Under the terms of these agreements a number of adult social care staff were seconded when internal home care services were externalised. These contracts are fully utilised wherever possible before care is spot purchased from other agencies. The plan is to end block contracts on 30<sup>th</sup> October 2010.

The intention in the future is to spot purchase all care. This in line with the personalisation agenda and the requirement to offer individuals greater choice and control over who delivers their care. The availability and use of of personal budgets will result in greater capacity in the market and encourage continual quality improvement.

### Workforce

- 6.7 The average age of care workers appears to be 30-40. Recruitment and retention appears to be a problem, especially for the smaller agencies. Standards of staff management, benefits and training vary across the agencies.
- 6.8 There are concerns that younger people are not entering into the caring profession. With the expected increase in demand for this type of service, every effort must be made to encourage younger people to consider this as a career. The public image of this profession needs to improve and a career pathway developed.
- 6.9 There is huge potential to encourage informal and family carers who are looking to get back into the workforce to utilise their skills to provide both qualified and unqualified care.
- 6.10 The Authority's Workforce Development team are keen to develop a partnership approach to workforce planning and have facilitated a number of events throughout 2010 to encourage full ownership and engagement from all stakeholders including service providers. Future planned events aim to further develop this partnership approach to ensure a market place and workforce fit for the future changing demands.

**Recommendation 1: The Group recommends that the Care Brokerage Team is fully resourced as a matter of urgency.**

**Recommendation 2: The Group recommends that the Authority's Workforce Development and Training Teams should work in close partnership with service providers to plan and develop career pathways and progression for carers. Caring should be seen as a 'valued' career and one that will be in increasing demand in the future. Every effort should be made to ensure that school leavers are fully informed and encouraged to take work placements in the caring profession.**

**Recommendation 3: The Workforce Development Team should assist with and/or co-ordinate group training to allow service providers to share the cost of training sessions and to ensure consistent standards and quality.**



## 7 Demonstrate value for money in procured Services?

### Monitoring Service Delivery

- 7.1 Current systems and processes do not provide accurate breakdown of visits and hours of care actually delivered therefore unit cost information is unreliable. The hours of care and costs are submitted on provider agency invoices, there is no way of ensuring that this care has actually been provided.
- 7.2 The introduction locally, of an Electronic Monitoring System (EMS) for home care services will address a number of issues. The main benefit to the council will be to provide much improved and more accurate information in relation to home care provision. Other local authorities have reported savings of 5% - 8% on expenditure, enabled by implementing policy to only pay for care actually delivered. In addition EMS data if properly analysed can be used to shape and improve future service provision. A more efficient brokerage function results in increased capacity to effectively implement quality improvement systems. A minimum standard in terms of ways of working will apply to all service providers.

Within Adult social Care Exchequer Services an automated interface between EMS and the finance systems will replace all of the current administration required to process paper invoices and deal with disputes. It is likely that EMS monitoring and validation will sit within the Home Care Brokerage Team which will need to be fully resourced in order to ensure a well-co-ordinated and effective monitoring, validation and reporting process. There may be an opportunity to move resources from Exchequer services into the Brokerage team.

Benefits for provider agencies include the introduction of electronic processing which will mean savings in terms of time taken to process and submit paper invoices. Payments to providers for commissioned services will also be quicker once new procedures are established. EMS also provides evidence of staff reliability and real time verification of 'critical' visits.

- 7.3 The main issues highlighted at the Carers Forum which the Group attended were in relation to the reliability and consistency of care workers, this can be closely monitored using EMS and should therefore improve. EMS confirms the time care workers spend in the home through a phone in/out connection. Care workers record their arrival and departure time at service users home using a free-phone telephone number and service users' telephone. The free phone number ensures that there is no cost to the service user. Other options are available if telephone can't be used e.g. digital code boxes, mobile telephones, remote logging from office / home. The hours of care delivered are electronically matched to those commissioned.

**Recommendation 4: The Group recommends that once EMS is fully implemented that the Council should only pay for hours of care actually delivered according to the banding rates agreed with the providers. Clear policy, procedure and guidelines should be produced for internal staff as well as service providers.**

## 8 Unit costs

- 8.1 The gross budget for 2010 is £5,833,387
- 8.2 The following information has been provided by the Council's Finance section and is based on the draft 2008-09 PSSEX1 (Personal Social Services Expenditure) data.

- 8.3 The average home care costs in Herefordshire are higher than those of comparator authorities and All England (see Table 3, Appendix2). This is mainly due to the high cost of the internal provision; however this refers to reablement services which are more expensive. It is not clear whether reablement services are included by other Local Authorities in their calculations. The social care reablement team (STARRS) is now part of an integrated health team developed in order to achieve efficiencies, improved capacity and easier access to care.
- 8.4 Previously there has been no standard pricing framework for home care across the council, PCT and independent providers or across the various client groups (mental health, older people, physical disability, and learning disability). This results in complicated and inefficient administration and does not demonstrate value for money i.e. better quality of service does not necessarily equate to higher costs.
- 8.5 Following intensive negotiations with the provider market' a new home care pricing framework has been agreed which is fair and transparent and less complicated and confusing. This will lead to improved efficiency and will also enable all client groups and funding streams to be dealt with consistently. Regular Home Care Provider Forums facilitated by Adult Social Care allowed external service providers as well as internal staff to be fully involved in all proposals and discussions. This process has resulted in a strong and trusting partnership which will benefit future developments. The new framework, to be implemented in 2010 introduces an inclusive hourly rate of £14.90p per hour (pro rata) regardless of day of week or time of day that service is provided. The standard rate will be enhanced to £17.13p per hour (pro rata) for service provided within specific geographic areas identified as particularly rural.
- 8.6 The banding has still to be agreed, but it is likely to be based on 15 minute blocks, with a seven minute threshold e.g 22 minutes of care delivered would be paid for 15 minutes, 23 minutes delivered would be paid half an hour. The seven minute threshold is aimed at negating arguments over time taken to access the property / settle client etc.
- 8.7 Reported times and invoices can be examined by the minute, identifying any care workers or agencies who constantly and consistently use this threshold to their advantage.
- 8.8 There is no intention to offer any further enhancements at this time, however, the framework will allow premiums to be awarded for recognised high standards of quality if deemed appropriate in the future in order to encourage further improvement to services.
- 8.9 Regular and robust contract monitoring is essential to ensure that agreed standards are being achieved and result in high quality and value for money services for both the service users and the Council.

**Recommendation 5: Any further premiums should only be awarded to drive up the standard and quality of home care services for highly specialised needs.**

**Recommendation 6: The new standard price for home care services must be applied to the proposed Rapid Response Emergency Care – there should be no supplement for emergency care (although End of life Care may be more expensive if specialist care is required).**

## **9 Maximising Independence through Home Care Services**

### Telecare / Telehealth / Aids and Adaptation Services

- 9.1 To ensure this rapidly, developing technology is fully utilised and embedded in care pathways plans are currently underway to re-brand this service locally under the name of

Tele-health Care. Individuals will be empowered to manage their health in the way that they choose with the help of the technology available.

Providing simple aids and adaptations to people's homes in a timely fashion can improve their safety, help maximise their independence and delay or prevent the need for more intensive care and/or admission to long-term care homes.

- 9.2 Ensuring that this type of preventative support is considered as a first option within the assessment process across health and social care will ensure that people receive support at the earliest opportunity to prevent the need for higher dependency, ongoing and long-term services. This work will involve considerable staff training as well as changes to work-flow processes.

**Recommendation 7: it is recommended that telecare and other aids and adaptations are easily accessible and readily available to the user at the earliest opportunity in order to maximise independence and prevent further decline and the need for more intensive support. The Audit Commission report that spending between £2000 and £20,000 in one-off adaptations to an older person's home can have a payback period of between three months and three years if it enables a person to remain in their own home<sup>3</sup>.**

**Recommendation 8: The Group recommends that the current small packages of care are reviewed to see whether or not other support can be offered as an alternative to a visit e.g. telecare / equipment service. New packages of care should follow a process of considering these alternatives as a first option (in line with the proposal for an Instant Care Service).**

## **10 Instant Care**

- 10.1 The Review Group considered the proposed Generic Rapid Response Service Specification. This service includes an Instant Care service to provide rapidly responsive short term packages of care (up to 72 hours) for patients in their own homes, preventing unnecessary A&E attendance or admission to hospital and delayed hospital discharge.
- 10.2 The model includes 24 hour, seven day telephone access to Instant and Urgent Care Service(s). Assistive technology (Telecare) and other equipment will be considered initially before accessing qualified or unqualified staff.
- 10.3 Anecdotally, a few people have expressed concerns that elderly and frail people may sometimes be discharged home from Herefordshire Hospital Trust without the appropriate support package to ensure their safety. It is accepted that hospital discharge needs to be part of a seamless pathway of care for individuals and that clinical, nursing and social care staff need to be working together to make sure this happens.
- 10.4 In the context of the Delayed Discharges Act which gives power to the health authority to financially penalise social services, there is inevitably some tension around which authority pays and which benefits from the same activities. An improved partnership approach would see benefits for both organisations.
- 10.5 Whilst the Review Group agrees with the principle of the Instant Care service there are a number of concerns over the practicalities.
- Instant Care is intended to be funded by GPs or the Integrated Care Organisation. There is no available funding for this service from the Adult Social Care Budget

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<sup>3</sup> Under Pressure – Tackling the financial challenge for councils of an ageing population. Audit Commission Local Government Report, February 2010.

which is extremely overstretched with a projected overspend of £3.75m by March 2011.

- The Review Group would expect a clear commitment from the PCT to ensure that savings made in acute care are invested in community care services to support the increased demand.
- Where will the emergency cover come from? Capacity for Home Care services is already limited with an ever increasing demand.
- Social Care legislation will prevent social care staff from providing the first 72 hours of care without a full community care assessment being carried out.
- There will be further increase in the demand for high quality reablement services.
- Hospital discharge must be carefully managed to ensure people are appropriately safeguarded.
- How will the 3 hour target assessment times be achieved?

**Recommendation 9: The Group recommends that a clear overall strategy to support the move from hospital based services to community based care be implemented. This should include a robust framework explaining how funding will be allocated across the services and how necessary changes to current staffing levels across the organisations will be managed.**

#### Reablement Service

- 10.6 Home care reablement services provide personal care; help with activities of daily living and other practical skills for a time-limited period, in such a way as to enable users to develop both the confidence and practical skills to carry out these activities themselves.
- 10.7 Care should be arranged on the basis of a holistic assessment, in which the individual's wishes and those of their carers are fully considered. An initial period of care (up to six weeks) is provided free of charge to the service user/patient.
- 10.8 All individual care plans for people receiving intermediate care should include a review at regular intervals within the initial six weeks or less. If their care needs to last longer, reviews should take place at regular intervals, such as every two weeks to ensure that appropriate levels of care are delivered and that services are being used appropriately and efficiently.
- 10.9 As the number of older people in Herefordshire increases, so will the need for effective reablement services. Currently reablement services are provided by four internal teams, none is commissioned externally, however there is interest amongst independent providers to develop in this area.
- 10.10 The reduction of Residential and Nursing placements, the proposed Instant Care service and the intention to keep people independent at home for as long as possible will result in an increasing demand for high quality and effective reablement services including appropriately trained staff, in particular, therapists.
- 10.11 CSED Best Practice guidance indicates that 50% of those receiving reablement can return to full independence; however this is based on reablement being provided without application of the FACS eligibility. For FACS eligible service users, an 8% return to full independence is more usual. Therefore, whilst reablement does result in a positive outcome the government's suggestion that almost every service user can benefit from reablement may be unrealistic.

10.12 As part of the overall strategy to improve Intermediate Care and ensure a service that is responsive, flexible and accessible to the people of Herefordshire, reablement services funded by the council are undergoing a re-structure. The aim is to provide a 24 hour, seven days a week, patient led service that enables people to regain and retain the skills needed to live as independently as possible. The proposed new model will consist of a centralised assessment/reablement team as well as three operational teams strategically located across the county to ensure fast service delivery. The Roving Nights service will continue to carry out their present role.

**Recommendation 10: The need for long-term packages of care should be reduced by providing a mixed economy of providers and effective reablement services.**

#### Personalisation

10.13 Individuals should increasingly be encouraged and supported to commission their own services in line with the personalisation agenda. This should help develop a more competitive market with individuals having the opportunity to choose from a wide variety of services and providers which will meet their individual needs. There should be more flexibility around how and where care is delivered.

10.14 More services will be purchased via Individual Budgets with a target of 31% of users by March 2011. This increase in take-up of personal budgets is expected to drive a big increase in the demand for directly employed Personal Assistants (PAs). Improvement and Efficiency West Midlands (IEWM) is co-ordinating a regional project aimed at increasing the capacity and quality of PAs in the West Midlands so that there are enough people, with the right skills, to meet this demand. Herefordshire is involved in this project and should ensure that all staff and providers are kept informed and up-to-date with this and other developments to ensure that the market develops accordingly. Existing care workers could potentially become personal assistants and be employed directly by the service user, rather than through an agency. This could result in reduced staffing levels within provider agencies. Market stability will need to be carefully monitored and managed. With the variety of choices likely in the future there may well be a call-off from the current major contracts.

10.15 The public also need to be fully aware of developments and opportunities in relation to personalisation and individual budgets and every effort must be taken to ensure that individuals choosing an Individual Budget are fully aware of how to protect themselves from all forms of abuse.

**Recommendation 11: Appropriate checks must be in place to ensure that anyone choosing an Individual Budget is fully informed, advised and understands how to protect themselves from all forms of abuse, and that funds are spent in a manner appropriate to the needs of the individual.**

#### Safeguarding

10.16 The Adult Safeguarding training strategy is crucial to ensuring the workforce development challenges are tackled in a systematic way, ensuring all staff in contact with vulnerable adults have a clear understanding of their responsibility to safeguard them effectively. There may be issues that are particular to those individuals choosing an Individual Budget and these must be recognised and highlighted.

10.17 A comprehensive training programme will be in place throughout 2010/11. Partnership competencies have been agreed and a training audit process will be ongoing to ensure training resources are targeted as effectively as possible.

10.18 The group felt that in order to protect vulnerable people, anyone providing care should feel able to raise concerns without fear of reprisal. Whistle Blowers should feel supported and be encouraged to voice their worries. Concerns and complaints should be dealt with in the appropriate way with clear policies and clear lines of communication.

**Recommendation 12: Regular contract monitoring and review should be undertaken in order to ensure that high standards are being achieved and that both staff and service users are being treated according to the appropriate regulations.**

**Recommendation 13: The Council should continue to co-ordinate and/or provide safeguarding training across all sectors and organisations as well as monitor attendance and compliance.**

#### Supported Living

10.19 Extra Care housing schemes provide an alternative to traditional home care.

10.20 Based on service user feedback from The Rose Gardens scheme in Herefordshire, the group felt that these schemes are a very good way of maximising independence in a safe environment. However, extra care housing set up on a principle of mixed need communities are often reluctant to take tenants who can be demanding of staff and other tenants so this option may not always be fair and equitable for all.

10.21 The Group expressed concerned that the Woodside Flats at Ross-on-Wye which were intended to be used for re-habilitation and emergency care were still empty. The Shaw contract is currently undergoing a corporate review.

**Recommendation 14: The group suggests that the number of supported housing schemes for older people should be increased. Interested service providers and developers should be encouraged to work in collaboration and partnership.**

**Recommendation 15: Ensure that there is a continuing focus on joint strategies which cross all directorates and organisations including Housing, Social Care, Regeneration and Health in order to plan, commission and provide for the increasing ageing population in Herefordshire.**

#### Free Home Care – April 2011

10.22 The Personal Care at home (PCaH) Bill included the offer of personal care at home free to anyone who meets the Fair Access to Care (FACS) eligibility level of Critical AFTER a period of up to six weeks reablement service. The Bill was enacted on 8 April 2010.

10.23 This Bill amends the Community Care (Delayed Discharges) Act 2003 which restricts the power to provide free personal care for a maximum of six weeks and proposes instead, free personal care for those who are eligible. It is this elder proportion of the population that is likely to make up the majority of the demand for free personal care. Further updates and decisions are awaited.

## **11. Recommendations**

11.1 The following recommendations are made against a background of uncertainty and rapid change both nationally and locally. Recent changes to government and the introduction of the White Paper, Equity and Excellence create some uncertainty over future structures and commissioning responsibility. Internal reorganisations and restructures, including the Shared Services initiative will need to be considered when agreeing actions and responsibility.

11.2 The Review Group recommends that:

- 1 the Care Brokerage Team is fully resourced as a matter of urgency,**
- 2 the Authority's Workforce Development and Training Teams should work in close partnership with service providers to develop career pathways and progression for carers. Caring should be seen as a 'valued' career and one that will be in increasing demand in the future. Every effort should be made to ensure that school leavers are fully informed and encouraged to take work placements in the caring profession.**
- 3 the Workforce Development Team should assist with and/or co-ordinate group training to allow service providers to share the cost of training sessions and to ensure consistent standards and quality.**
- 4 a change in policy once an EMS is fully implemented to only pay for hours of care actually delivered. Clear policy, procedure and guidelines should be produced for internal staff as well as service providers in order to ensure value for money services.**
- 5 any further premiums awarded to recognise high standards of quality should only be awarded to drive up the standard and quality of home care services.**
- 6 the new standard price for home care services must be applied to the proposed Rapid Response Emergency Care – there should be no supplement for emergency care (although End of life Care may be more expensive if specialist care is required).**
- 7 it is recommended that telecare and other equipment is easily accessible and readily available to the user at the earliest opportunity to maximise independence and prevent further decline and the need for more intensive support**
- 8 the current small packages of care are reviewed to see whether or not other support can be offered as an alternative to a visit e.g. telecare / equipment service. New packages of care should follow a process of considering these alternatives as a first option (in line with the proposal for an Instant Care Service).**
- 9 a clear overall strategy to support the move from hospital based services to community based care be implemented. This should include a robust framework explaining how funding will be allocated across the services and how necessary changes to current staffing levels across the organisations will be managed**
- 10 reablement services should be maximised in order to enable people to regain their independence and reduce the need for long-term packages of care.**
- 11 appropriate checks must be in place to ensure that anyone choosing an Individual Budget is protected from all forms of abuse, and that funds are spent in a manner appropriate to the needs of the individual.**
- 12 regular contract monitoring and review should be undertaken in order to ensure that high standards are being achieved and that both staff and service users are being treated according to the appropriate regulations.**
- 13 the Council should continue to co-ordinate and/or provide safeguarding training across all sectors and organisations as well as monitor attendance and compliance.**

- 14 the number supported housing schemes for older people should be increased. Interested service providers and developers should be encouraged to work in collaboration and partnership.**
- 15 there is a continuing focus on joint strategies which cross all directorates and organisations including Housing, Social Care, Regeneration and Health in order to plan, commission and provide for the increasing ageing population in Herefordshire.**





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

## 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>
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- |                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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> |
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<b>Cabinet Member (s)</b>
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Adult Social Care and Strategic Housing
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<b>Key Stakeholders/Consultees</b>
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- |                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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> |
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<b>Potential Witnesses</b>
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From the consultation groups above
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<b>Research Required</b>
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Benchmark data across rural counties and West Midlands Regional project to develop reablement services
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<b>Potential Visits</b>
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Home care Telecare Reablement services
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<b>Publicity Requirements</b>
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Notification of review Publication of the Review and its recommendations Herefordshire Matters
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<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
Implementation of agreed recommendations	July 2010
<b>Members</b>	<b>Support Officers</b>
<b>Councillor AE Gray</b> <b>(Chairman of Review Group)</b> <b>Additional members of the Review Group</b> <b>Councillor PA Andrews</b>  <b>Councillor KG Guthrie</b>	<b>Lead Support Officer</b> Sharon Pugh, Service Redesign Officer  <b>Democratic Services Representative</b> David Penrose, Democratic Services Officer



**Scrutiny Review on Home Care in Herefordshire - Interviewees**

**Care Providers**

Angela Gilchrist  
Surecare Services  
26-28 Aubrey Street  
Hereford HR4 0BU

Helen Rooke  
Absolute Care Services  
6B High Street  
Leominster  
Herefordshire HR6 8LZ

Ron Turner  
Managing Director  
Surecare Services  
26-28 Aubrey Street  
Hereford HR4 0BU

**Carers**

Michael Ashton

Alan Russell

Sue Pope

Elaine Angel

Jeanette Ralls



Appendix 3

N.B. Draft Figures		2008/9			2008/9			2007/8				
		Herefordshire UA			Comparators Average			All England				
		Unit cost			Unit cost			Unit cost				
Client group and service		Units of indicator		All provision	Own provision	Provision by others	All provision	Own provision	Provision by others	All provision	Own provision	Provision by others
<b>ADULTS (AGED 18-64) AND OLDER PEOPLE (AGED 65+)</b>												
Adults and older people recv home care (sample week activity)		Per hour		£18.2	£70.0	£17.4	£15.3	£32.2	£12.9	£14.4	£22.3	£12.3
Adults and older people recv home care (actual annual activity)		Per hour		£18.2	£70.0	£17.4	£16.2	£39.2	£13.5	£15.2	£23.4	£13.0
Adults and older people receiving home care		Per person per week		£197			£159			£151		
Older people receiving home care		Per person per week		£176			£128			£135		
Adults with learning disabilities receiving home care		Per person per week		£491			£383			£352		
Adults with mental illness receiving home care		Per person per week		£317			£146			£78		
Adults with physical disabilities receiving home care		Per person per week		£183			£191			£156		

Table 3: PSS EX1 Return for 2008-9 Unit cost summary sheet

N.B. Draft Figures		2008/9													
PSS EX1 Return for 2008-9 Unit cost summary sheet		Herefordshire UA			North Somerset UA			Shropshire			East Riding of Yorkshire				
		Unit cost			Unit cost			Unit cost			Unit cost				
Client group and service		Units of indicator		All	LA	Other	All	LA	Other	All	LA	Other	All	LA	Other
<b>ADULTS (AGED 18-64) AND OLDER PEOPLE (AGED 65+)</b>															
<b>Home care</b>															
Adults & OP recv home care (sample week activity)		Per hour		£18.2	£70.0	£17.4	£19.4	£43.9	£14.9	£10.9	£21.7	£9.6	£17.2	£53.9	£13.9
Adults & OP recv home care (actual annual activity)		Per hour		£18.2	£70.0	£17.4	£18.1	£45.2	£13.7	..	..	..	£12.8	£54.0	£10.2
Adults & OP recv home care		PP per wk		£197			£154			£173			£157		
OP receiving home care		PP per wk		£176			£140			£165			£126		
Adults with LD receiving home care		PP per wk		£491			£340			£172			£478		
Adults with MH receiving home care		PP per wk		£317			£298			£157			£77		
Adults with PD receiving home care		PP per wk		£183			£165			£233			£155		



<b>MEETING:</b>	<b>ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>24<sup>TH</sup> SEPTEMBER 2010</b>
<b>TITLE OF REPORT:</b>	<b>PROGRESS REPORT ON MENTAL HEALTH PROCUREMENT</b>
<b>PORTFOLIO AREA:</b>	<b>ADULT SOCIAL CARE, HEALTH AND WELLBEING</b>

**CLASSIFICATION:**

Open

**Wards Affected**

County-wide

**Purpose**

1 To receive an updated report on the progress of the Mental Health Procurement Project.

**Key Decision**

This is not a Key Decision.

**Recommendation**

**THAT the Committee note the progress and risk associated with the Mental Health Procurement Project**

**Key Points Summary**

- The aim of the Mental Health Procurement Project is to identify a specialist mental health provider to improve the delivery of mental health services for Herefordshire by extending the access to a wider range of services and improving governance through economy of scale and sharing best practice.
- The procurement includes the PCT adult mental health services (working age adults and older people) substance misuse services, Child and Adolescent Mental Health Services (CAMHS) and learning disability health employed staff (seconded to the local authority). There is also the opportunity for the preferred partner to manage some or all of the secondary commissioning on behalf of the PCT. This has been a competitive dialogue method selected because it is better able to identify a strategic partner.
- The budget for the directly delivered services is c£18million. The contract will be based on the national standard three year MH contract although permission is being sought from the SHA to offer a potential 2 year (1 + 1) extension based on good performance.

- The social care staff who are currently part of the integrated service will not TUPE to the new organisation but will continue to be provided as part of a S75 agreement on either a seconded basis or via an SLA with Integrated Commissioning.

## **Alternative Options**

### **Reasons for Recommendations**

- 2 To enable the Committee to carry out its function in relation to Mental Health Procurement.

### **Introduction and Background**

- 3 The current Herefordshire Mental Health Services are provided by Herefordshire PCT's Provider Arm supported by staff seconded from Herefordshire County Council. Whilst the services provided are satisfactory the advantages of economies of scale offered by large specialist mental health providers are unavailable. Additionally there are issues around implementing national initiatives and clinical governance which are challenging within a small scale service.
- 4 In July 2009 the PCT board approved the proposal to commence the procurement process to identify a specialist Mental Health provider to deliver these services in Herefordshire. The Mental Health Procurement Project Board was established with Ian Williams, Director of Integrated Commissioning as the Project Executive, this role was later taken over by Wendy Fabbro, Associate Director (see Appendix 1 for governance structure). It was agreed that the procurement would be based on a 'competitive dialogue' model as it was believed that this would potentially deliver a closer match of strategic partner and offer a range of solutions for the future model of services in Herefordshire.
- 5 During August 2009 the tender was advertised and initially five organisations expressed an interest and completed a pre-qualifying questionnaire, which eliminated one organisation. A further organisation subsequently removed themselves from the process believing that they were too geographically remote to deliver an effective service in Herefordshire.
- 6 This resulted in the competitive dialogue being undertaken with three bidders, all of whom share a geographical boundary with Herefordshire and all being specialist mental health providers. Subsequently one bidder has chosen to withdraw from the process leaving two remaining bidders both of whom are Foundation Trusts. The aim of the dialogue is to understand what each bidder believes that they could deliver in Herefordshire and what added value they can bring, based on their expertise and experience elsewhere.

### **Commissioning Intentions**

- 7 Commissioning intentions have been widely circulated and are available from project manager Alison Bolton

### **QA and assuring the process (HCS)**

- 8 The process as detailed in the timetable below has involved the bidders submitting an outline proposal and after several dialogue sessions a detailed solution. Final dialogue sessions are currently underway to refine each bidder's solution and agree the financial model to support their solution before closing dialogue and issuing an 'Invitation to Tender' timetabled for the end of October 2010. Further refinements to the 3<sup>rd</sup> detailed solution are required following

the evaluation panels focus on the latest version, so a further and final round of dialogue is necessary as we need to have an acceptable bid to proceed to Invitation to Tender.

- 9 The process is now at a critical stage and necessitates commitment from those already engaged in the process and potentially additional support if the proposed timescale is going to be achieved. Specifically, the Competition and Collaboration Panel of the SHA have identified their requirement for a process taking a minimum of 120 days to approve the tender and identification of a preferred provider.
- 10 It is acknowledged that there may need to be contingency plans to manage the current service for a defined short period of time post April 2011 and therefore arrangements to continue either PCT oversight or ICO oversight are being worked up now in order to be in place by early 2011 at the latest.

### **Issues**

- 11 The service has overspent for each of the last 3 years and so transfer of budget (not expenditure) in year 1 prior to change being delivered will result in a deficit for the bidder to manage
- 12 The Strategic Health Authority and Audit Commission have both separately reviewed the project and have found no cause for concern. Further, SHA have now approved the offer of a 3 year contract with potential to extend to 5 years subject to qualifying conditions relating to "Any willing Provider" assurances and preparation of an exit strategy.

### **Governance**

- 13 DH approval was obtained to pursue the tender option in July 2010, subject to CCP approval. Commissioning of primary, secondary and Independent sector will be retained by PCT, although this will be held under review.
- 14 With regard to Council services, the impact on service users will be minimal and aims to deliver greater variety/diversity and easier access to services delivered by the same staff. Mental Health social care staff employed by the council will be seconded to the new provider, and the arrangement defined and managed via a Section 75 to be approved by cabinet once the preferred provider has been identified. Commissioning budgets will be retained by Herefordshire Council, and will not require additional governance arrangements.
- 15 The Mental Health procurement project has been running since July 2009 and to date there has been a huge commitment from all individuals involved. The project is now nearing its final stage and there is a need to ensure that it stays on track and that key milestones and targets are achieved. The Project Board does recognise that there is an increasing risk that the project will not be delivered on target

## TIMETABLE FOR PROCUREMENT

July 2009	<ul style="list-style-type: none"> <li>▶ PCT Board approval to move ahead with project.</li> </ul>
August 2009	<ul style="list-style-type: none"> <li>▶ Mental Health Service advertised in the Official Journal of the European Union.</li> </ul>
October 2009	<ul style="list-style-type: none"> <li>▶ Five Expressions of Interest returned.</li> <li>▶ Pre Qualifying Questionnaire reduced the number of interested bidders to four.</li> </ul>
November 2009	<ul style="list-style-type: none"> <li>▶ Board approval sought to continue.</li> <li>▶ Initial engagement of Mental Health Reference Group.</li> </ul>
December 2009	<ul style="list-style-type: none"> <li>▶ Bidder Event held – to provide the bidders with an overview of the Service and set out procurement principles.</li> <li>▶ Meeting with MHRG.</li> </ul>
January 2010	<ul style="list-style-type: none"> <li>▶ Develop Invitation to Submit Outline Proposal (ISOP).</li> <li>▶ Further meetings with Mental Health Reference Group</li> </ul>
February 2010	<ul style="list-style-type: none"> <li>▶ ISOP issued to bidders</li> <li>▶ Initial engagement of Herefordshire LINK</li> </ul>
March 2010	<ul style="list-style-type: none"> <li>▶ ISOP returned.</li> <li>▶ Bidders presented their outline proposal to Herefordshire stakeholders.</li> <li>▶ ISOP assessed by Tender Evaluation Panel and feedback provided to bidders</li> <li>▶ Meeting with Herefordshire LINK</li> </ul>
April 2010	<ul style="list-style-type: none"> <li>▶ Develop and issue Invitation to Submit Detailed Solution (ISDS).</li> <li>▶ Bidders meeting with Commissioning Team</li> <li>▶ Bidders meeting with Mental Health Reference Group</li> </ul>
May 2010	<ul style="list-style-type: none"> <li>▶ ISDS returned</li> <li>▶ Bidders present their detailed solution to the Project Board and the Tender Evaluation Panel.</li> <li>▶ Tender Evaluation Panel met bidders to feedback on their solution</li> </ul>
June 2010	<ul style="list-style-type: none"> <li>▶ 2<sup>nd</sup> Submission of ISDS</li> <li>▶ Assessment by Tender Evaluation Panel</li> <li>▶ Feedback to bidders</li> <li>▶ Undertake further dialogue sessions</li> </ul>
August 2010	<ul style="list-style-type: none"> <li>▶ Close Competitive Dialogue</li> <li>▶ Commence development of Invitation to Tender</li> </ul>
September 2010	<ul style="list-style-type: none"> <li>▶ Board approval to Invitation to Tender</li> <li>▶ Issue Invitation to Tender</li> <li>▶ Invitation to Tender returned</li> </ul>
Late September 2010	<ul style="list-style-type: none"> <li>▶ Formal evaluation of Invitation to Tender by Tender Evaluation Panel</li> </ul>
October 2010	<ul style="list-style-type: none"> <li>▶ Panel recommendations to Board</li> </ul>
Oct 2010 – March 2011	<ul style="list-style-type: none"> <li>▶ Mobilisation Phase</li> </ul>
April 2011	<ul style="list-style-type: none"> <li>▶ Commencement</li> </ul>



## Key Considerations

- 4 The key objectives of the project are:
- To provide patients with greater access to mental Health Services
  - To improve the quality of Mental Health care available
  - To deliver affordable and Value for Money Mental Health Services

## Financial Implications

- 6 Between £18million and £27 million plus overheads.

## Legal Implications

- 7 This will be a substantial contract and appropriate legal advice has been sought.

## Risk Management

- 8 The competitive dialogue process has been beneficial and has resulted in a sound understanding of the added value that can be achieved within the identified financial envelope by redesigning the current services and being part of a larger specialist mental health provider. However, the time commitment from all concerned has been onerous and the level of dialogue needed to finalise each organisation's solution has been greater than expected. There is a risk that if the competitive dialogue is not completed within the next few weeks then the ITT cannot be issued within the timescale identified. To keep the project as near as possible to the timetable development of the ITT is being undertaken simultaneously to the dialogue sessions and will need to be issued the week after dialogue has closed. The project board does recognise that there is an increasing risk that if dialogue can not be closed that the project will not be delivered within the timescale.

The release of money associated with Herefordshire corporate overheads is difficult, especially given the other changes that are taking place in Herefordshire, specifically the development of the Integrated Care Organisation and the creation of the Joint Venture Company. The bidders have been asked to consider whether they would be willing to be locked into these services at least for the first year of the contract. Although each bidder is prepared to do this there are risks associated with this based on their expectation of service standards and the future potential to release resources.

The overall capacity to deliver a successful tender of this size and complexity cannot be under-estimated and alongside this several of the key people are also involved in other change programmes, some of which have already been identified within this report. To ensure that the momentum is not lost the Interim Director of Integrated Commissioning and Director of Resources (PCT) have committed to ensuring that this work is prioritised by identified staff within their directorates and that the full range of resources are utilised.

There are risks associated with a project of this size and complexity and these have been identified and are being monitored by the Project Executive, Wendy Fabbro, Associate Director of Commissioning. Risks are reported to the Mental Health Procurement Project Board on a monthly basis and will be escalated if appropriate.

## Consultees

- 9 Extensive consultation has been undertaken with Service users and carers via the Mental Health Reference group (who provided some of the commissioning intentions imperatives for the first submission), staff and clinicians (including presentations to PBC, and GP attendance at presentations) via the clinical evaluation group supporting the multiagency/professional evaluation panel, Members via Scrutiny and Cabinet and items in Herefordshire newsletters.

<b>MEETING:</b>	<b>ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>24<sup>TH</sup> SEPTEMBER 2010</b>
<b>TITLE OF REPORT:</b>	<b>ADULT SOCIAL CARE PERFORMANCE MONITORING 2010/2011</b>
<b>PORTFOLIO AREA:</b>	<b>ADULT SOCIAL CARE, HEALTH AND WELLBEING</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide

### **Purpose**

- 1 To provide an updated report on the progress towards the achievement of national performance indicator targets and other local performance indicators for Adult Social Care within the Joint Commissioning Directorate.

### **Recommendation(s)**

**THAT**

- (a) **progress in managing performance towards achieving targets be noted; and;**
- (b) **areas of concern continue to be monitored.**

### **Reasons for Recommendations**

- 2 To enable the Committee to carry out its function in relation to the Adult Social Care and Strategic Housing performance targets for 2009/2010 and 2010/11.
- 3 The report cards in appendix 1 provide a full description of progress against national indicators. The cards show the trend of performance, compared against our 'family' of similar authorities, the English average, and some narrative to describe actions that managers are taking to manage improvement.
- 4 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. It is now not clear whether 'stretch' targets will be maintained as the reward grant associated with this concept has been withdrawn.
- 5 The information contained in this report provides these first initial outturns for our key indicators for the first 8-12 weeks of 2010/11 performance year. NI132 and NI133 are being removed from the National Indicator set, however we will still reporting against these indicators as key local indicators.

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Further information on the subject of this report is available from Mike Emery, Head of Business Support  
Tel: 01432 347678

- 6 The Local Authority submitted its annual self-assessment to the Care Quality Commission (CQC) in May we will know the outcomes of this assessment later in the Autumn.
- 7 In August 2010 CQC undertook an in-depth inspection of Adult Services themed around Safeguarding and Older people. The inspectors were on site for two weeks, they reviewed many cases, meet several front-line staff, key partners as well as the Cabinet Member for Adult Social Care and the Chair and Vice-Chair of the Adult Social Care and Strategic Housing Scrutiny Committee. There has been a very significant rise in referrals for safeguarding, which is putting stress on the system and may take a toll on other indicators

### ***Personalisation***

- 8 Social Care Transformation (Putting People First) programme is now in the third (and last) year. Progress against the milestones required for each of the four domains (Social Capital, Early Intervention, Universal Services and Choice and Control/Personal budgets) is reported to Department of Health quarterly in 2010/2011. At present we are reporting achievement at amber, largely because we have not been able to deliver the changes in IT and operating systems to support industrial scale adoption of personal budgets. Remedial action is being taken to develop some local solutions and to ensure the importance of the delivery of the IT systems is recognised corporately. This is essential for us to achieve the NI 130 target, though it is dependent on a software upgrade due in September.
- 9 The Department of Health had set a stretch target of 30% of services users receiving individualised budgets by 2011 (NI130, Social Care clients receiving Self Directed Support). We are currently performing less well than colleagues across West Midlands, and significantly below the national average.

However, a number of authorities have expressed concern about NI130 and require a review of the interpretation of this indicator in order to reach the ambitious 30% target. The previous government had shifted its focus towards personal indicative budgets and away from, what was previously our strategy, of offering individualised budgets. The new coalition government has stated its commitment to extending the greater roll-out of personal budgets to give people and their carers more control and purchasing power and a revised target of 35% have been mooted.

Our current performance for NI 130 is 5.4 per cent largely because growth in NI 136 as the 'denominator' has masked significant growth in NI130. Having said this performance compares favourably with other West Midlands authorities, but is still a way short of the 30% target and to some extent reflects the low base from which we started.

### ***Maximising Independence***

- 10 The number of people supported to live independently through Social Care (NI 136) is a key indicator for the Council but to date has not previously recorded all the activity going on, particularly with respect to the work commissioned from the 3rd sector for older People. We were only 30 short of our target in 2009/2010, this year we are adopting a more consistent approach to recording this data, and we are on course to meet this target.
- 11 Performance continues to be in the mid eighties for NI 132 (timeliness of social care assessments), though there has been a slight dip in performance in the last month. This is being followed up with locality managers via the improved management information they now receive to ascertain whether there are reasons for this slight decline in performance. The general trend however over the last few months has been an upward one and this has in part been due to increasing data quality and better provision of information to operational managers. This was despite the increase in the volume of safeguarding work in residential care, which is still having an impact on performance, and remains above the national average.



- 12 There has been an improvement over the last few months in NI133 (timeliness of social care packages following assessment); latest performance is now above 90 % (against a target of 92 %). NI133 performance has been impacted by safeguarding, and transitions cases that have stretched the period from assessment to delivery of services for young adults. It is also recognised that delays may sometimes occur due to service users wishing to take further time to consider their choice of service to meet their needs. However a new panel for allocating resources and the streamlining of processes is seemingly having a positive impact on performance.
- 13 NI 135 (Carers receiving a needs assessment or review/advice) saw significant improvements in 2009/10. This is largely the result of improvement plans and work undertaken in 2009/2010 and the 42% increase in the number of carers receiving assessments in the year, reflects our continued commitment to the important role carers play in Herefordshire. Current performance is 23 per cent and exceeds our LAA target.
- 14 Our performance for NI142 (Number of vulnerable people supported to maintain independent living) has been excellent over the last year. However our initial local estimations for the last quarter show that our output figure is slightly below our target of 98 per cent at 97.7 per cent. We are still waiting for confirmation from Department of Local Government and Communities of this figure.
- 15 The previous regime for this indicator nationally is coming to an end and a new set up is being developed and implemented. We are now entering into a period of change and the development of new projects. A business plan is currently being developed to make recommendations on the supporting people programme and four pilots are currently being delivered that will cease between March and July 2010. A supporting people commissioning plan is also being undertaken to guide future commissioning of supporting people services.

### **Safeguarding**

- 16 Safeguarding referrals have increased steadily but dramatically from 40 in August 2009 to nearly 200 each month in June and July this year (see Appendix 3). This increase is thought to be partly attributable to awareness rising by teams and a confidence that referrals will be acted upon and assessed. This increase has naturally put a strain on teams to assess the referrals and take action as required with there currently being 162 open (at various stages) Safeguarding cases across all teams. Levels of Safeguarding referrals are continuing to be monitored and distributed to team managers on a weekly basis. On a crude measure of *'percentage of referrals progressing within in seven days to investigation'* performance has increased from 56 per cent to 71 per cent, with improvements seen across the majority of teams (though it must be noted that there have been changes and improvements in the referrals process so this is not a direct like for like comparison).

### **Efficiency**

- 17 Performance for NI131 (delayed transfer of care, across the whole Health and Social Care system) has seen an improvement since the beginning of the year; however it is still falling short of our target. In 2009/10 there were improvements in quarters 2 and 3, however due to the winter pressures there was a decline in performance in quarter 4. This has been recognised as a priority area by the Health and Social Care Commissioning Programme Board, and an in-depth review is now being undertaken to establish why some remedial actions implemented in Quarter 2 of 2009/10 have not led to significant improvements. No reimbursement charges have been made to the local authority. A more detailed update on performance against this indicator has also been requested by the Overview and Scrutiny Committee and Health Scrutiny Committee,

## **Financial Implications**

- 18 The directorates continue to experience considerable difficulty in reconciling activity and finance data, so the financial implications are still as yet not clear. A budget recovery plan is in place and it is hoped a new solution will be available this financial year.

## **Legal Implications**

None

## **Consultees**

Not applicable

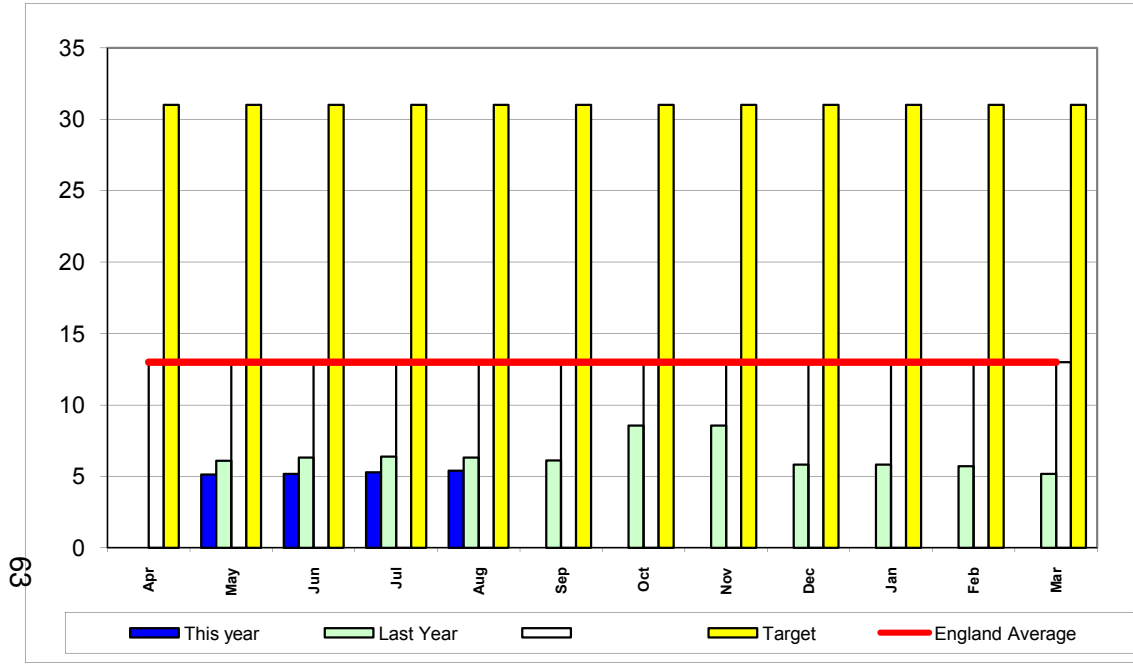
## **Appendices**

- 19 Appendix 1: Progress against indicators
- 20 Appendix 2: Safeguarding referral data

## **Background Papers**

- 21 None identified

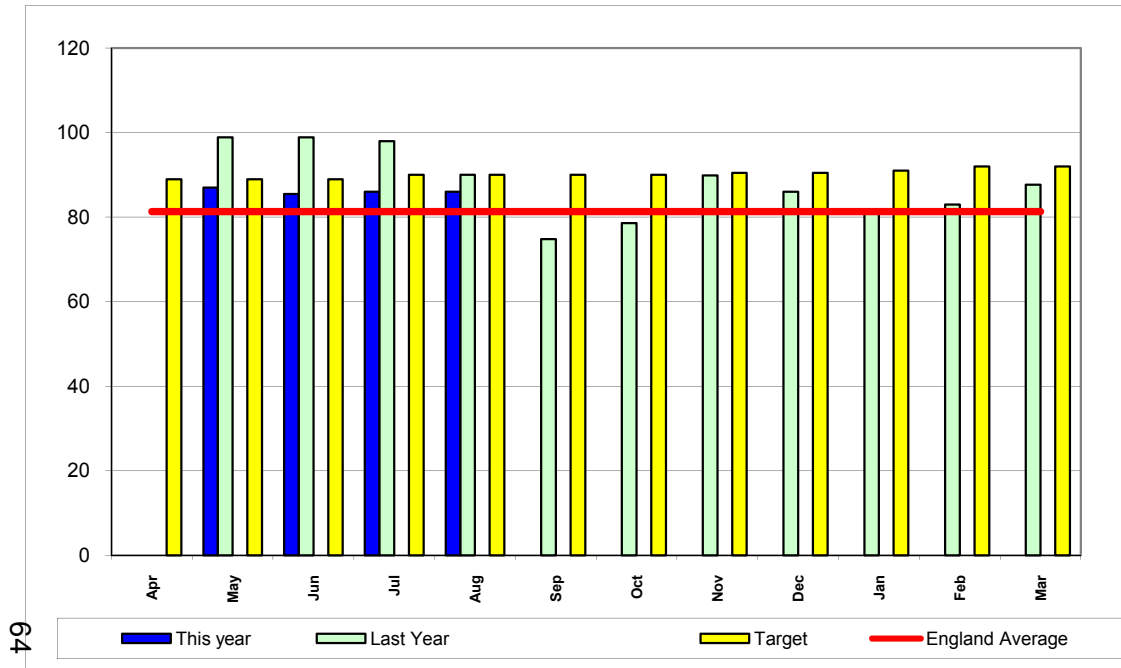
### NI130 (VSC17) Personalisation



Commentary - see report

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
This year	0	5.14	5.18	5.29	5.4	0	0	0	0	0	0	0
Last Year	0	6.1	6.32	6.38	6.32	6.12	8.56	8.56	5.82	5.83	5.71	5.18
Target	31	31	31	31	31	31	31	31	31	31	31	31
National	13	13	13	13	13	13	13	13	13	13	13	13
Number of Clients		360	337	357	370							

### NI132 Timeliness of social care assessment

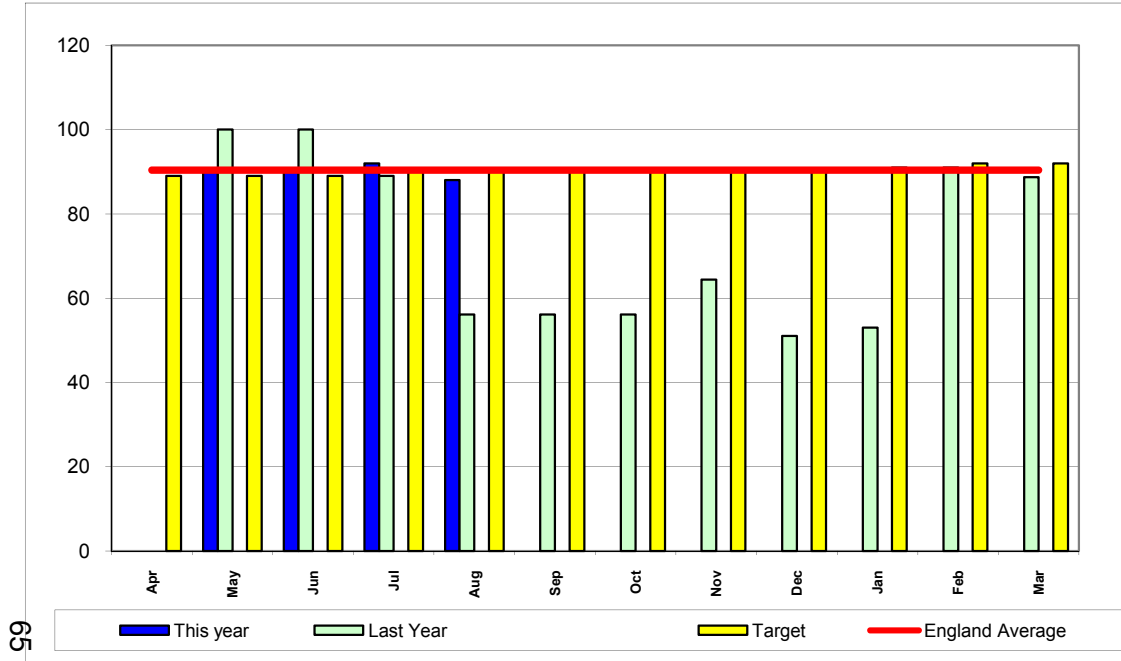


Commentary - see report

64

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
This year	0	87.01	85.5	86	86	0	0	0	0	0	0	0
Last Year	0	98.9	98.9	98	90	74.8	78.6	89.9	86	81.3	83	87.7
Target	89	89	89	90	90	90	90	90.5	90.5	91	92	92
National	81.3	81.3	81.3	81.3	81.3	81.3	81.3	81.3	81.3	81.3	81.3	81.3
Number of Clients		2397	2674	2752	2857							

### NI133 Timeliness of social care package

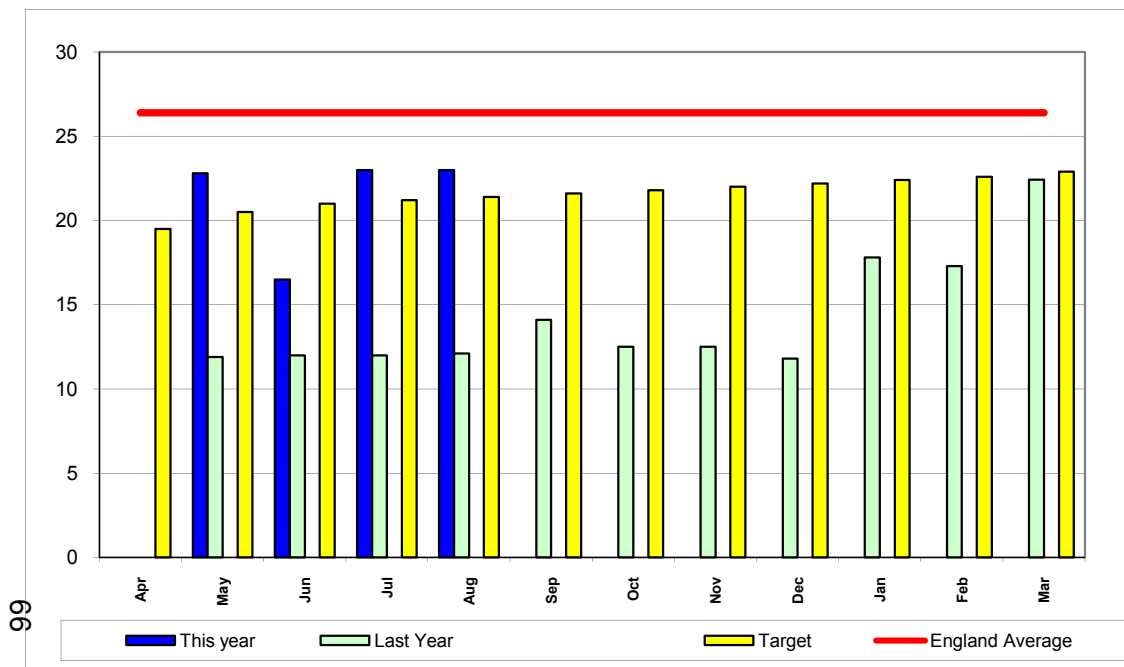


Commentary - see report

65

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
This year	0	90.3	90.4	92	88	0	0	0	0	0	0	0
Last Year	0	100	100	89	56.1	56.11	56.11	64.4	51	53	91	88.7
Target	89	89	89	90	90	90	90	90.5	90.5	91	92	92
National	90.4	90.4	90.4	90.4	90.4	90.4	90.4	90.4	90.4	90.4	90.4	90.4
Number of Clients		644	693	712	731							

### NI135 Carers receiving needs assessment or review and a specific carer's service, or advice and information

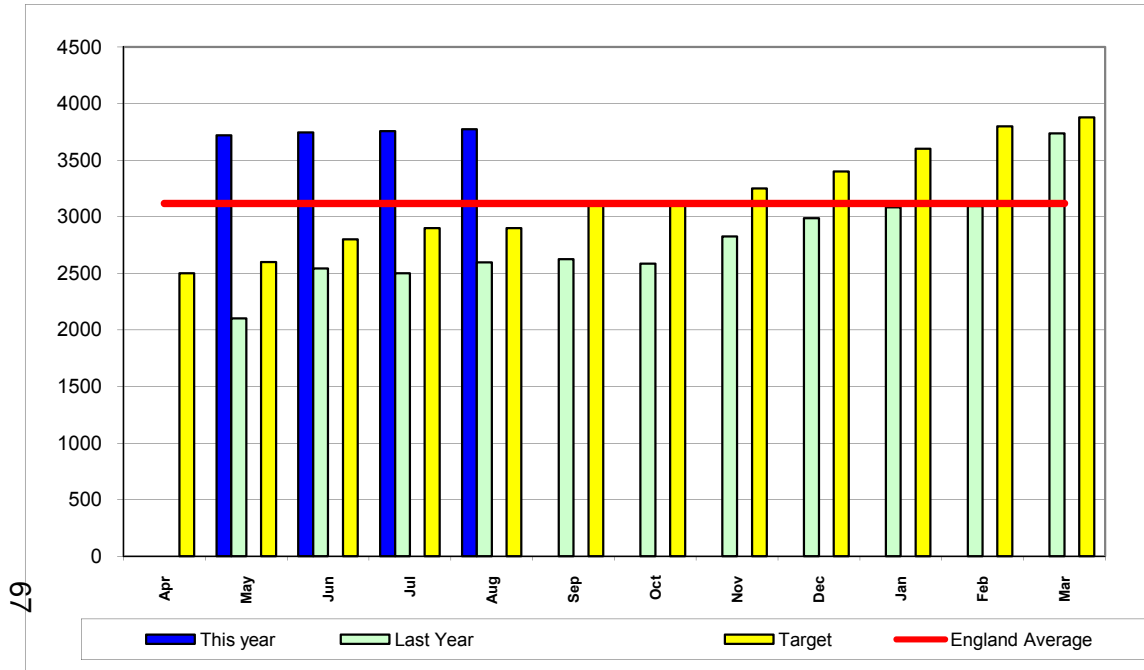


Commentary - see report

99

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
This year	0	22.8	16.5	23	23	0	0	0	0	0	0	0
Last Year	0	11.9	12	12	12.1	14.1	12.5	12.5	11.8	17.8	17.3	22.43
Target	19.5	20.5	21	21.2	21.4	21.6	21.8	22	22.2	22.4	22.6	22.9
National	26.4	26.4	26.4	26.4	26.4	26.4	26.4	26.4	26.4	26.4	26.4	26.4
Number of Clients		1300	923	1248	1281							

## NI136 People supported to live independently through social services



Commentary - see report

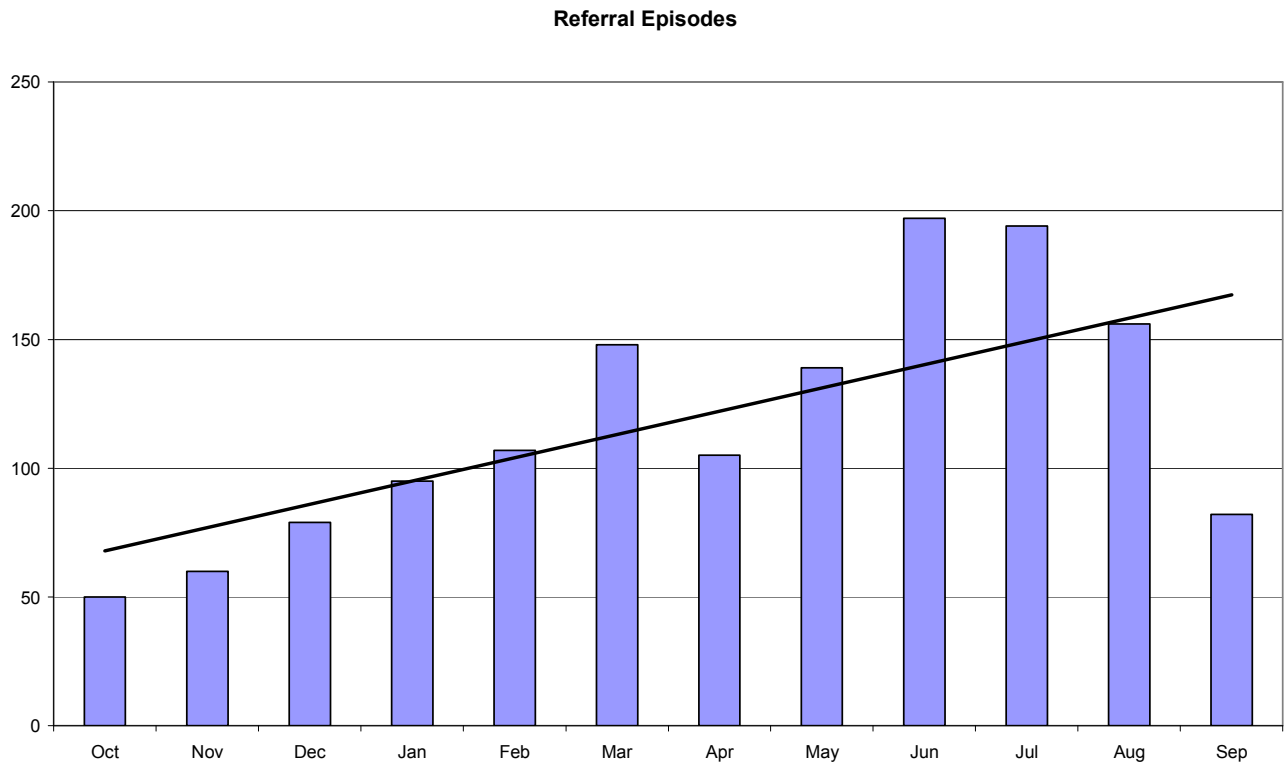
67

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
This year	0	3721	3746	3756	3774	0	0	0	0	0	0	0
Last Year	0	2102	2543	2500	2598	2624	2586	2825	2986	3082	3095	3736
Target	2500	2600	2800	2900	2900	3100	3100	3250	3400	3600	3800	3879
National	3118.5	3118.5	3118.5	3118.5	3118.5	3118.5	3118.5	3118.5	3118.5	3118.5	3118.5	3118.5
Number of Clients		4180	4213	4251	4251							





## Appendix 2 – Safeguarding referral data



Safeguarding referral episodes per month to include the incomplete data for September 2010 – as per report sent to team managers.



<b>MEETING:</b>	<b>ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>24<sup>TH</sup> SEPTEMBER 2010</b>
<b>TITLE OF REPORT:</b>	<b>HOMES AND COMMUNITIES PERFORMANCE OUT- TURN TO JUNE 2010</b>
<b>PORTFOLIO AREA:</b>	<b>OLDER PEOPLE AND SOCIAL CARE, ADULTS</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide

### **Purpose**

- 1 To provide an updated report on the progress towards the achievement of national performance indicator targets and other local performance indicators for Homes and Communities (formerly Strategic Housing Services) within the Sustainable Communities Directorate and to consider the subsequent plans to improve performance in 2010/11.

### **Recommendation(s)**

**THAT**

- (a) **the report on Homes and Communities Services be noted;**  
**and;**
- (b) **areas of concern continue to be monitored.**

### **Key Points Summary**

- 2 Local Area Agreement actions are being monitored to ensure that the targets for NI155, NI156 and NI187 achieve target. However, the target for NI155 remains challenging in respect of the delivery of affordable housing.

Measures are in place for 2010/11 to ensure that current performance is improved to ensure continuous improvement across the service.

### **Reasons for Recommendations**

- 3 To update Adult Social Care and Strategic Housing Scrutiny Committee Members on Homes and Communities performance and to ensure the Committee are kept apprised of the plans to improve performance within the service

## Introduction and Background

- 4 Homes and Communities performance is monitored against the National Indicators (NI) that were introduced from April 2008 and a number of former Best Value performance indicators retained as local indicators. Regular reports are sent to the Government of the West Midlands and the Department for Communities and Local Government.
- 5 This report covers the Performance Indicator Outturns as at 30<sup>th</sup> June 2010, against target figures for 2010/11, along with information about Direction of Travel and Status, which are defined as:
  - Direction of Travel – indicates whether the current position demonstrates improvement against the previous year's out-turn
  - Status – indicates whether the current position demonstrates progress in line with the agreed target – G = Green (exceeded target by over 10%, B = Blue (on target), A = Amber (within 5% of the target) and R = Red (not on target)

## Key Considerations

### Local Area Agreement

- 6 The Local Area Agreement targets for 2010/11 have been through a refresh in consultation with the Government of the West Midlands. Strategic Housing negotiated a reduction in NI155 Number of Affordable Homes delivered. Due to the economic downturn the targets agreed for the number of affordable homes to be delivered in 2010/11 was reduced to 170 from 275 with the overall target for the three year period of the LAA being agreed as 560.
- 7 The target for NI156 – Number of Households in Temporary Accommodation was not re-negotiated and remained at 82 households in temporary accommodation.
- 8 The target for NI187 – Tackling Fuel Poverty (% of People receiving income based benefits living in homes with a low energy efficiency rating) was set following agreement of the baseline in 2008/09 and continues to be monitored via the annual survey that has been completed and will continue to be monitored on an annual basis.

### Homes and Communities (formerly Strategic Housing)

- 9 **NI 155 (LAA)** The Housing Needs and Development Team continue to work in close partnership with key housing providers across the county and regular monitoring of the delivery plan over the 12 month period. In the first quarter 21 affordable homes have been delivered which is below target. However, the direction of travel is improving in quarter 2, although the target of 170 affordable homes remains challenging. The situation continues to be closely monitored due to the current economic situation with Registered Social Landlords and Developers reluctant to commit to schemes and a lack of grant funding availability from the HCA resulting in some developments being delayed into future years.
- 10 **NI 156 (LAA)** – There continues to be pressure on the Homelessness and Housing Advice services. The number of households in temporary accommodation reduced to 67 at the end of June 2010 and continues to remain below the target of 82 households in Temporary Accommodation. In recent weeks numbers have dropped below 60 which reflects well on efforts at preventing homelessness.
- 11 Improvement in this National Indicator has been achieved through the following activities:
  - Enabling direct access by other support agencies to temporary supported housing

schemes reducing numbers requiring accommodation under the Housing Act 1996.

- A more robust approach to casework and use of prevention tools such as the Prevention Fund and Rent Deposit Scheme.

- 12 **NI 187 (LAA)** The baseline was agreed in 2008/09 and the annual survey has been completed for 2009/10 following the reporting of West Midlands energy consultant, HESTIA. The team continue to work on a number of initiatives to ensure that the target for 2010/11 can be achieved.
- 13 **LPI 2 - Number of private sector vacant properties returned to occupation or demolished as a result of LA Actions.** The Housing Needs and Development Team have made good progress in bringing empty homes back into use with 54 homes delivered in the first quarter against a target of 125, 12 of which had been empty for more than 6 months
- 14 **LPI 6 - No. of Households who considered themselves as Homeless, for whom casework resolved their situation (Homelessness Prevention)** The number of households assisted under the homelessness provisions of the 1996 Housing Act has increased and the proportion of cases per 1000 households continues to remain high with an outturn of 2.46 at the end of June 2010. This is due to the way the cases are allocated and the new approach that has been implemented within the team to meet the needs of vulnerable people.

## Community Impact

- 15 Not Applicable

## Financial Implications

- 16 None identified

## Legal Implications

- 17 None identified

## Risk Management

- 18 None identified

## Appendices

- 20 Appendix A.: Homes and Communities Key Performance Report

## Background Papers

- 21 None identified



Key Performance Report to 30<sup>th</sup> June 2010

Indicator Reference	Definition	Measured in	Hfds Out-turn 06/07	Hfds Out-turn 07/08	Hfds Out-turn 08/09	Hfds Outturn 09/10	End of Year Status 09/10	Target 10/11	End of Quarter 1 Outturn	End of Q1 Status	DoT
NI 155	Number of affordable homes delivered (gross)	Number (Cumulative)		141	208	185	B	182	25	R	↑
NI 156	Number of households living in temporary accommodation	Number (Snapshot)	135	133	98	79	B	82	67	B	↑
NI 187	Tackling Fuel poverty -% of people receiving income based benefits living in homes with low energy efficiency rating	Percentage			SAP <35 = 28.91% SAP >65 = 20.98%	SAP <35 = 58 (14%) SAP >65 = 160 (40%)	G	SAP <35 = 27.41% SAP >65 = 28.91%		B	↑
LPI 2	Number of private sector vacant properties returned to occupation or demolished as a result of LA Actions	Number (Cumulative)	52	115	153	177	G	125	54	G	↑
LPI 6	No. of Households who considered themselves as Homeless, for whom casework resolved their situation	Number (per thousand households)	3.12	3.95	4.4	6.23	G	4	2.46	G	↑





<b>MEETING:</b>	<b>ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>24<sup>TH</sup> SEPTEMBER 2010</b>
<b>TITLE OF REPORT:</b>	<b>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 subject to any comment or issues raised by the Committee the Committee work programme be approved and reported to the Overview and Scrutiny Committee.**

### **Introduction and Background**

1. The Overview and Scrutiny Committee is responsible for overseeing, co-ordinating and approving the work programme of the Committee, and is required to periodically review the scrutiny committees work programmes to ensure that overview and scrutiny is effective, that there is an efficient use of scrutiny resources and that potential duplication of effort by scrutiny members is minimised.
2. The work programme, set out at Appendix 1, may be modified by the Chairman following consultation with the Vice-Chairman and the Directors in response to changing circumstances.
3. Should any urgent, prominent or high profile issue arise, the Chairman may consider calling an additional meeting to consider that issue.
4. 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 by the Chairman when planning future agendas or when revising the work programme.

### **Background Papers**

- None identified.



**ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE**  
**WORK PROGRAMME 2010/11**  
**PRESENTED FOR CONSIDERATION ON 23 SEPTEMBER 2010**

<b>13 December 2010</b>	
Items	<ul style="list-style-type: none"> <li>• Budget Monitoring</li> <li>• Performance Monitoring</li> <li>• Joint Strategic Needs Assessment</li> <li>• Quality Care Commission Annual Performance Assessment</li> <li>• Safeguarding Board, Adult Social Care – Improvement Programme</li> <li>• Audit Commission Inspection Report</li> <li>• Action Plan Monitoring: the Scrutiny Review of the Support to Carers in Herefordshire, Review of Housing Allocation and the Joint Scrutiny Review Of The Transition From Leaving Care To Adult Life</li> </ul>
<b>24 January 2011</b>	
Items	<ul style="list-style-type: none"> <li>• Budget Monitoring</li> <li>• Review of Cabinet's Response to the Scrutiny Review of Home Care Services</li> <li>• Performance Monitoring</li> </ul>
<b>21 March 2011</b>	
Items	<ul style="list-style-type: none"> <li>• Budget Monitoring</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 and the Scrutiny Review of Home Care Services, Scrutiny Review of Housing Allocation</li> </ul>

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

