

**Chief Executive's Office**

Chief Executive: N.M. Pringle

**To: All Members of Cabinet:  
R.J. Phillips (Leader)  
G.V. Hyde (Deputy Leader)  
Mrs. L.O. Barnett  
P.J. Edwards  
Mrs. J.P. French  
J.C. Mayson  
D.W. Rule MBE  
R.V. Stockton  
D.B. Wilcox  
R.M. Wilson**

Your Ref:

Our Ref: NMP/CD

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21st January, 2004

Dear Councillor,

**MEETING OF CABINET  
THURSDAY, 29TH JANUARY, 2004 AT 2.15 P.M.  
COUNCIL CHAMBER, BROCKINGTON, 35 HAFOD ROAD, HEREFORD**

**AGENDA (03/21)**

**1. APOLOGIES FOR ABSENCE**

To receive any apologies for absence.

**2. DECLARATIONS OF INTEREST**

To receive any declarations of interest by members in respect of items on this agenda.

**3. MEDIUM TERM FINANCIAL PLAN 2004/05 - 2007/08**

To determine the Council's Medium Term Financial Plan, aligning estimated financial resources with the Council's strategic priorities, for the period 2004/05 to 2007/08. *(Report to follow)*

**4. REVENUE BUDGET 2004/05**

To consider further the parameters for the preparation of the Revenue Budget 2004/05 in the light of recommendations of the Budget Panel. *(Report to follow)*

**5. 2004/05 SUPPORTED CAPITAL BORROWING AND OTHER AREAS CAPITAL PROGRAMME**

To determine the extent and allocation of supported and unsupported borrowing for capital expenditure for 2004/05. *(Pages 1 - 22)*

**6. BUDGET MONITORING 2003/04**

To note the position with regard to revenue budget monitoring for Programme Areas in 2003/04. *(Pages 23 - 28)*

**7. CAPITAL PROGRAMME MONITORING 2003/04**

To note the Capital Programme forecast for 2003/04. *(Pages 29 - 32)*

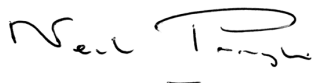
**8. RACE EQUALITY SCHEME - PROGRESS REPORT**

To receive an update on the progress made in the last six months on implementing the Council's Race Equality Scheme. *(Pages 33 - 36)*

**9. OLDER PEOPLE SERVICE BUSINESS CASE FOR IMPROVEMENT AND DEVELOPMENT**

To receive a detailed business case for consideration. *(Pages 37 - 106)*

Yours sincerely,



**N.M. PRINGLE  
CHIEF EXECUTIVE**

Copies to: Chairman of the Council  
Chairman of Strategic Monitoring Committee  
Vice-Chairman of Strategic Monitoring Committee  
Chairmen of Scrutiny Committees  
Group Leaders  
Directors  
County Secretary and Solicitor  
County Treasurer

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# **COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL**

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

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# 2004/05 SUPPORTED CAPITAL BORROWING AND OTHER AREAS CAPITAL PROGRAMME

## PROGRAMME AREA RESPONSIBILITY: CORPORATE STRATEGY AND FINANCE

CABINET

29TH JANUARY, 2004

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### Wards Affected

County-wide.

### Purpose

To determine the extent and allocation of supported and unsupported borrowing for capital expenditure for 2004/05.

### Key Decision

This is not a Key Decision. The decision will not be taken by Cabinet but by Council at its meeting on 5th March, 2004.

### Recommendations

- THAT (a) a list of preferred bids be agreed from those contained in Appendix 4 to be recommended to Council which are to be financed from Prudential Borrowing; and**
- (b) it be recommended to Council that:**
- (i) The basis of distributing supported borrowing for Transport, Education and Housing as outlined be endorsed.**
  - (iii) A capitalisation de-minimus limit of £10,000 be approved.**

### Reasons

Cabinet is responsible for recommending to Council the basis for allocating supported and unsupported borrowing in line with the Council's Capital Strategy.

### Considerations

#### Introduction

1. As Cabinet will recall from previous reports, the Prudential Code applies from 2004/05 onwards. The new system draws a distinction between "supported borrowing", where the ongoing costs of borrowing are resourced through the Revenue Support Grant mechanism, and any further prudential borrowing where the cost of the borrowing has to be fully resourced locally.

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Further information on the subject of this report is available from Ian Hyson  
on (01432) 260234

2. The following paragraphs deal in turn with the allocation of “supported borrowing” and the need for Cabinet to determine the extent to which it is prepared to recommend unsupported borrowing to Council for other areas.

### **Supported Borrowing Allocation 2004/05**

3. For 2004/05, Supported Capital Expenditure (Revenue) (SCE(R)) guidelines are issued for Transport, Education and Housing by the relevant government department. These replace Credit Approvals issued in previous years.
4. The table set out on **Appendix 1** shows the 2004/05 service area SCE(R) allocations totalling £15,845,106. Basic Credit Approvals issued in 2003/04 totalled £15,343,000. There have been no discretionary or general (EPCS) approvals for 2004/05, which were previously used to fund the other areas capital programme.
5. A key component of the capital strategy developed by the Council is to support the capital programmes of Transport, Education and Housing in line with the investment plans developed by these areas. These plans are based on analysis of need and have been developed through rigorous appraisal processes in order to attract supported borrowing approvals from Government. Any significant redirection of these approvals would have an adverse effect on future years allocations. Therefore, the SCE(R) awarded for these areas has provisionally been ringfenced. A small allocation for Social Care has also been issued which will be available to support other projects.
6. The established Scheme Selection and Prioritisation (SSP) process previously used for Other Areas has been extended to include all schemes including Education, Transport and Housing. This reflects not only good practice but ensures that all major capital schemes and programmes are consistently assessed against corporate objectives and other key criteria.
7. **Appendix 2** sets out the detail of the bids received for Transport; Education and Housing (matched by SCE(R)) and these are considered below. These bids are set out in more detail in the order they were received on **Appendices 6 and 7**.

### **Education**

8. £2,573,606 SCE(R) has been allocated for Education for 2004/05 with £2,870,511 being allocated for 2005/06. Funding for 2006/07 is not known nor how such future funding may be split between capital grants or supported borrowing.
9. A number of Education projects were started in 2003/04, which involved commitments for funding in future years for which indicative borrowing approvals were given. Funding for these has now been confirmed but the SCE(R) allocation is calculated by DFES based on estimates and does not truly reflect actual amounts that may be required to complete these schemes. Additional sums may be needed which will have to be managed within the Education Capital Programme which may affect the ability to deliver the programme. Such pressures may require the submission of additional bids for unsupported borrowing in future years.
10. Improvements for disabled access in schools are a legal requirement and SCE(R) allocated for this is considered to be the minimum required to make progress in this area.



## Transport

11. The Local Transport Plan (LTP) forms the largest requirement for borrowing. £11,072,000 SCE(R) has been allocated for Transport for 2004/05. This funding is provided as a Single Capital Pot, which means the Council has discretion to spend it on plans and priorities other than the LTP. However, the Government expects authorities to spend sufficient funds on transport to meet the objectives and specific targets set out in their LTPs. Indicative funding for future years has not been announced. The Government's annual progress report into Herefordshire's LTP has rated it as 'Well Above Average'.
12. The recent announcement of the LTP settlement made it clear that the specific bids for funding towards Roman Road improvements and for the Rotherwas Access Road were unsuccessful. On the basis of this, a revised LTP programme has been constructed to enable the Roman Road project to proceed by diverting funds from road maintenance, integrated transport and safety projects.
13. The same means has been used to keep Rotherwas on track for 2004/05. Negotiations with Government are ongoing and a bid for funding for the Rotherwas Road can be resubmitted in 2004 and the projections reflected in **Appendix 2** assume this will generate extra SCE(R) support from 2005/06 onwards. If Government funding is not secured, then there is a risk that commitments could be entered into for which there is no supported funding.
14. The future years sums are indicative amounts of what will be required in those years. The only sum that would actually be committed to for future years, if the 2004/05 LTP programme is approved, is the bid for Roman Road Improvements with £1,600,000 being required in the second year.

## Housing

15. £2,072,500 SCE(R) has been allocated for Housing for 2004/05. £162,500 of this relates to the Council's "You @ Home" initiative. Government support for this has been confirmed through its Kick Start programme which will enable the added value from the scheme to be realised. The remainder of funding is provided as a Single Capital Pot. Indicative funding for future years has not been announced other than £127,500 for the second year of the You @ Home initiative.
16. The Disabled Facilities Grants represent 40% of the total cost with the remaining 60% being provided by Government grant.
17. Social Housing Grants are primarily funded by the use of capital receipts reserve generated by Right to Buy sales and the transfer of the housing stock. The programme is forecast to make use of such reserves of around £2,500,000 per year. These reserves will, therefore, be exhausted around 2007/08 when alternative sources of funding will be required.
18. The future years figures are indicative of the programmes required for those years but would not be committed to if the 2004/05 programme is approved.

## Other Areas - Requiring Prudential Borrowing

19. The point needs to be re-emphasised that only Transport, Education and Housing programmes receive supported borrowing. Any borrowing for Other Areas would be unsupported and financing costs will fall wholly on the Council Taxpayer.
20. The capital financing costs of borrowing consist of a principal repayment and the interest incurred on the sums borrowed. As a rough guide, every £1,000,000 borrowed costs £100,000 in financing costs or approximately 0.17% on Council Tax. Any revenue savings or extra income generated by a capital scheme can be used to offset the capital financing costs of that scheme. So £100,000 in ongoing revenue savings, foregone by a service area revenue budget, can support £1,000,000 borrowing. The capital financing costs are ongoing over the life of the asset so any equivalent revenue adjustments would also have to be ongoing.
21. The bids for 'other areas' have been subject to a rigorous review and the scores attached to individual schemes represent a weighting based on an appraisal of how each bid meets the strategic objectives of the Council and on the strength of a business case model. However it must be stressed that the scores are purely indicative of the desirability and reasonableness of the bid. These need to be considered in conjunction with other information, such as the extent of any legal requirement and what external funding leverage might be involved. It is for Cabinet to determine its priorities in making recommendations to Council.
22. Of 29 bids received, 11 have been provisionally deferred and these are set out on **Appendix 5**. There are 18 remaining bids that may be considered for funding and these are set out on **Appendix 4**. These total £6,016,587 in 2004/05, £5,783,000 in 2005/06, £2,276,000 in 2006/07 and £1,435,000 in 2007/08. These bids are set out in more detail, in the order they were received, on **Appendices 6 and 7**.
23. Pending the recent announcement by government of SCE(R) levels, estimated capital financing costs have been included in forward projections considered by Budget Panel. The budget report elsewhere on the agenda deals with the impact of borrowing for 2004/05. Set out on **Appendix 3** is a summary showing the total borrowing requirement for Transport, Education, Housing and Other Areas compared to the SCE(R) received. This highlights the shortfall to be funded from Prudential Borrowing and for future years, flowing from 2004/05 allocations assuming that Transport, Education and Housing will continue to receive their specific SCE(R) allocation in future years.
24. The effect of fully funding the Other Areas bids would be a Council Tax increase of 0.4% for 2004/05 and 0.9%, 0.6% and 0.3% for 2005/06, 2006/07 and 2007/08 respectively, or an increase of 2.2% for the four years as a whole. Cabinet will need to consider this in its recommendation to Council as to whether to undertake prudential borrowing for none, some or all of the Other Areas' bids. Any bids provisionally deferred in 2004/05 may be reconsidered in future years, and if approved, these would require further resourcing.

25. It is anticipated that the schemes provisionally deferred as detailed on **Appendix 5** will be revised and resubmitted for funding for 2005/06 or future years. It is also anticipated that new projects will emerge, such as a new Hereford Library, which may require funding in future years. Therefore, the bidding process for funding will be repeated on an annual basis and the ongoing capital financing costs of Prudential Borrowing should be considered accordingly.

#### **Capital Receipts Reserve**

26. The balance of capital reserves held by the Housing Capital Programme stands at £11,515,000, the significant proportion of which was generated by the Housing Stock transfer. It is anticipated that these reserves will be utilised at £2,500,000 per annum to support Social Housing Grants. Also, £2,000,000 is provisionally earmarked to support the Extra Care Housing Project, but this is dependent on receiving significant external funding. It is also anticipated that the Council will receive a share of Right To Buy receipts from Herefordshire Housing of over £1,000,000 per year over the next eight years. Other capital receipts amount to £4,250,000 including the non housing element of the stock transfer proceeds. Financing costs of utilising capital receipts are broadly similar to those incurred in prudential borrowing as investment income is lost.

#### **Bid already approved and in FRM**

27. The funding for the North Herefordshire Swimming Pool has already been approved by Cabinet, and the capital financing costs of this are already included in the Council Tax projections in the medium term Financial Resources Model (FRM).

#### **Capital expenditure de-minimus limit**

28. One final matter requiring approval is the requirement for the Council to have a formal remit, referred to as "de-minimus", below which expenditure is required to be treated as revenue rather than capital. It is recommended that a de-minimus limit of £10,000 also be applied to expenditure below which transactions will be treated as revenue.

### **Risk Management**

Proposals put forward for consideration have undertaken a rigorous review process, ensuring consistency with the Council's strategic objectives, together with legal and other relevant considerations.

### **Consultees**

None.

### **Background Papers**

Reports to Capital Strategy and Asset Management Working Group.

## APPENDIX 1

**2004/05 SUPPORTED CAPITAL EXPENDITURE (REVENUE)**

		<b>BCA 2003/04 (before reallocation) £</b>	<b>SCE(R) 2004/05  £</b>
Education	Modernisation - all schools need		1,946,743
	New pupil places - formulaic		217,834
	Prior basic need commitments		1,440,970
	Schools Access Initiative		254,862
	Capital investment in primary schools		819,542
	Total Education SCE		4,679,951
	Less: Funded by Capital Grants (SCE(C))		<u>(2,106,345)</u>
		2,242,000	<u>2,573,606</u>
Transport	Integrated Transport Allocation (Single Pot)		4,830,000
	Maintenance Block Allocation (Single Pot)		6,242,000
	Rotherwas Access Road bid		Nil
		10,024,000	<u>11,072,000</u>
Housing	Housing (Single Pot)		1,910,000
	Private Sector Renewal Kick Start Funds (Ringfenced)		162,500
		2,011,000	<u>2,072,500</u>
Social Care	Adults (Single Pot)		97,000
	Children (Single Pot)		30,000
		122,000	<u>127,000</u>
EPCS		176,000	Nil
Discretionary element		768,000	Nil
<b>Total 2004/05 SCE(R)</b>		<u><b>15,343,000</b></u>	<u><b>15,845,106</b></u>

## APPENDIX 2

### EDUCATION

Ref	Scheme	Capital Requirement		
		2004/05 £	2005/06 £	2006/07 £
29	Education and modernisation funding for school premises	1,946,743	1,064,162	
29	New Pupil Places	217,834	435,725	
30	Costs to cover existing commitments on Education schemes	1,440,970	339,863	
31	Improvement works for Disabled Access in Schools	254,862	256,623	
35	Capital investment in primary schools	819,542	774,137	
	Education Schemes TBA		2,182,370	
	Total Education SCE	4,679,951	5,052,880	Not known
	Less funded by Capital Grants - SCE(C)	(2,106,345)	(2,182,369)	
	<b>Total Education SCE(R)</b>	<b>2,573,606</b>	<b>2,870,511</b>	<b>Not known</b>

### TRANSPORT

Ref	Scheme	Capital Requirement		
		2004/05 £	2005/06 £	2006/07 £
12	Integrated Transport Strategy + low floor bus project	1,404,009	1,127,308	3,628,397
13	Local Road Safety Strategy	620,021	655,692	778,603
14	Managing the Highway Network + bridges	5,522,970	5,843,000	6,142,000
23	Rotherwas Access Road	805,000	550,000	1,500,000
24	Roman Road Improvements	2,720,000	1,600,000	
	<b>Total Transport SCE(R)</b>	<b>11,072,000</b>	<b>9,776,000</b>	<b>12,049,000</b>

### HOUSING

Ref	Scheme	Capital Requirement		
		2004/05 £	2005/06 £	2006/07 £
38	Disabled Facilities Grant	240,000	267,000	267,000
39	Housing Renewal	1,200,000	1,300,000	1,300,000
40	Social Housing Grants	560,000	533,000	733,000
47	Housing Renewal Kick Start Initiative (Ringfenced)	162,500	127,500	nil
	Reduction required to meet SCE(R) allocation	(90,000)		
		<b>2,072,500</b>	<b>2,227,500</b>	<b>2,300,000</b>

## SUMMARY OF 2004/05 SSP BIDS RECEIVED

Para	Scheme	Capital Requirement			
		2004/05 £	2005/06 £	2006/07 £	2007/08 £
	Education	2,573,606	2,870,511	-	-
	Transport	11,072,000	9,776,000	12,049,000	-
	Housing	2,072,500	2,227,500	2,300,000	-
		15,718,106	14,874,011	14,349,000	-
	Other Areas	6,016,587	5,783,000	2,276,000	1,435,000
	<b>Total</b>	<b>21,734,693</b>	<b>20,657,011</b>	<b>16,625,000</b>	<b>1,435,000</b>
	Supported Borrowing	15,845,106	14,874,011	14,349,000	-
	<b>Shortfall ('other areas' in future years) or 'Prudential Borrowing' requirement</b>	<b>5,889,587</b>	<b>5,783,000</b>	<b>2,276,000</b>	<b>1,435,000</b>
	<b>Cumulative Prudential Borrowing requirement</b>	<b>5,889,587</b>	<b>11,672,587</b>	<b>13,948,587</b>	<b>15,383,587</b>
	<b>Cumulative Capital Financing Costs to meet shortfall</b>				
	Interest Element @ 5%	295,000	584,000	698,000	769,000
	MRP Element @ 4% in subsequent year	Nil	236,000	467,000	558,000
	Less Area Contribution to meet shortfall:-				
	Environment - Other (Crematorium)	(60,000)	(60,000)	(60,000)	(60,000)
	Net capital financing requirement	235,000	760,000	1,105,000	1,267,000
	<b>Cumulative Council Tax increase to meet shortfall</b>	<b>0.4%</b>	<b>1.3%</b>	<b>1.9%</b>	<b>2.2%</b>
	<b>Annual Council Tax increase to meet shortfall</b>	<b>0.4%</b>	<b>0.9%</b>	<b>0.6%</b>	<b>0.3%</b>
	<b>Approved Scheme already in FRM North Herefordshire Swimming Pool</b>	<b>1,800,000</b>	<b>395,000</b>	<b>63,000</b>	<b>-</b>
	<b>Schemes provisionally not recommended for any funding in 04/05</b>	<b>3,371,625</b>	<b>3,816,000</b>	<b>414,000</b>	<b>-</b>

## OTHER AREAS – BIDS FOR CONSIDERATION

Ref	Scheme	2004/05 £	2005/06 £	2006/07 £	2007/08 £	Score %
P/Y	Hereford City of Living Crafts (SSP bid approved in previous year)	60,000	60,000			N/a
3	Kington Wesleyan Chapel – INFO shop and Library	550,000				93
16	Friar St Mus Res & Learning Centre phase 2 and 3	140,000	433,000	216,000		87
44	Aylestone Park	100,000				82
46	Ross Creative Learning Centre	116,587				80
19	Disabled Access	200,000	200,000	200,000		78
18	Salt Barn Provision	260,000				77
5	Crematorium Hereford	1,000,000	1,455,000			75
45	ICT The Golden Thread	2,525,000	2,035,000	1,435,000	1,435,000	75
	<i>Consisting of the following elements...</i>					
	<i>Network Enhancement</i>	<i>1,230,000</i>	<i>950,000</i>	<i>950,000</i>	<i>950,000</i>	
	<i>Flexible working</i>	<i>400,000</i>	<i>250,000</i>	<i>250,000</i>	<i>250,000</i>	
	<i>Continuity/disaster Recovery</i>	<i>250,000</i>	<i>500,000</i>	<i>100,000</i>	<i>100,000</i>	
	<i>Smartcard Technology</i>	<i>395,000</i>	<i>335,000</i>	<i>135,000</i>	<i>135,000</i>	
	<i>Corporate Document Management</i>	<i>250,000</i>				
11	Ross-on-Wye Flood Alleviation	350,000	1,300,000	275,000		72
1	Extension to Hereford Cemetery	100,000				69
22	Upcott Pool	45,000				69
17	Energy conservation	100,000				67
7	Travellers Site at Bromyard	100,000				64
20	Clearbrook Farmhouse	25,000				63
36	Rotherwas Business Centre	150,000	150,000			63
9	Leominster Closed Landfill Site Monitoring Infrastructure	45,000				61
10	Public toilets improvements	150,000	150,000	150,000		55
		<b>6,016,587</b>	<b>5,783,000</b>	<b>2,276,000</b>	<b>1,435,000</b>	

The funding for the Hereford City of Living Crafts was approved during the 2003/04 round of SSP. The main aim of the project is to help physically and economically regenerate Hereford City. The scheme is managed by the Hereford City partnership and the details surrounding the scheme and its external funding arrangements are currently under review.

**Ref 3** Kington Wesleyan Chapel INFO Shop and Library has already received preliminary Cabinet approval on the basis of significant external funding of up to £950,000. Subsequent to the bid being submitted, some doubt has been thrown on about half this external funding. A separate report is being produced for Cabinet highlighting this issue, but if that funding is not received, then the Council would have to fund the shortfall. Of the bid, £150,000 is the minimum required to meet the legal requirement for disabled access but this level of spend would not generate the expected external funding. If this scheme goes ahead, it will release the existing Kington Library and area office, which should generate a capital receipt of £187,000 in 2005/06. This receipt can then be used to support further development of INFO shops. The extra revenue costs that will be incurred by this project would be in the region of £45,000 per year.

**Ref 16** Friar Street Museum and Resources Centre will generate significant external

funding of over £1,500,000 over three years. This project requires a commitment for funding for a three-year period in order to obtain the external funding. A legal requirement exists to meet disabled access legislation. The minimum cost to meet the legislation would be £145,000, but this would not attract the external funding. The extra revenue costs that will be incurred by this project would be in the region of £13,000 per year.

**Ref 44** Aylestone Park relates to land purchased under CPO legislation and the £100,000 required is the minimum needed to develop the land to prevent legal action by the previous owners for non-progress. External funding towards this project has been withdrawn meaning the proposed development has had to be greatly reduced.

**Ref 46** Ross Creative Learning Centre will provide facilities for young people and the community of Ross. Although there is no legal need for this project, it will attract significant external funding. It is also forecast to generate revenue income that could be used to meet the capital financing charges of the project.

**Ref 19** The Disabled Access for public areas programme is required to conform to the Disabled Discrimination Act that comes into force in October 2004. The sum required for 2004/05 is the minimum needed to begin addressing the issue. It is accepted that it will not be possible to fully conform to the legislation before October, so the areas of highest priority will be addressed first.

**Ref 18** The provision of a replacement Salt Barn for storage at Rotherwas is required to prevent prosecution for pollution of watercourses. There is also now a specific legal requirement to grit roads and this project is needed to ensure the legislation can be complied with.

**Ref 5** The bid for the Crematorium totals £2,455,000 and has already been re-profiled to move some of the funding requirement into the second year of the project. This bid will be supported by income generated from a surcharge on cremations. This surcharge is expected to generate in the region of £60,000 per year thus supporting around £667,000 borrowing – this is highlighted on **Appendix 3**. This bid has a legal requirement under the Environmental Protection Act to ensure harmful chemicals are removed from emissions.

**Ref 45** The ICT Golden Thread bid is in an early stage of development. This project has no external funding or legislation issues but does have a strong business case and is needed in order to meet eGovernment targets and other business critical concerns. The bid is a composite including an upgraded corporate network, provision for flexible working, business continuity/disaster recovery, smartcard technology and corporate document management. Investment in the ICT network is likely to be a priority emerging from the Budget Panel where it has been acknowledged that previous investment in this area has been inadequate. The revenue implication for enhancing the network is a cost of £600,000 for 2004/05, with ongoing costs of £533,333 per year thereafter. These revenue costs will be met from within existing IT budgets.

**Ref 11** The Ross-on-Wye flood scheme bid represents 55% of the total cost, with the remainder being funded by grants from Defra. It should be noted that approving this scheme would require a significant commitment for future years. However, if the project is not proceeded with in 2004/05, there is a risk that future grant funding may not be approved by Defra.

**Ref 1** Extension to Hereford Cemetery is needed to ensure the continued use of the cemetery for the next ten years, otherwise the space will be exhausted within two



years.

**Ref 22** Upcott Pool opening will provide a natural wildlife site and facility for informal recreation by the public.

**Ref 17** Energy Conservation relates to meeting national energy reduction targets and falls in line with the GEM Initiative. This will result in savings in energy costs, but servicing costs for the new energy management services will be incurred.

**Ref 7** The traveller site at Bromyard refurbishment and remodelling work is subject to an external funding bid of £300,000. Should the external funding bid be unsuccessful, the Council funding of £100,000 will not be required.

**Ref 20** Clearbrook Farmhouse requires major structural works to ensure that the Grade 1 listed property is structurally sound, wind and watertight.

**Ref 36** The Rotherwas Business Centre development will result in incubation units for lease by small and start up businesses. It will include high specification industrial units, conference room and training suite aimed at encouraging growth of hi-tech small and start up businesses. There will be external leverage of up to £1,700,000 generated by this scheme.

**Ref 9** The Leominster Landfill monitoring infrastructure is needed to meet the requirements of the Waste Management Licence. The sum required is the minimum necessary to meet this, and should result in reduced annual monitoring costs. The planning permission for the site requires its complete restoration which is expected to cost around £760,000. A bid for this will be submitted for the 2005/06 round of SSP.

**Ref 10** Improvements to Public Toilets represents an ongoing programme and £150,000 is the minimum necessary to progress this in 2004/05. The future years sums are indicative figures, representing the minimum need for a continual rolling programme of improvement.

## BIDS PROVISIONALLY DEFERRED

Ref	Scheme	Capital Requirement		
		2004/05 £	2005/06 £	2006/07 £
4	Ledbury INFO, St Katherines Houses	75,000	1,500,000	
2	Hereford City One Stop Shop	750,000		
15	INFO Service Centre (Contact Centre)	130,000	50,000	50,000
37	Minibus for Social Care	35,000		
26	Hereford City Christmas Lighting	50,000	10,000	10,000
27	Street Light Column Replacement	250,000	250,000	250,000
28	Additional Street Lighting	30,000	15,000	10,000
8	Access to Library & Info services	59,625	39,000	
33	Sutton Primary School	600,000	1,370,000	59,000
34	Weobley High School - Sports Hall	592,000	582,000	35,000
41	Ross Library	800,000		
		<b>3,371,625</b>	<b>3,816,000</b>	<b>414,000</b>

**Ref 4, 2, 15, 8, 41** The Ledbury Info, Hereford City One Stop Shop, Info Service Centre, Access to Library and Info Services and Ross library are not in a position to proceed in 2004/05. A staged programme for these is to be provided, and phased bids are to be considered in future years.

**Ref 37** The minibus for Social Care is to be funded from the Social Care capital receipts reserve once an expected capital receipt is realised.

**Ref 26, 27, 28** The Christmas lighting, column replacement and additional lighting capital bids are of a revenue nature. They have no external funding or specific legal issues to be addressed. These schemes are, therefore, provisionally rejected.

**Ref 33, 34** Sutton Primary school and Weobley High School bids have been deferred for reconsideration in 2005/06.

A separate bid for overall rationalisation of administration accommodation was submitted but is not shown in the tables. It is intended that this will be self-financing over the medium term through property disposals. Further information is required and it is not considered that the scheme could be ready to proceed in 2004/05. It will be necessary to address the cash flow aspects of deferred disposals within the Capital Programme. It is not possible, however, to realistically forecast the impact at this time.

Ref	Scheme	Capital Requirement					Tot Score	Leverage of External Funding				Rev Imps
		2004/05	2005/06	2006/07	2007/08	future years		2004/05	2005/06	2006/07	2007/08	
		£	£	£	£	£	%	£	£	£	£	£
1	Extension to Hereford Cemetery	100,000					69%					(28,000)pa
2	Hereford City One Stop Shop	750,000					83%	180,000				£29,970pa
3	Kington Wesleyan Chapel	550,000					93%	950,000				yes
4	Leadbury, St Katharines Houses	75,000					91%	37,000				yes
5	Crematorium Hereford	1,000,000	1,455,000				75%					(62,500)pa
7	Traveler Site at Bromyard	100,000					64%	rev cont				(20,000)pa
8	Access to Library & info services	59,625	39,000									maint
9	Leominster landfill restoration	45,000					61%					(11,000)pa
10	Public toilets improvements	150,000	150,000	150,000			55%	rev cont				lower maint costs
11	Ross On Wye Flood Alleviation	350,000	1,300,000	275,000			72%	50,000	1,300,000	225,000		maint £5,000 pa
12	Integrated Transport Strategy + low floor bus project	1,404,009	1,127,308	3,628,397				176,000				neutral
13	Local Road Safety Strategy	620,021	655,692	778,603								neutral
14	Managing the Highway Network + bridges	5,522,970	5,843,000	6,142,000								neutral
15	INFO Service Centre	130,000	50,000	50,000								neutral
16	Friar St Mus Res & Learning Centre phase 2 & 3	140,000	433,000	216,000			87%	545,000	654,000	327,000		large savings
17	Energy conservation	100,000					67%					£13,000pa + rev cont
18	Salt Barn Provision	260,000					77%					
19	Disabled Access	200,000	200,000	200,000			78%					8,000
20	Clearbrook Farmhouse	25,000					63%					
22	Upcott Pool	45,000					69%					
23	Rotherwas Access Road	805,000	550,000	1,500,000				950,000	3,441,000	3,358,000		neutral
24	Roman Road Imps	2,720,000	1,600,000					4,750,000				neutral
25	Rationalisation of administrative accommodation	5,000,000	1,500,000	15,000,000								
26	Christmas Lighting	50,000	10,000	10,000	10,000							
27	Column Replacement	250,000	250,000	250,000	250,000							
28	Additional Lighting	30,000	15,000	10,000	10,000							
29	Education & modernisation funding for school premises	2,164,577	1,499,887									yes
30	Costs to Cover Existing Commitments on Education Schemes	1,440,970	339,863									yes
31	Improvement works for Disabled Access in Schools	254,862	256,623									none
33	Sutton Primary School	600,000	1,370,000	59,000								yes
34	Weobley High School - Sports Hall	692,000	682,000	35,000								yes
35	Capital investment in primary schools	819,542	774,137									
36	Rotherwas Business Centre	150,000	150,000				63%	1,436,000	337,370			£15,000pa
37	Minibus for Social Care	35,000										ongoing savings
38	Disabled Facilities Grant	240,000	267,000	267,000	267,000			366,000	407,000	407,000		
39	Housing Renewal	1,200,000	1,300,000	1,300,000				470,000	490,000	500,000		
40	Social Housing Grants	560,000	533,000	733,000	2,133,000			8,500,000	6,400,000	3,900,000		
41	Ross Library	800,000										£34,408pa
43	Leo swimming pool	1,800,000	395,000	63,000			79%	250,000				maint costs
44	Aylestone Park	100,000					82%	430,210	283,920			maint costs
45	ICT The Golden Thread	2,525,000	2,035,000	1,435,000	1,435,000		75%					£600,000pa from existing
46	Ross Creative Learning Centre	116,587					80%	236,705	139,750			bdgt
47	Kick-Start-You@Home	162,500	127,500					127,500	127,500			income



# 2004/05 CAPITAL SCHEME SELECTION PRIORITISATION BIDS TEXTUAL INFORMATION

## APPENDIX 7

Ref No	Scheme	Directorate	Who	Legal Requirement?	Brief Description	Objective	Notes
1	Extension to Hereford Cemetery	Environment	David Ravenscroft	yes, space will be exhausted in 2 yrs	To provide a new burial area complete with roads, pathways, drainage and water. Also provide pathway suitable for disabled access in the cremation vault area	To extend the use of the cemetery facility in Hereford for a further 10 years the current capacity for burials will be exhausted within the next 2 years & it is intended to make the cremation vault burial area more wheelchair friendly by providing a tarmacadam surface on the pathways.	No possibility of reduced funding.
2	Hereford City One Stop Shop	Policy & Finance	Mark Warren	Y (DDA)	Re design of the ground floor of Garrick house to incorporate one stop service. This will result in the closure of other public reception points in Hereford City and will provide the public with a single point of access to all Council services and key partners of the INFO service such as CAB.	To meet key IEG and modernisation objectives, Customer service strategy and Service improvement. Project recommendations	No leverage. Possible capital receipt of £150k. Needed to meet DDA legal req't
3	Kington Wesleyan Chapel	Policy & Finance	Mark Warren	Y (DDA)	The Wesleyan Chapel is a Grade II listed building which the Council owns and has obligation in respect of the designated grading. The Council is committed to improving resident and visitor access to its services and regards Kington as needing to improve its Library services, provision of a One Stop Service (Info in Herefordshire) enhance Tourist Information Services, support better access to voluntary Services.	Improving public accessibility to library and information services. Providing INFO in Herefordshire shops in market towns (Social Inclusion). Meet commitments under Disability Discrimination Act. Regenerate the Market Town of Kington and serve the catchment area.	leverage not confirmed, £140k needed to meet legal requirements (but lose leverage), capital receipt £187k 05/06
4	Ledbury, St Katherine's Houses	Policy & Finance	Mark Warren	Y (DDA)	St Katherine's Masters House, Ledbury - Please Note that figures for 2005/06 are estimates only. Funding is required to conduct a comprehensive feasibility study for the conversion of this grade II listed building into a Library, Info & TIC. The feasibility work will focus on listing the Historical significance of the St Katherine's area in conjunction with English Heritage, but will focus specifically on the Masters House. Work is being match funded by Heritage Lottery Fund. Feasibility will ensure that plans and comprehensive funding framework is completed in time for a funding application in 2005/06.	To provide an INFO in Herefordshire service for Ledbury and catchment area. To provide a new library for Ledbury and catchment area. To improve the tourist information and visitor services for Ledbury and surrounding area. To support the regeneration of the market town by the provision of new and improved services. To redevelop a key Grade II listed building in a conservation area. To promote opportunities for learning.	confirmation of leverage o/s, rev imps to be ascertained
5	Crematorium Hereford	Environment	David Ravenscroft	Y - whole funding req'd to meet emissions stds, otherwise close 2006 & lose £300k p.a. inc	Provide new crematorium chapel with seating for a minimum of 120 persons. The new facilities will include three new cremators, one of which will accommodate larger coffins, currently larger coffins have to travel to crematoriums as far afield as London. The new cremators will have a filtration system that will remove mercury and other toxins from emissions. The design of the new crematorium will take into account the recommendations from the Federation of British Cremation Authorities and will include features that will allow better access for the disabled and elderly.	To provide a cremation facility in Hereford that complies with current and impending legislation and guidelines, the new crematorium must also provide chapel facilities for a minimum of 120 persons. All facilities must be accessible to the disabled and elderly, and will have suitable toilets and rest rooms for the public.	depends on implementation dates of leg & project could not be completed without full funding
7	Traveller Site at Bromyard	Environment	David Ravenscroft	No, but risk if sold without a replacement	To remodel and refurbish the existing 14 pitch site. The new facilities will utilise wherever possible the existing utility buildings.	To provide a slightly smaller more easily managed Traveller site in Bromyard. The remodelling will also include work to the boundary fence which prevents access to a deep water filled quarry, this is essential as there has been a drowning on the site in the past.	Site not used at present, partial refurbishment from less funding could be done
8	Access to Library & Info services	Policy & Finance	Lesley Davies	no	To further utilise new technology to enable optimum access to Library & Information services and delivery efficient and high quality services. The project proposes investment in three areas: - Automated 24 hour telephone call handling system - Security system - Customer self selection, issue and return of library stock.	50% of telephone requests for service handled by automated system (no staff intervention). 30% of on site book issues self service. Demonstrate by user survey that improved service point environment achieved.	perpetual rev imps, reduced funding possible

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Ref No	Scheme	Directorate	Who	Legal Requirement?	Brief Description	Objective	Notes
9	Leominster landfill restoration	Environment	Bruce Chartres	yes by Apr 05	Restoration of the closed Leominster landfill site in accordance with a scheme which complies with requirements of the Waste Management Licence and the planning permission requirements. The scheme will involve capping the site and landscaping. It is likely to include a gas control system. The exact details of the scheme will depend on the outcome of a methane oxidation trial currently taking place.	To comply with legal requirements of Waste Management Licence and Planning Permission.	min £45k req'd, reduced funding will result in delays & costs will increase
10	Public toilets improvements	Environment	John Burton	no	To improve facilities, reduce associated crime and improve the image of Herefordshire's towns by dealing with the run down public toilets that exist.	Improve facilities, reduce associated crime and improve the image of Herefordshire towns by dealing with the run down public toilets that exist	Best Value Imp plan recommendation, reduced funding will result in longer timeframe
11	Ross On Wye Flood Alleviation	Environment	Stephen Oates	no	Construction of a scheme to provide flood protection to a standard of 1 in 100 years for the town of Ross-on-Wye. The current standard of flood defence is estimated to be only 1 in 20 years.	To ensure that Ross on Wye is protected against the devastating disruption to the local community that was experienced in December 2000	reduced funding not possible, rev exp req'd if not successful, money cannot be repaid if grant not successful
12	Integrated Transport Strategy + low floor bus project	Environment	John Colyer		The Integrated Transport Strategy is set out in the Herefordshire Local Transport Plan 2001/2 - 2005/6. This bid is seeking to secure funding to implement the integrated transport schemes for the fourth year of this five year programme. The programme is comprised of a wide range of projects including disabled access improvements, public transport, cycling and safer routes to school schemes. These schemes are helping to tackle a number of problems including: growing traffic congestion, social exclusion and poor access to services and safety of vulnerable road users. Progress on the programme is provided each year in the Annual Progress Report.	This bid is key to helping achieve the Herefordshire Partnership ambition to 'Develop an integrated transport system for Herefordshire'. Specific road safety objectives are set out in the Local Transport Plan (see extract attached).	Leverage confirmed 10/12/03. Risk to future funding
13	Local Road Safety Strategy	Environment	John Colyer	Yes LTP is a statutory plan	The Local Road Safety Strategy is set out in the Herefordshire Local Transport Plan 2001/2 - 2005/6. This bid is seeking to secure funding to implement the road safety schemes for the fourth year of this five year programme. The programme is comprised of a wide range of projects including low cost safety schemes, traffic calming, minor safety improvements and speed limit reductions. This programme of schemes is complemented by an established programme of education, training and publicity delivered by the road safety team.	This bid is key to helping achieve the Herefordshire Partnership ambition to 'Develop an integrated transport system for Herefordshire'. Specific transport objectives are set out in the Local Transport Plan.	Leverage confirmed 10/12/03. Failure to meet LPSA target. More death & injuries on roads?

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Ref No	Scheme	Directorate	Who	Legal Requirement?	Brief Description	Objective	Notes
14	Managing the Highway Network + bridges	Environment	John Colyer	Yes Highways Act risk of claims from public	The Managing the Highways Network Strategy is set out in the Herefordshire Local Transport Plan 2001/2 - 2005/6 and the delivery of the maintenance service is set out in the Highway Maintenance Plan. This bid is seeking to secure funding to implement highway maintenance schemes for the fourth year of this five year programme. The programme is comprised of a wide range of maintenance schemes including carriageway reconstruction, resurfacing and surface dressing, bridge maintenance and footway and cycleway maintenance. These works help complement both integrated transport strategy schemes and close work with the road safety team enables maintenance and safety improvements to be coordinated.	This bid is key to helping achieve the Herefordshire Partnership ambition to 'Develop an integrated transport system for Herefordshire'. Specific highway maintenance objectives are set out in the Local Transport Plan and LPSA Target 3 - Road Safety.	Leverage confirmed 10/12/03. Cap invest will lead to reduced pressure on rev budget. Potential loss of future funding
15	INFO Service Centre	eModernisation	Kath Davies		A Contact Centre for services provided by Herefordshire Council. The contact centre would provide a customer facing service, proactively dealing with customers' service requests received by telephone.	To meet key IEG and modernisation objectives, Customer Service Strategy and Standards and recommendations from the Service Improvement Project.	
16	Friar St Mus Res & Learning Centre phase 2 & 3	Social Development	Kate Andrew	yes (DDA Apr 04, Standards 2008 & asbestos removal)	The creation of a museum resource and learning centre by conversion of an existing BT repeater station and a new build extension. The project is phased, the initial phase being the purchase and partial conversion to create a museum store to replace the Gimmer Road facility. Phase 2 will complete the conversion and create storage for all museum collections except fine art. Phase 3 will create a new learning centre & space for all collections with future expansion capacity of around 30%	1. To achieve a stable environment for all Heritage Services collections in the new centre by minimising risks from all 10 agents of deterioration, thereby achieving national standards for the care of collections 2. To transfer all collections, reference material and associated data from dispersed sites and unsuitable storage locations to the centre and to provide long term space for expansion of the collections 3. To create a centre from which Heritage Services can operate and develop its services to offer a county wide advisory and outreach service, including a bulk de-infestation facility 4. To establish facilities for researchers and small groups to consult, lay out or work with collections and to provide public access to collections via tours on open days 5. To create the facilities and infrastructure for a Heritage learning centre.	spend before grant rec'd, costs of stopping project, poss cap receipt
17	Energy conservation	Property	Colin Birks	yes?	The undertaking of building and engineering works which will result in a payback period of less than five years for the capital investment.	To meeting national energy reduction targets	will result in revenue savings
18	Salt Barn Provision	Property	Colin Birks	yes? Risk of prosecution & fin loss	Provision of a replacement barn for the storage at Burcott Depot.	To prevent prosecution for pollution of water courses.	60 yrs rev imps not detailed
19	Disabled Access	Property	Colin Birks	yes Oct 04, risk of prosecution	Undertaking improvement works to meet Disabled Discrimination Act that come into force on 1st October 2004.	Provide disabled access to public areas	on-going rev imps not detailed
20	Clearbrook Farmhouse	Property	Colin Birks	no	Structural works to a Grade I listed building just outside Pembridge. Works to include replacing timberwork, wattle and daub infill panels and lead casement windows and making the property structurally sound and wind and water tight.	TO BRING THE PROPERTY TO A SATISFACTORY LEVEL OF REPAIR AND MAINTENANCE.	reduced funding would result in delays

**2004/05 CAPITAL SCHEME SELECTION PRIORITISATION BIDS  
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Ref No	Scheme	Directorate	Who	Legal Requirement?	Brief Description	Objective	Notes
21	The Homelands	Property	Colin Birks	no	Development of a new dairy complex to house 100 dairy cattle and followers together with feeding area, grain storage, dairy parlour, office, grain store and implement shed.	TO DEVELOP AN AMALGAMATED SMALLHOLDINGS UNIT AND PROVIDE ADEQUATE CATTLE HOUSING AND MILKING FACILITIES FOR A MODERN DAIRY UNIT TO SURVIVE IN THE CURRENT DEPRESSED CLIMATE.	poss capital receipt £550 000 spring 2005, delays in funding equals delay in receipt, reduced funding equals reduced receipt USE CCRR corr UNTIL RECEIPT REALISED
22	Uppcott Pool	Property	Colin Birks	no	Dredging of Uppcott pool and clearing rides through the wood to enable people to walk and possibly ride through.	TO CREATE AND IMPROVE A NATURAL WILDLIFE SITE AND FACILITY FOR INFORMAL RECREATION.	scheme could be delayed one year
23	Rotherwas Access Road	Environment	John Colyer	Yes LTP is a statutory plan & reduced funding will result in further reduced funding in future years	The Hereford Integrated Transport Strategy is set out in the Herefordshire Local Transport Plan 2001/2 - 2005/6. Maintaining the economy of Hereford City is important to achieve the overall aim of this Strategy. The Rotherwas Industrial Estate, located to the south east of Hereford provides approximately 2000 jobs and in light of the significant transport constraints the Council proposes a package of measures including the construction of a new access road to the Estate. The access road is necessary in order that the development strategy of Regional Planning Guidance and current Development Plan is implemented. The access road is also necessary in order to improve the living conditions of the residents along Holme Lacey Road and is a key element in a package of measures designed to reduce congestion and improve access to the estate for staff by sustainable modes of transport.	This bid is key to helping achieve the Herefordshire Partnership ambitions to 'Develop an integrated transport system for Herefordshire' and 'Support business growth and create more and better paid work in Herefordshire'. This scheme relates to specific LTP objectives.	Leverage expected to be confirmed 10/12/03, possible loss of business & employment
24	Roman Road Imps	Environment	John Colyer	Yes LTP is a statutory plan	The Hereford Integrated Transport Strategy is set out in the Herefordshire Local Transport Plan 2001/2 - 2005/6 and the Roman Road Improvement scheme is detailed as part of this strategy. This section of carriageway is substandard in terms of carriageway and verge width and there are areas where there is insufficient width for two vehicles to pass safely. The scheme will provide a standard 7.3m wide carriageway with an adjacent 3m wide combined footway / carriageway. The existing A480 junction will be improved by the construction of a new roundabout. The scheme will provide particular benefits by the construction of the footway / cycleway and will contribute to achieving the strategic objectives of reducing east-west through traffic which currently travels through the centre of Hereford.	This bid is key to helping achieve the Herefordshire Partnership ambitions to 'Develop an integrated transport system for Herefordshire' and relates to specific Local Transport Plan Objectives. HT2, HT3 & HT8.	Leverage expected to be confirmed 10/12/03, risk to future funding
25	Rationalisation of administrative accommodation	Property	Stuart Gent		The Council has entered into an agreement to lease the second floor of the above building. In 2004 other space within the building will become available. The Council may have the option of leasing other floors or, possibly, acquiring the freehold of the premises. Other land, adjacent to the office block, may become available in 2005, the option to purchase the land is a distinct possibility.	To address the long stated ambitions of the Council to centralise core services on one site. To move towards flexible working and to rationalise the operational property holding.	
26	Christmas Lighting	Environment	Derek Powell		The need to replace obsolete Christmas lighting equipment in High Town, Hereford and maintain a lighting display in Hereford City Centre.	To retain a festive lighting display in High Town, and Hereford City Centre streets.	



# 2004/05 CAPITAL SCHEME SELECTION PRIORITISATION BIDS TEXTUAL INFORMATION

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Ref No	Scheme	Directorate	Who	Legal Requirement?	Brief Description	Objective	Notes
27	Column Replacement	Environment	Derek Powell		Many of the existing street lighting columns in Herefordshire have passed their design life (30 years). To prevent possibilities of a column collapsing, a capital replacement programme should be implemented.	To tackle the backlog of the obsolete street lighting infrastructure in Herefordshire.	
28	Additional Lighting	Environment	Derek Powell		Requests are received from Council members, members of the public and Parish Councils for extra street lighting to light areas not lit or increase lighting levels.	To tackle the backlog of the obsolete street lighting infrastructure in Herefordshire.	
29	Education & modernisation funding for school premises	Education	G Parfitt	no	Funding to cover capital improvement schemes in schools that have been identified as priority projects through the AMP, Local Policy Statement and Statement of Priorities, and to address the back-log of maintenance works required in schools (currently >£.15m). This funding has been provisionally allocated by the DfES (copy attached), with confirmation of this expected in January 2004	To continually address improvement works required in schools that have been identified through the AMP, and to address urgent maintenance works required	
30	Costs to Cover Existing Commitments on Education Schemes	Education	G Parfitt	yes	2nd and 3rd year costs to cover expenditure on schemes that are currently in progress, or have been completed but with retention payments to be made as per attached list of schemes. Funding from the Department for Education & Skills to this level has already been confirmed as per the attached correspondence.	To ensure that current projects are completed and that commitments with contractors, architects and consultants are honoured	
31	Improvement works for Disabled Access in Schools	Education	G Parfitt	yes DDA	A rolling programme of improvement work to improve access and facilities for disabled pupils and parents alike and to improve access to the national curriculum for individual pupils. This is directly linked to the Disability Discrimination Act and the Education Directorates Accessibility Strategy. Funding for this is via the DfES, and confirmation of the actual amount will be in January 2004.	To improve facilities in schools throughout the county for disabled pupils and parents	
32	Improvement schemes	Education	G Parfitt		To utilise the capital receipt from the sale of the former Goodrich Primary School.	To use these capital receipts for funding towards improvement schemes identified in the AMP Local Policy Statement and Statement of Priorities	
33	Sutton Primary School	Education	G Parfitt	no	The replacement of the existing primary school on a new site to provide through innovative design a fully inclusive 3-classroom primary school, shared hall and additional facilities for the local community.	To provide a facility in which the national curriculum can effectively and efficiently be carried, together with facilities which can be used by the local community	Capital receipt expected 2006. High priority in AMP
34	Weobley High School - Sports Hall	Education	G Parfitt	no	To provide a purpose built dedicated sports hall in a school which currently has only one large space to serve the needs of assembly, drama, music, PE and examinations. The facility will also be available to meet community needs.	To improve facilities at the school and for the local community	
35	Capital investment in primary schools	Education	G Parfitt	no	Funding to be made available by the DfES for capital investment in Primary Schools.	To improve facilities at primary schools throughout the county as identified in the AMP	
36	Rotherwas Business Centre	Economic Development	Katherine Jones	no	The Rotherwas Business Centre is a flagship development that will provide incubation units on Rotherwas Industrial Estate to accommodate small and start-up businesses. The 1600 sq m facility will include offices, high-specification industrial units, a conference room and training suite linked to support services.	The facility will provide speculative leasehold office accommodation and light industrial units aimed at encouraging the growth of hi-tech small and start up businesses.	if not funded leverage may be lost, reduced funding may stop building of centre - leverage partly confirmed
37	Minibus for Social Care	Social Care	Anne Silley		Investment in a new minibus for transport of Social Care service users will result in savings on a route currently covered by an external contractor An Invest to Save initiative	To increase efficiency of Social Care transport by supplying service in house rather than using external contractors resulting in lower costs	

**2004/05 CAPITAL SCHEME SELECTION PRIORITISATION BIDS  
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Ref No	Scheme	Directorate	Who	Legal Requirement?	Brief Description	Objective	Notes
38	Disabled Facilities Grant	Housing	Richard Gabb	yes	The provision of grants towards the cost of disabled adaptation to people's homes is a statutory obligation under the provision of the Housing Grants Construction & Regeneration Act 1996. The Council's contribution represents 40% of the total budget with the remaining 60% funded through BCA. There is an apparent backlog of adaptations amongst tenants of some Herefordshire Registered Social Landlords and an increase in funding is sought partly to enable assistance with this backlog. Whilst the statutory responsibility rests with the local authority, RSLs have been encouraged, as good landlords, to fund adaptations for their tenants. Demand, however, for adaptations is on the increase.	To promote independent living.	leverage automatic, ongoing legal reqd. risk of prosecution
39	Housing Renewal	Housing	Richard Gabb	no under adopted Housing Renewal Policy in accordance with the Regulatory Reform Order 2002	The provision of financial assistance to improve housing conditions, energy efficiency and promote independent living in domestic dwelling stock in Herefordshire. The programme enables the authority to tackle unfit housing in the private sector including the improvement of conditions in housing in multiple occupation and bring empty properties back into use. Repair for older and vulnerable residents will support independent living at home with energy efficiency grants tackling fuel poverty and contributing to the Council's statutory obligations under the Home Energy Conservation Act.	The Housing Renewal programme continues to play a fundamental part in contributing to a number of the key ambitions of the Herefordshire Plan. The accompanying Housing Renewal Policy sets out these ambitions and clearly sets out the national, regional and local objectives which the programme sets out to achieve. A copy of the Housing Investment Strategy 2003-2006 sets the overall strategy for Herefordshire with which this Capital programme operates. The strategy includes the Housing Ambition Group Action Plan towards which this programme makes a key contribution. A copy of the Home Energy Conservation Act 7th Annual Progress Report is attached which demonstrates the Council's commitment and progress towards the national energy efficiency improvement target on CO <sub>2</sub> emissions.	leverage confirmed
40	Social Housing Grants	Housing	Richard Gabb	yes, urgent need by 2006, poss fin penalties	Herefordshire has an increasing crisis in relation to the ability of its residents to access affordable housing with evidenced increasing levels of homelessness. This programme enables the development of affordable and supported housing in Herefordshire consistent with local priorities and objectives set out within e.g. the Herefordshire Housing Investment Strategy and Supporting People Shadow Strategy. The funding is utilised in partnership with Registered Social Landlords who also utilise their own Capital Reserves, borrowing and/or access to Housing Corporation Funding to develop housing schemes in Herefordshire.	To meet Herefordshire's Accommodation Needs through the provision of new and refurbished accommodation and the bringing back into use of empty properties.	provision of affordable housing to meet local needs, leverage to be confirmed in Feb, increased rev costs of b&b's etc until funded
41	Ross Library	Policy & Finance	Mark Warren	no	The basis of this bid is for the relocation of INFO services from prohibitively expensive rented accommodation in Swan House into Council owned property at Ross Library Relocation will save the Council Circa £55,000 p.a. in rent and will support the asset management plan Customer Service Strategy and Libraries & Info Integration of Staff and Services Strategy	Reduce Property portfolio, reduce revenue expenditure on rent, increase Library & info opening hours Improve DDA, move Staff and Service integration plans forward	dec 03/jan 04 business case & rev imps expected to be identified
43	Leo swimming pool	Social Development	Tony Featherstone	no	To seek replacement swimming facility for the closed Sydonia Pool in order to meet the Educational, Health and Social needs of the residents of North Herefordshire.	Secure continued access to quality water space to meet identified local needs.	minimal effect of postponement reduced funding not an option - leverage partly confirmed

**2004/05 CAPITAL SCHEME SELECTION PRIORITISATION BIDS  
TEXTUAL INFORMATION**

**APPENDIX 7**

Ref No	Scheme	Directorate	Who	Legal Requirement?	Brief Description	Objective	Notes
44	Aylestone Park	Social Development	Tony Featherstone	No but CPO, prosecution & compensation a threat	Construction of new public open space facilities in accordance with the requirements of the CPO, to assist with the delivery of strategic policy objectives. The scheme includes football, cricket, bowling, play, youth facilities, changing facilities, access and parking as well as informal recreational areas, wildlife areas and canal restoration.	To provide new public open space to meet NPFA standards and to address a shortage of facilities for sports within the City. To compensate for the public usage loss of Holmer Playing Fields. To minimize the risk of liability to the Council from previous land owners contesting the CPO.	possible 10 yr project - leverage partly confirmed
45	ICT The Golden Thread	eModemisation	Philippa Granthier		The Council has suffered a lack of investment in its core ICT infrastructure. In particular, investment in the corporate network and disaster recovery. At the same time, however, the Council's plans for organisational development and its plans for service provision to the county have expanded considerably. All are dependent on a reliable ICT infrastructure. The need for greater access to services and flexibility for improved social inclusion objectives also needs addressing. The bid outlines the required capital investment to enable the Council to work more efficiently. That is, an upgraded corporate network, business continuity/disaster recovery, smart card technology, corporate document management	Targets: Increased access to services and information; flexible working; secure access and infrastructure; improved network resilience and performance; full disaster recovery, corporate document management Outputs: Number of people working flexibly; System Uptime Targets; Customer Satisfaction Targets; Number of system security breaches; Number of corporate documents handled electronically; uptake of smart cards with citizens and employees alike Outcomes: the development of ICT skills in the Council and within local communities; greater access to services and information; access to improved opportunities for learning and training; improved work/life balance; a secure access and authentication mechanism. and a corporate infrastructure to underpin our vision.	
46	Ross Creative Learning Centre		Marion Campbell	Y DDA	The project will provide creative learning facilities for young people of Ross and the surrounding area and recreation/training for the wider community. Currently underused Youth Centres will be refurbished to provide a range of creative learning environments. In addition to full disabled access to the premises, facilities for music, creative computing, performance, photography, video production, art and craft will be created. Much of this provision will be first step and complement specialist facilities locally as well as broadening the scope of opportunities across the creative arts. Local partnerships of young people and the wider community are steering the project and will form the management group.	1 Provide creative learning facilities for young people2 Offer creative recreational/training facilities to the wider community3 Refurbish underused Youth Centres4 Involve young people in the management and development of the Centre and programme5 Generate opportunities for Young Enterprise6 Establish a partnership of local youth and community groups.	
47	Kick-Start - You@Home		Richard Gabb	no	This initiative will provide a dedicated service to vulnerable people in their homes by carrying out essential or urgent works up to the value of £1,000 that have been identified and referred by health or other key workers as part of their daily activities. The service will undertake necessary repairs quickly and efficiently at no cost to the occupier and be available across all tenures, and throughout the County area.	To enable vulnerable members of the community to remain in their own homes.	Leverage: £7,500 from Anchor Trust pa & rest from internal sources (minor works assistance budget & grant funding)



## BUDGET MONITORING 2003/04

### PROGRAMME AREA RESPONSIBILITY: CORPORATE STRATEGY AND FINANCE

CABINET

29TH JANUARY, 2004

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#### Wards Affected

County-wide

#### Purpose

To note the position with regard to revenue budget monitoring for Programme Areas in 2003/04.

#### Key Decision

This is not a Key Decision

#### Recommendation

**THAT the report be noted.**

#### Reasons

Reports are regularly presented to Cabinet as part of the Council's Performance Management arrangements. Cabinet Members will discuss the individual Programme Area figures with their Directors and Departmental Managers as appropriate.

#### Considerations

1. Appendix 1 shows the details of the spending as at 30th November, 2003 for each Programme Area, together with the projected outturn for 2003/04.
2. The budgets shown for 2003/04 include the final carry forwards from 2002/03.

#### Education

3. A very large proportion of the Education budget is delegated to schools. Any underspendings, or indeed overspendings should they occur, in the schools' budgets will automatically be carried forward into next year under the statutory arrangements for delegation to schools.
4. It is expected that the net expenditure on the non-schools budgets will be contained within the budget. The main spending pressure area is home to school transport where costs are continuing to rise above the general level of inflation.

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Further information on the subject of this report is available from  
David Keetch, Assistant County Treasurer on (01432) 260227

## **Policy and Finance General**

5. It is clear that there will be a significant shortfall of income from Land Charges because of the increasing use of private firms to carry out personal searches. The shortfall of income of £95,000 in 2002/03 was met from reserves. The shortfall is now estimated at £90,000 for 2003/04. In addition, following the non-achievement of the Best Value Performance Indicator (BVPI) in relation to dealing with search requests, the Environment Directorate has recruited extra staff which are to be paid for from search income. The cost of additional staff (£50,000) potentially increases the deficit to £140,000, which will need to be met from the Council's general reserves.
6. Spending on e-Modernisation is low compared to the budget at present. An underspending of £564,000 is predicted despite spending accelerating during the remainder of the year. As sufficient external funding can be carried forward into 2004/05, the underspending is not a major concern in financial terms.
7. Some of the Treasurer's Department underspending brought forward from 2002/03 (£160,000) is expected to be carried forward in 2004/05 to meet the cost of the new Revenues and Benefits systems etc.
8. Members' expenses will be overspent by approximately £37,000 primarily because of the need to fund the cost of the IT support costs for Members' pc links and laptops.
9. It has been assumed that the additional costs of undertaking the job evaluation process, estimated at £100,000 for the year, and the externalisation of Commercial Services (£109,000) will be met from reserves. In the case of the externalisation, these costs will be met from mobilisation payments received as a result of the transfer.
10. The latest report to the Combined Fire Authority indicated that a supplementary levy for constituent authorities would be necessary for 2003/04. The estimated share for Herefordshire Council would be £68,000. A final decision will be taken at the Fire Authorities' February meeting. Any additional costs would be met from reserves.

## **Policy and Finance Property**

11. The projected overspend on Property has increased marginally to £757,000, including £524,000 brought forward from 2002/03. £379,000 of this overspend is the deficit on the Markets and Fairs budget. The rent reviews at the Cattle and Butter markets have reduced income levels so this deficit is expected to rise to £420,000 this year. The capital investment in creating new car parking provision, should increase income in total by between £80,000 and £100,000 per annum in future years. However, the income being received each month is only just beginning to build up.
12. In addition, the projected deficit on income from the Industrial Estate has again risen to £475,000 because of Industrial Units becoming vacant and the sale of leases resulting in lower income. Income from shops transferred from Housing following the stock transfer will, however, produce a surplus of £100,000 in 2003/04.

### **Environment General**

13. Spending continues to be in line with the budget in overall terms. An overspending on the Waste Collection contract is expected because of the costs of indexing the contract but this is being largely offset by additional Trade Waste charges. The Travellers budget is likely to be overspent by around £30,000 although rental income is coming in more steadily this year. The income for Cemeteries and the Crematorium is above budget by approximately £80,000 for the first eight months of the year.

### **Environment Regulatory**

14. Spending on Environment Regulatory is very much in line with the budget at present, with most services showing modest underspendings. Budget pressures are increasing in respect of Landfill and Contaminated Land and Licensing but these are being contained.

### **Planning**

15. The main variation is additional fee income received to date this year. Difficulties in recruiting staff is producing staffing savings especially in building control. In total, the estimated outturn suggests an underspending of around £100,000 during the year. The report anticipates that the Planning Development Grant of £320,000 will be fully committed although possibly not spent during 2003/04.

### **Social Care**

16. The projected year end position for Social Care is an over commitment of £316,000, after incorporating the 2002/03 overspend brought forward of £582,000.
17. The objective remains to balance the budget overall (including the 2002/03 overspend). The current position shows progress against this objective. However, in light of the continuing financial risks within the budget a cautious but proactive approach has been taken.
18. There are risks in the children's services area from lack of capacity in the foster parents resource and the need to find other placements. There is also the imperative to improve the performance on delays for older people and intensive home care, which will remain challenging in terms of budget management. Financial risks of Free Nursing Care income and potential loss of income from Fairer Charging remain.

### **Strategic Housing**

19. The projected year end position is an underspend of £100,000, after incorporating the 2002/03 underspend. It is not expected that there will be an underspend in future years. The reason for the expected underspend in this year is the time taken to review services and recruit to all posts within the new Strategic Housing function and also reflects the cautious approach taken to committing to expenditure in the first year following transfer. The risk area is spend on homelessness although this is currently underspending and no adverse circumstances are known.

## **Social Development**

20. The only significant budget issue remaining is the expected overspend in 2003/04 of Parks and Countryside which is now estimated at £130,000. This has been assisted by meeting the overspending brought forward from 2002/03 out of the sums held in respect of open spaces commuted sums.

## **Leisure Contracts**

21. Discussions are continuing with the Leisure Trust in order to eliminate this deficit during 2003/04.

## **Economic Development**

22. Spending on Economic Development is within budget at present and no major variances are currently predicted. The carry-forward from 2002/03 of £150,000 included significant amounts for 2003/04 projects.

## **23. Financial Transactions**

Investment interest received and debit interest paid is currently expected to be £220,000 better than budgeted mainly owing to relatively slow capital programme expenditure.

## **Conclusion**

The projected overspending for the year is now £421,000, which is well within the Council limit of 1%. The improved position reflects the continuing reductions in the expected overspendings for Social Care together with a projected underspending of £564,000 for modernisation.

## **Revenue Reserves position as at 12th December, 2003**

The estimated value of reserves as at 31st March, 2004 is estimated to be some £2,050,000. This takes account of a likely underspending on capital financing costs during the year and the final Herefordshire Commercial Services position, offset by potential call on reserves in relation to Land Charges etc. The figure also takes account of authorised approvals during the course of the financial year. The County Treasurer will advise further at the meeting.

## **Alternative Options**

There are no alternative options.

## **Consultees**

None identified.

## **Background Papers**

None identified.



### Summary Budget Monitoring Report 2003/04 - November 2003

Programme Area	2003/04 Budget	Actuals to Period 8	Budgets to Period 8	Variance	Projected Out-turn	Projected Over/(Under) Spending
	£000	£000	£000	£000	£000	£000
Education	77,875	45,380	51,917	6,537	77,875	0
Social Care	32,681	22,933	21,581	-1,352	32,997	316
Policy and Finance - General	21,312	27,975	29,786	1,811	20,830	-482
Policy and Finance - Property	1,344	1,082	689	-393	2,101	757
Environment - General	16,674	8,651	11,088	2,437	16,674	0
Environment - Regulatory	2,276	1,301	1,517	216	2,276	0
Environment - Planning	2,151	780	1,434	654	2,051	-100
Social Development Leisure Contract	7,531 -138	4,778	5,040	262	7,661 -18	130 120
Economic Development	2,229	1,020	1,486	466	2,229	0
Housing	1,406	412	1,084	672	1,306	-100
	<hr/> 165,341	<hr/> 114,312	<hr/> 125,622	<hr/> 11,310	<hr/> 165,982	<hr/> 641
Financing adjustments etc	2,203	707	1,216	509	1,983	-220
	<hr/> 167,544	<hr/> 115,019	<hr/> 126,838	<hr/> 11,819	<hr/> 167,965	<hr/> 421



## **CAPITAL PROGRAMME MONITORING 2003/04 TO 30TH NOVEMBER, 2003**

### **PROGRAMME AREA RESPONSIBILITY: CORPORATE STRATEGY AND FINANCE**

**CABINET**

**29TH JANUARY 2004**

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#### **Wards Affected**

County-wide

#### **Purpose**

To note the Capital Programme forecast for 2003/04.

#### **Key Decision**

This is not a Key Decision.

#### **Recommendation**

**THAT the position be noted.**

#### **Reasons**

Report for noting only.

#### **Considerations**

1. The purpose of this review is to update the spend position as at 30th November, 2003 in order to highlight and manage any slippages or overspends.

#### **Overview**

2. The revised forecast for 2003/04 as at 30th November, 2003 remains at £34,732,000 (excluding LSVT costs).
3. Actual spend in the first eight months at £19,225,000 was 50% of the forecast. This excludes commitments. A summary of the programme expenditure for each area is set out on Appendix 1.

## **Capital Programme Areas**

### **Education**

4. Actual spend represents 58% of the forecast. New schemes may be brought on line before the year-end in order to ensure no conditional funding is lost. This will be reflected in future rounds of capital monitoring.

### **Social Care**

5. Actual spend represents only 53% of the forecast. Lead officers are aware of the potential problem from not spending.

### **Property**

6. Actual spend represents 94% of the forecast, as the Hillside Capital works are now complete and this service provision is now open to the public. The salt barn provision spend can be accelerated to spend £150,000 before March to ensure any conditional funding is not lost. This will be reported in the next round of capital monitoring.

### **Policy and Finance**

7. Actual spend represents 36% of the forecast. The potential overspend on CCTV is to be financed from a revenue contribution relating to CCTV revenue underspend. The Info in Bromyard capital scheme is nearing completion. Commitments should be realised before the year-end which will increase the spend position.

### **eModernisation Programme**

8. Actual spend represents 51% of the forecast. Spend is expected to accelerate between now and March. The flexible working capital scheme has encountered technical problems. The scope of this scheme has been extended to all directorates for the purchase of laptops and desking to facilitate working from home.

### **Environment General**

9. Actual spend represents 49% of the forecast. Commitment spend represents 80% of the forecast. This still leaves an underspend position, mainly relating to the LTP programme, that lead officers are aware of and remedial action is being sought to ensure no conditional resources are lost.

### **Social Development**

10. Actual spend represents 11% of the forecast. There have been problems surrounding the Aylestone Hill capital scheme. The problems relate to utilities on the site and access from the main road. Funders have also withdrawn from the scheme. The scope of the scheme is under review and an accurate picture will be available following the next round of capital monitoring in January. There have also been problems with the Castle Pool capital scheme owing to environmental issues, which again will be reported during the next round of capital monitoring in January. These schemes were to be funded by Credit Approvals and alternative schemes will use this resource to ensure no conditional funding is lost.

### **Economic Development**

11. Actual spend represents 34% of the forecast. Lead officers are aware of the potential problem from not spending.

### **Strategic Housing**

12. Actual spend represents 22% of the forecast. Lead officers are aware of the potential problem from not spending.

## **Conclusion**

The current capital monitoring forecast is that, subject to the acceleration of spending and bringing forward spend on new schemes, no conditional resources will be lost.

## **Alternative Options**

There are no alternative options.

## **Consultees**

Not applicable.

## **Risk Management**

Capital monitoring is in itself is an integral part of risk management. The potential loss of conditional resources is identified and adjustments are made accordingly.

## **Background Papers**

None identified.

## APPENDIX 1

### CAPITAL EXPENDITURE BY PROGRAMME AREA

	Outturn	Original Budget	Forecast 30/09/03	Actuals at 30/11/03	Actuals as a % of the revised forecast
Programme area	2002/03	2003/04	2003/04	2003/04	
	£'000	£'000	£'000	£'000	%
Education	5,761	7,747	8,196	4,727	58%
Social Care	618	300	411	216	53%
P&F – Property	865	837	1,419	1,336	94%
P&F – General	320	1,047	1,050	380	36%
P&F – eModernisation	968	1,216	1,068	543	51%
Environment Planning	4	-	-	-	-
Environment General	9,745	10,501	10,720	5,298	49%
Social Development	873	995	996	108	11%
Economic Development	849	3,656	6,040	2,049	34%
Strategic Housing	3,687	5,494	4,832	1,066	22%
HCS	66	-	-	-	-
Joint Finance	1,358	-	-	56	N/a
<b>Outturn</b>	<b>25,114</b>	<b>31,793</b>	<b>34,732</b>	<b>15,779</b>	<b>45%</b>
Housing Revenue Account	7,030	3,379	3,774	3,446	91%
<b>Total Outturn</b>	<b>32,144</b>	<b>35,172</b>	<b>38,506</b>	<b>19,225</b>	<b>50%</b>

# RACE EQUALITY SCHEME - PROGRESS REPORT

## PROGRAMME AREA RESPONSIBILITY: CORPORATE STRATEGY AND FINANCE

CABINET

29TH JANUARY, 2004

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### Wards Affected

County-wide

### Purpose

To receive an update on the progress made in the last six months on implementing the Council's Race Equality Scheme.

### Key Decision

This is not a Key Decision.

### Recommendation

**THAT the action undertaken to date be noted.**

### Reasons

1. In line with the Race Relations Amendment Act (2000) Herefordshire Council produced a Race Equality Scheme in May 2002 providing a framework for how the Council intends to promote race equality through:
  - Eliminating unlawful racial discrimination
  - Promotion of equal opportunity
  - Promotion of good relations between people of different racial groups.
2. In line with the action plan detailed within the Race Equality Scheme, reports were made to the Chief Executive's Management Team, Cabinet and Strategic Monitoring Committee in March and June 2003. This process will be repeated for each scheduled reporting cycle. Due to the deadline for submission of reports, this report will be presented to Strategic Monitoring Committee on the 9th February, 2004 supplemented by any comments Cabinet wishes to make.
3. A new action plan was approved by Cabinet in October 2003. The progress noted below is against that plan.

## **Considerations**

1. The table at Appendix 1 contains details of progress against those actions set out within the Race Equality Scheme that have deadlines prior to January 2003.
2. An interim report has been received from University College Chichester on the research project it has been commissioned to undertake. The interim report is subject to significant change resulting from the ongoing research. The final report will be presented on completion of the research project in June 2004.

## **Risk Management**

Failure to make significant progress against the action plan would compromise compliance with the Race Relations Amendment Act 2000. This could expose the Council to legal action. Failure to progress satisfactorily could also damage the perception of the Council by staff the general public, and in particular ethnic communities.

## **Consultees**

Chief Executive's Management Team

## **Background Papers**

None identified.



Ref	Action	Progress
CA5	Revise service planning framework and self-assessment	The Service planning framework review did not encompass Race Equality issues. This will be picked up in the next corporate review, a timetable for which is yet to be determined.
CA8a	Review the formal complaints procedure to ensure that all explicit race harassment and victimisation complaints are accelerated into the formal procedure	The formal complaints procedure has been revised. It is now a requirement that all complaints of a racial nature are accelerated into the formal procedure. The Race Equality Development Officer is providing briefing/awareness raising sessions for Directorate/Department Complaints Officers.
CA8b	Ensure a unique identifier for complaints relating to racial discrimination	Evaluation of the pilot of the Racial Harassment Form is underway. A bid for funding for the rollout of the form will be made in January 2004
CA8c	Report on findings quarterly to the Steering Group and ensure appropriate corrective action	No official complaints have been made to the Council with regard to racism. Ethnicity Monitoring on complaints has revealed that similarly nobody who has complained has identified themselves as being Black or Minority Ethnic. Anecdotal evidence from the Race Equality Partnership indicates that individuals do wish to complain about incidents which are perceived as racist. With this in mind, linkages between the Race Relations Development Officer and Directorate Complaints Officers will be augmented.
C2	Identify community groups for consultation purposes	Constructive, ongoing consultation has been undertaken with Herefordshire Communities Against Racism (CAR) Group by the Head of Policy and Communication, Policy Assistant and Graduate placement.  Further meetings are planned to establish CAR groups in Ledbury and Leominster. This work is being undertaken with Herefordshire Race Equality Partnership.
ET2b	Report on the findings of statistics in relation to ET2a above in line with the requirements of the Race Equality Scheme	A report will be presented to Chief Executives Management Team during January 2004 detailing the results of workforce analysis.
ET8	Develop support networks for minority ethnic staff	Communication through Core News has enabled a staff group to be set up. There have been two meetings to date



# OLDER PEOPLE SERVICE BUSINESS CASE FOR IMPROVEMENT & DEVELOPMENT

## PROGRAMME AREA RESPONSIBILITY: SOCIAL CARE AND STRATEGIC HOUSING

CABINET

29TH JANUARY, 2004

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### Wards Affected

County-wide

### Purpose

To receive a detailed business case for consideration.

### Key Decision

This is a key decision because it is significant in terms of its effect on communities living or working in Herefordshire in an area comprising one or more wards. It was included in the Forward Plan.

### Recommendation

- THAT (a) the direction for improvement and development be supported; and**
- (b) the investment needed in the ongoing budget planning deliberations be considered for approval.**

### Reasons

The focus of the business case is to support best value for older people services into the future and the direction requires endorsement.

### Considerations

1. The Joint Review highlighted deficiencies in funding and services for older people.
2. An outline business case was presented to Cabinet in June 2003. The broad scope of this report was supported for further work.
3. The attached report and Appendix 1 outlines the case for improvement, development and investment. Appendix 2 is a national document published by ADSS (Association of Directors of Social Services) and LGA (Local Government Association) in October 2003. This outlines the case for a different approach to older people and care.
4. The challenge of making every effort to improve practice and services is considerable given the resources available currently.

5. Efforts in 2003-04 to manage the money better are proving successful. Month 8 budget monitoring shows a continued positive impact on the overspend carried forward.
6. This report has been the subject of a Leader's briefing, Members' Seminar and will be considered by the Social Care and Housing Scrutiny Committee on 27th January, 2004.
7. The star ratings for Social Care in November 2003 assessed the adult area as having uncertain prospects/capacity for improvement. On further examination this was mainly linked to performance in services for older people and the investment gap.

## **Alternative Options**

This service can continue as at present but improvement would be limited and given rising targets, expectations and population, the overall performance will reduce.

## **Risk Management**

The current performance is not satisfactory and would lead to significant difficulties for users, carers and the Council, including more challenges in relation to delays as well as financial fines for the delays occurring in hospital.

The requirement to have 30% of services at home by 2006 will not be met and assessment of performance overall would at best continue to show uncertain prospects for improvement.

## **Consultees**

Primary Care Trust

Voluntary Sector

Users and Carers

## **Background Papers**

Outline Business Case (June 2003)

Joint Review Report (July 2003)

SSI Annual Performance Report & Star Rating Letter

Reports to Social Care and Housing Scrutiny Committee: September and November 2003

## **A business case for the development of Older People's Services**

***“ The authority needs to urgently review the level of funding committed to this service area and push ahead with planned changes to the service that will help to resolve the identified service deficiencies”***

*(The report of the Joint Review of Social Services in Herefordshire Council)*

It is without doubt that Herefordshire is a county with a fast growing population of Older People. This demographic change means that the demands upon services for this user group will increase and the Herefordshire Council's Directorate of Social Care and Strategic Housing needs to change in order to be able to meet these demands.

This document describes where Social Care in Herefordshire stands with regard to Older People's Services. It will illustrate what changes will impact upon development and what the Council's responses should be.

The evidence provided offers the basis for a long-term strategic view for the future of services for Older People area.



## Business Case for Older People's Services

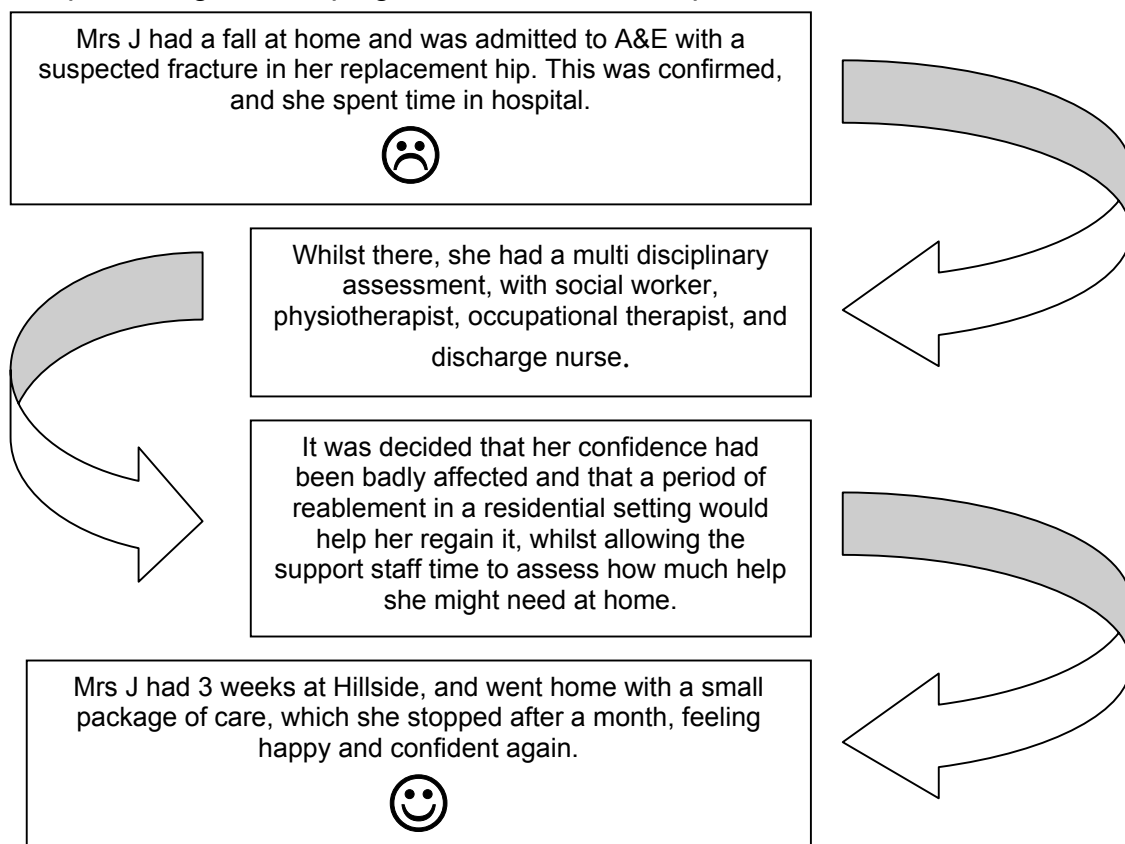
### 1. Introduction

In response to Herefordshire Council's Joint Review by the Social Services Inspectorate, the National Service Framework for Older People<sup>1</sup> and the acknowledged low funding base for older people's services within Herefordshire, this document is a business case for the future policy framework within which the Social Care and Strategic Housing Directorate alongside its partners will approach Older People's Services.

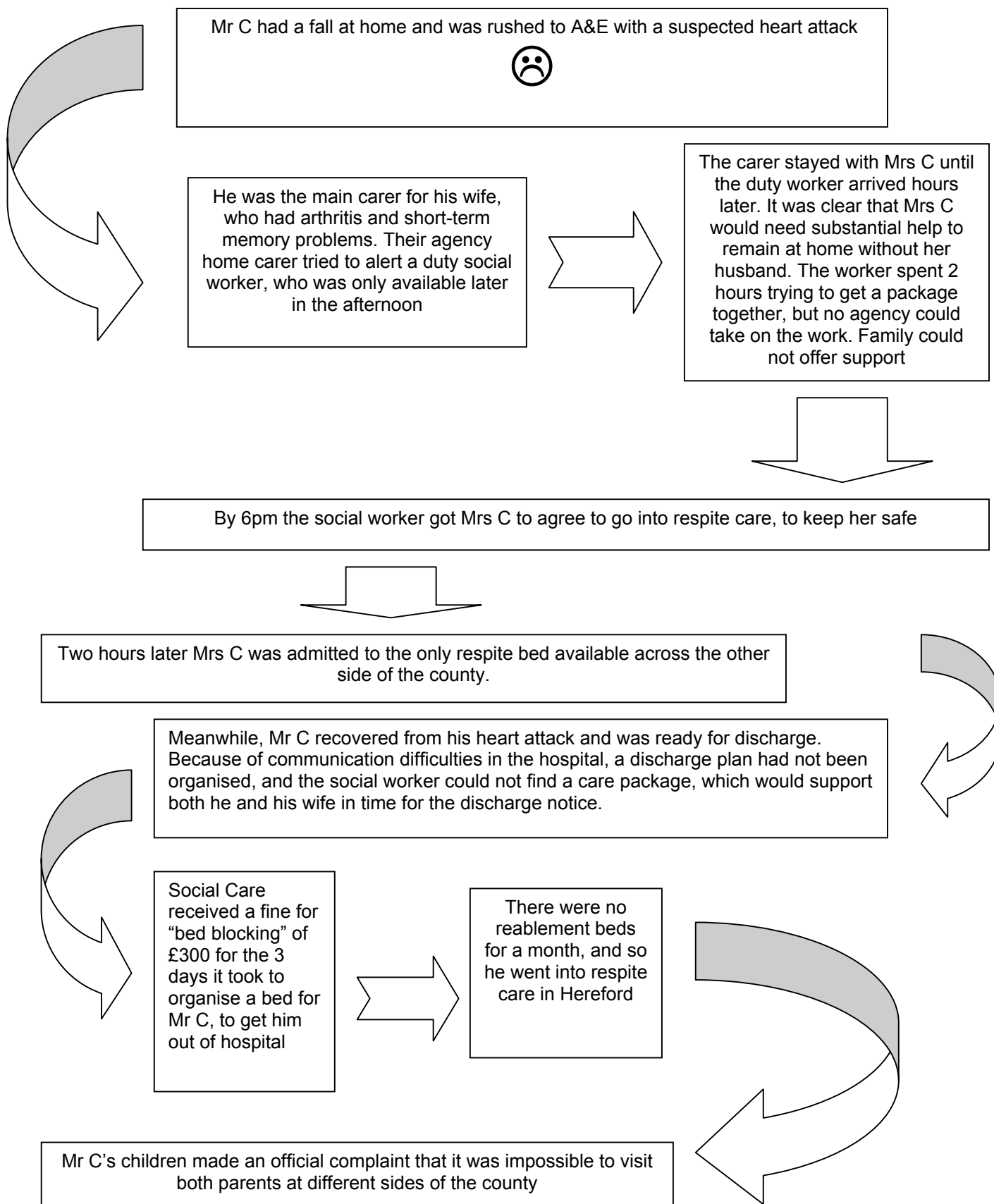
The following information will illustrate Herefordshire Council's present position recognising the areas where it needs to improve. It will set out how the Directorate intends to improve its service provision through its current resources and propose how the above challenges may be met through additional funding, adopting new approaches and developing current good practice.

### 2. Care pathways

Care Pathways are examples of what happens when people need help when in difficulties. Here are some examples of how the systems for delivering care can help or hinder peoples' recovery from those difficulties. This demonstrates how we as a service provider can make a real difference to the lives of Older People through developing the services that we provide.



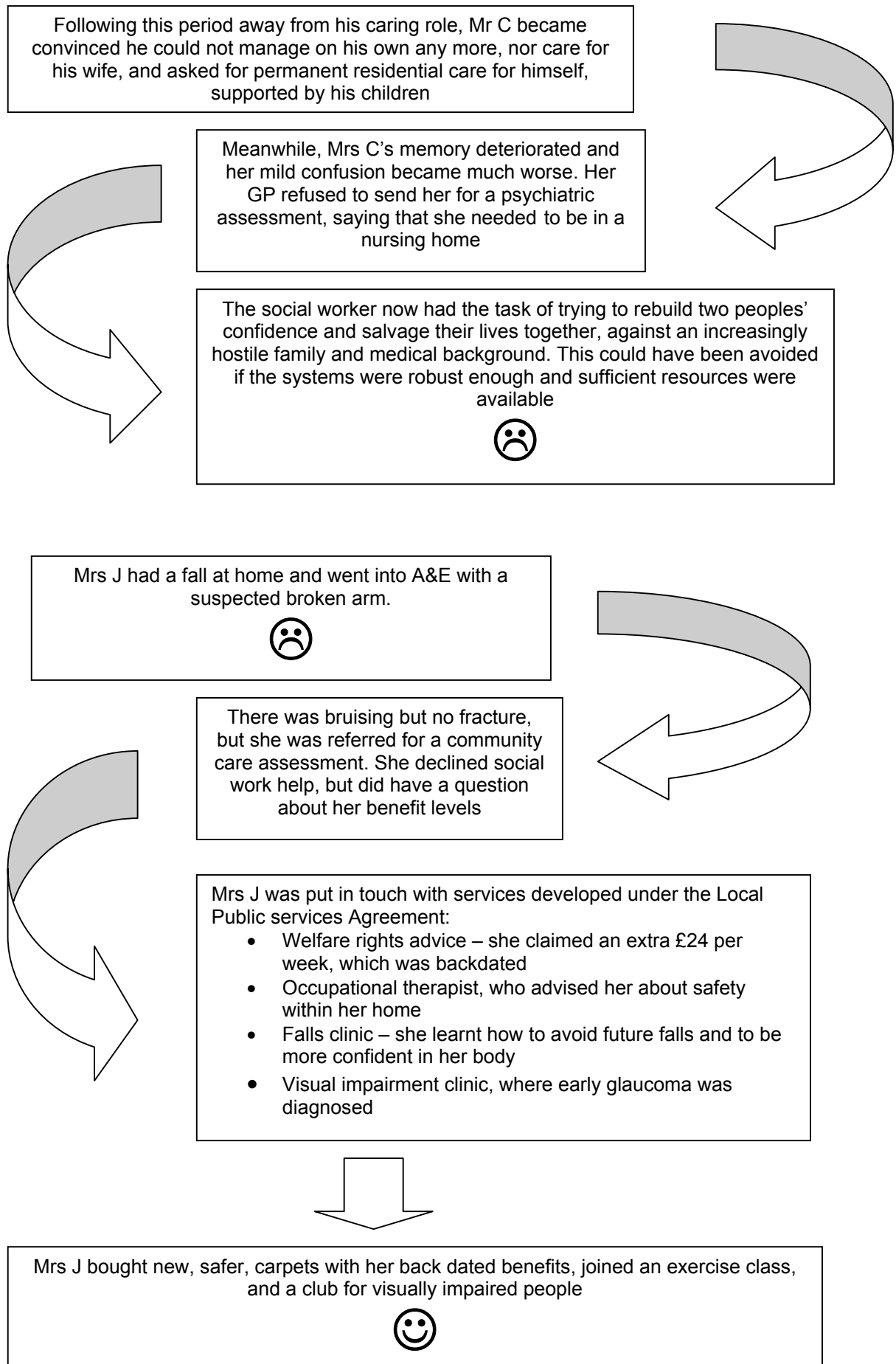
<sup>1</sup> Department of Health



Next page..



Older People's Business Case  
October 2003



### **3.0 National context**

Services for Older People are driven on a national level by a number of different factors, which must be used to shape policy direction locally. The following issues should act as a guide.

*1. National service framework for Older People*

Published in 2001, the National Service Framework for Older People provides clear national standards for the provision of care, treatment and services. The following should be pivotal in the development of Older People's Services.

*2. Rooting out age discrimination*

Social services will not use age in their eligibility criteria

*3. Person-centred care*

NHS and social care services treat older people as individuals and enable them to make choices about their own care.

*4. Intermediate care*

Older people will have access to a new range of intermediate care services at home or in designated care settings to promote their independence.

*5. General hospital care*

*6. Stroke*

People who are thought to have had a stroke should have access to diagnostic services, be treated appropriately by a specialist stroke service, and subsequently, with their carers, participate in a multidisciplinary programme of secondary prevention and rehabilitation.

*7. Falls*

The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people.

*8. Mental health in older people*

Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers.

*9. The promotion of health and active life in older age*

The health and well being of older people is promoted through a coordinated programme of action led by the NHS with support from councils.

*10. "All our Tomorrows, Inverting the triangle of care"*

This document was launched at the Social Care Conference, October 2003. This joint discussion paper details the progress made so far in building better services for older people and sets out a positive vision for the future. (appendix 2)

### **4.0 Targets set by the Audit Commission**

















The following indicators are the ones pertaining to Older People's Services, which are used to assess Social Services Departments under the Performance Assessment Framework. This is based on 2001/2002 outcomes.

Older People's Business Case  
October 2003

The 2002/03 indicators will not be published until later this year.

Indicator	Ref	Herefordshire Council	England Average	Performance	Blobs
Of households receiving intensive home care and supported residents the percentage receiving intensive home care	B11	12.5%	22.7%	☹	👉👉
Average gross weekly expenditure per person on supporting adults and older people in residential and nursing care and providing intensive home care	B12	£392.3	£419.3	☹	👉👉👉
Average gross weekly expenditure per person on supporting older people in residential and nursing care	B13	£325.3	£350.0	☺	👉👉👉👉
Average gross hourly cost for home help/care	B17	£18.5	£11.9	☹	👉👉
Supported admissions of older people to residential and nursing care per 10,000 population aged 65 and over	C26	82.4	109.4	☺	👉👉👉👉👉
Households receiving homecare per 1000 population	C28	3.6	9.9	☹	👉👉
Older people helped to live at home per 1,000 population aged 65 or over	C32	82.6	84.7	☹	👉👉👉
Admissions to hospital of people aged 75 or over due to hypothermia or injury caused by a fall per 1,000 head of population aged 75 or over	C33	24.7	20.8	☹	👉👉👉
The percentage of survey respondents asked "Arranging or receiving help or services: Did you get the help quickly after a decision was made to provide services?" answering "yes"	D36	73.0%	83.3%	☹	👉👉👉

Older People's Business Case  
October 2003

Indicator	Ref	Herefordshire Council	England Average	Performance	Blobs
Percentage of single adults and older people going into residential and nursing care who were allocated single rooms	D37	83.0%	90.0%		
Percentage of items of equipment costing less than £1000 delivered within 3 weeks	D38	88.7%	90.0%		
Percentage of adults and older people receiving a statement of their needs and how they will be met	D39	66.1%	83.7%		
Adult and older clients receiving a review as a percentage of those receiving a service	D40	25.4%	47.3%		
The number of informal carers receiving an assessment as a percentage of the total number of clients and carers receiving assessments	D42	6.5	23.4		
The percentage of new clients during the year for whom length of time from first contact to first service was more than six weeks	D43	4.1%	33.8%		
The percentage of survey respondents asked "Assessing your needs: Did social services staff take note of any important matters relating to your race, culture or religion?" answering "yes"	E46	31.6%	39.3%		
The number of assessments of older service users per 1,000 population aged 65 or over	E49	66.1	112.74		

Indicator	Ref	Herefordshire Council	England Average	Performance	
The percentage of assessments which lead to service being provided	E50	69.8%	68.2%	☺	👎👎👎👎👎

☺ - Performance= Better than England Average

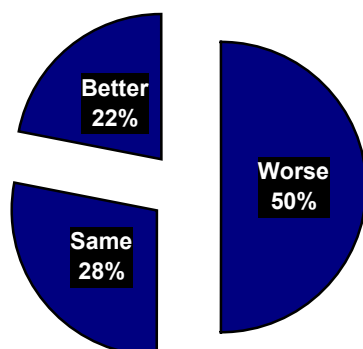
☹ - Performance= Same as England Average

☹ - Performance= Worse than England Average

*(B12, B13 and B17 assume that lower spending and higher cost indicates worse performance)*

- 👎 Investigate Urgently
- 👎👎 Ask questions about performance
- 👎👎👎 Acceptable but possible room for improvement
- 👎👎👎👎 Good
- 👎👎👎👎👎 Very good

Using only the above indicators, the following chart is a crude snapshot of our performance in comparison to the England Average:



### 5.0 Timescales for delivering services

Central Government recognise Older People as a key focus when implementing service change.

The National Priorities and Planning framework 2003/2006 set strategic targets for Older People as increasing the number of individuals supported at home to 30% of the total supported by Social Services at home or in residential care, by March 2006.

In addition, by December 2004 all assessments of Older People must begin within 48 hours of first contact with Social Services and be completed within 4 weeks. All services must be provided within 4 weeks and equipment should be provided within 7 working days.

This provides a challenging backdrop to development work around Older People's Services.

## **6.0 Delays to the system**

Herefordshire's aim is *"to ensure that Older People and all those connected with their care are able to access high quality and cost effective services that are conveniently located, available at appropriate times, enable independent living and offer choice."*<sup>2</sup>

To translate this into service delivery terms this means that there is a need to reduce the number of people going into care early by increasing the level of service provision that is available at home. At present there is a shortage of provision in the external homecare sector and pressures on the budget for homecare services, which lead to delays in people receiving packages of care.

When there is an identified need for residential or nursing care patients are transferred from Herefordshire Hospital Trust to a community hospital. Once in a community hospital in order to ensure sufficient capacity in HHT for those who need acute care, it can be several weeks before funding can be released for their transfer on to be arranged. This leads to a relatively high number of delayed discharges, which led to the Joint Review Team referring to Older People's Services as *"Seriously under pressure"*.<sup>3</sup>

Delays are sufficiently important in Herefordshire for the involvement of the national Change Agent Team in an advice visit and report. In addition, the Primary Care Trust has contributed to joint investment in service provision and helping with delays. The Primary Care Trust and Hereford Hospitals Trust have raised their extreme concerns about the position formally with the Council. It is therefore imperative that we take off the pressure in this area so that we can concentrate on developments, which provide for the "right care, right place, right time."

## **7.0 Service User and Carer Expectations**

The 1995 Carers (recognition and services) Act was a major step in recognising the legal status of carers and awarding them new rights. People providing regular and substantial care now have the power to ask for an assessment of their ability to care when the person that they care for is being assessed for community care services. The needs of the carer must also be considered when care services for an individual are being provided, particularly when discharging an older person from hospital. This is important work, which demands time and skill.

Direction from Central Government tells us that Service User trends look towards the development of a home care model *"People generally want to live in their own homes if they can, and admission to institutional care (whether in*

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<sup>2</sup> Report to Cabinet 19<sup>th</sup> June 2003 "Business case for investment in services for Older People"

<sup>3</sup> A report of the Joint Review of Social Services in Herefordshire Council

*hospital or in residential care or nursing homes) can lead to lower self-confidence and a decline in activity.*"<sup>4</sup>

Furthermore, it has been realised that services that suit the provider rather than the user are often the least effective ones. *"If people are not getting the service that would most suit them, and the cost to local taxpayers is higher than it should be, then everyone is losing."* Therefore the development of services that can be individually tailored to user needs should be the aim.

### **8.0 Changing demand**

On a national level, a number of changes in demand are predicted as impacting upon the balance between residential homecare and extra care housing<sup>5</sup>.

- Demography
- Increase in the number of people over the age of 75
- Reduction in numbers of young people
- Changing patterns of informal care
- Changes in health of people over the age of 75
- Split and reconstituted families leading to diffuse responsibility
- Changing expectations of older people

These factors relate directly to Herefordshire as evidence on local drivers included further on in this document highlight.

### **9.0 Choice Directives**

Policy direction from central Government focuses heavily on the issue of choice for service users.<sup>6</sup>

Within the NHS, movement towards greater choice has already commenced with targets around elective surgery being set. Within Social Care the availability of Direct Payments instead of a traditional Care Package is increasing. These early signs and the current consultation mean that the issue of user involvement and choice is one that must be central to all policy development.

Guidance published in early October requires councils to ensure sufficient choice of care home places at the Council's usual cost must be made available. "Top-ups" (ie: where a third party contributes towards the cost of care) of fees should be rare if there are sufficient places at the usual cost. Currently it is more likely than not that a third party top up will be required for a nursing home place.<sup>7</sup> In 2003/04 there are currently 271 service users paying third party top-ups. The full year cost of these contributions is £240, 000.

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<sup>4</sup> "Modernising Social Services Promoting independence, Improving protection, Raising standards" White Paper, November 1998

<sup>5</sup> "The developing role of Local Authorities" A presentation by David Behan President of Association of Directors of Social Services

<sup>6</sup> "Fair for all- Choice, responsiveness and equity in Social Care and the NHS. A National Consultation." The Department of Health

<sup>7</sup> Guidance on National Assistance Act 1948 (Choice of Accommodation) Directions 1992

### **10.0 Emphasis on commissioning by Local Authorities**

The lack of a commissioning strategy was pointed out during the Joint Review and has been noted as an area for improvement. In order to provide a range of services, which respond to the assessed needs of local population and offer choice to the individual, a robust commissioning strategy is required.

### **11.0 Local Drivers**

Although the agenda for policy development is set nationally, when shaping Herefordshire's future framework, consideration of the local context is imperative.

#### **1) Joint Review**

The work of Herefordshire Council's Social Care and Strategic Housing Directorate was reviewed by the Social Service's Inspectorate between October and December 2002. It was concluded that some people are being served well and there are promising prospects for improvement.

This judgement affirms that the Organisation is moving in the right direction with regard to Social Care, however its ability to continue to do so is dependent upon the outcome of this business case.

The need to prioritise the development of Older People's services is summarised in the Joint Review report thus<sup>8</sup>:

*"For Older People, there is insufficient intermediate care and home support provision to assist people in remaining at home or return home from hospital. Along with funding problems, this is seriously affecting the Authority's capacity to provide for people ready to leave hospital and is affecting relations with Health. The Authority needs to urgently review the level of funding committed to this service area and push ahead with planned changes to the service that will help to resolve the identified service deficiencies. These changes include investment in intermediate care services in partnership with Health, and reshaping the home support service to provide better-focussed support in partnership with the independent sector."*

#### **2) Population Projections**

Information about Herefordshire's demography indicates that service planning for Older People must take into account a sharp increase in service demand over the next decade. It is imperative that these necessities are taken into account when considering this business case.

At present, Herefordshire has more citizens over the age of 65 than the national average. Nationally 16% of the population are aged 65 plus. In Herefordshire this is **19.2%**.<sup>9</sup> Nationally the number of people aged over 65 will grow by 10% by 2011. In Herefordshire, it is predicted to grow by **27%**.<sup>10</sup>

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<sup>8</sup> "A report of the Joint Review of Social Services in Herefordshire Council"

<sup>9</sup> 2001 Census statistics (Crown Copyright)

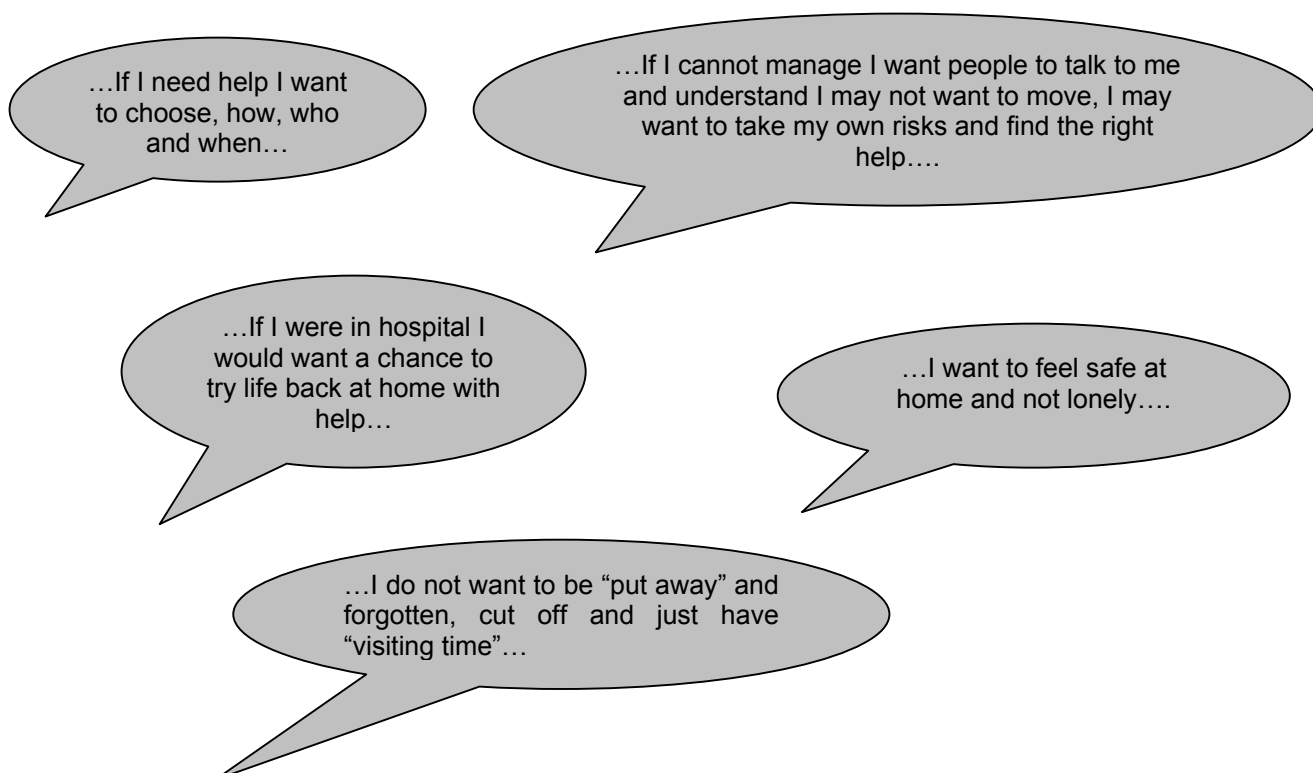
<sup>10</sup> Herefordshire Council Research Team



This has huge implications for Older People's services. At present **46%** of people aged over 65 consider that they have poor health or limiting long-term illness.<sup>11</sup> There will be an additional **4,500** individuals over the age of 65 with poor health or limiting long-term illness. Based on the current demands for services, this means that numbers of older people supported by the authority could potentially rise by 30%.

### **3) Local opinions and feedback from public/service users**

The wishes voiced by Older People in a range of consultations are summarised as:



As part of the Joint Review a postal survey was undertaken with service users in Herefordshire. Out of the all the authorities that have been reviewed to date Herefordshire came out in the lower quartile in five areas:

- Note being taken of illness or disability
- Involvement in deciding what help or service should be given
- Written details of the help or services that would be provided for them
- Being told how to complain
- Satisfaction with the way that a complaint is handled

Reviewers also interviewed groups of users and carers. General satisfaction was noted although the reviewers observed that the groups had "low expectations" and accepted "that resource constraints limit service delivery".

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<sup>11</sup> 2001 Census statistics (Crown Copyright)

Presentations were made to the Carers Best Value Review Group, which highlighted many of the concerns felt by carers about Social Care provision.

#### **4) Housing Needs User Survey**

In 1999, consultation was undertaken to ascertain the over 55s views on Health and Housing in Herefordshire. Results indicated that the most important issue for older people was that they retained their independence, mostly by being able to stay in their own home.

Further to this, in August 2001 a group of older delegates at the Tenant Participation Advisory Service for England drew up a charter of Older People's Housing Rights. The main points of which were:

- A home for life
- Self contained housing with no shared facilities
- Prompt adaptations when necessary
- A secure home and neighbouring environment
- Safe, simple to operate features
- Care and repair services that are easy to take up

Within the Shadow Supporting People Strategy 2003/2004 four areas for Older People were identified as having a high priority:

1. Services that promote independence
2. Services that prevent premature breakdown of health
3. Service that provide Security
4. Support that reduces isolation

It is acknowledged that Herefordshire Council is already moving in this direction through planning on extra-care housing and the work that is being done by the Supporting People Team. However this progress must be sustained via wider policy development and the allocation of specific resources accordingly.

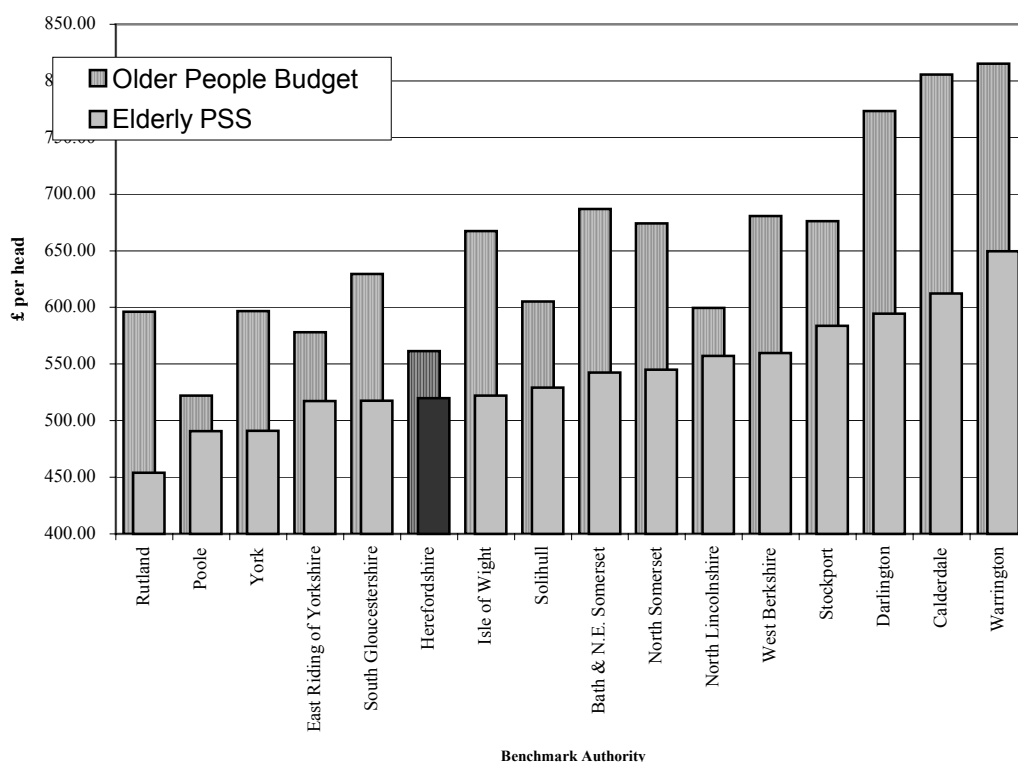
#### **5) Performance Indicators**

In comparison to the England Average Herefordshire's performance requires improvement. Further analysis of the locality shows that Herefordshire Council performs poorly in comparison to other authorities with similar benchmarking profiles

The Government's annual settlement through the Personal Social Services (PSS) block of the Formula Spending Share (FSS) (the new funding regime from 2003/04) assessed Herefordshire, in comparison with its benchmark authorities, as shown in the table below. This demonstrates that Herefordshire remains to be one of the poorly funded authorities for the over 65's.

Although additional investment was made in older peoples services in 2003/04, a comparison of older peoples budget still shows that Herefordshire in one of the lowest spending authorities.

**Elderly PSS FSS -v- Older People Budget  
per household & supported resident aged 65 & over (2003/2004)**



### 5. Budgetary resource

The budget for Older People's Services (which includes older people with mental health needs) is as follows:

Net Expenditure	£11,789,000
Grants	£ 2,409,000
Income	£ 4,410,000
<b>Gross Expenditure</b>	<b>£18,608,000</b>

There are service and financial risks linked to this service area. These are:

- Free Nursing Care
- Fairer charging
- Residential Allowances
- Preserved Rights Grants
- Delayed discharges and waiting for access to service
- Supporting People grant income
- Workforce availability
- Care home fees
- Fines

### **12.0 Extra money**

The Joint Review highlights the under-funding of Older Peoples' Services:  
*"The Social Care and Strategic Housing Directorate currently faces a serious financial situation that threatens its capacity to respond to assessed needs and also puts pressure on its relationship with health. The service most affected is that for older people, where there are waits for the release of funding in order to leave hospital. The Directorate has taken tight control of resources and has put a recovery plan in place, and together these measures are reducing the level of overspending. However, the authority should address the budget pressures within the Directorate, particularly in services for older people. It also needs to review its system of devolved resource management in order to encourage the development of wider financial responsibility by frontline staff and first-line managers"*

The national and local information shows clearly that older peoples services are under pressure at present, and that the demands upon the service will increase with a rapidly ageing population and tighter government targets. It is imperative that Older Peoples Services are equipped to deal with increasing demand in order to apply for extra government funding and to serve the people of Herefordshire as they would want.

With both national and local drivers taken into account, it is possible to identify the areas in which Herefordshire Council needs to concentrate its policy objectives and development.

### **13.0 Service Improvement Strategy**

The performance in relation to Older People's assessment, review information for performance assessment and commissioning and contracting has been described as deficient.

While improved practice can to some extent be achieved within existing resources, the new targets for timely and quality assessments and the local standards for service mean that additional resources will be needed to achieve service improvement.

In addition, the imperatives of speeding up the processes to enable no delays in the system and obtaining as much income as possible, require resourcing. This "screening" function is part of the assessment service and needs a skilled customer focussed approach.

Currently there are unacceptable delays in our processes and we need to resource the following areas in order to reach an acceptable standard.

<b>Assessment</b>	
5 Assessment Officers	£132,000
<b>Customer service</b>	
2 Customer service officers	£32,000
<b>Review</b>	
3 Reviewing Officers	£79,000
<b>Performance Support</b>	
4 Performance Support Officers	£59,000
<b>Financial Assessment</b>	
2 Financial Assessors	£34,000
<b>Total</b>	<b>£336,000</b>

#### **14.0 Commissioning Strategy**

The services for older people need to develop in range and choice and at a level which is cost effective.

The direction of travel is clear. Home support and supported or Extra Care housing, alongside carer support, intermediate care and longer term nursing care.

The widest possible partnership is needed to achieve this. This means that extra value has to be realised across the Council, the Primary Care Trust, the voluntary and independent sector.

There are already some excellent examples of such partnerships in Herefordshire:

- Hillside Intermediate Care Service, Hereford
- Kington Community Care Centre
- STARRS, Leominster (short term re-ablement)
- Home Improvement Agency/Anchor Staying Put, Herefordshire

There are partnership plans to be realised:

- SHAW and the Council partnership
- Across Herefordshire residential homes and future service development
- Extra Care housing partnership
- Extra Care Charitable Trust, the Council and a Registered Social Landlord
- Supporting People
- Home Care developments
- Direct Payments, in partnership with Herefordshire Centre for Independent Living
- Voluntary Sector COMPACT – the Herefordshire Community Care Alliance and its' priorities will be strengthened by a partnership COMPACT with Health and Social Care. The sector generally is financially fragile but will be sustained by strategic agreements for change and long term service contracts.

In order to meet the aspirations of older people and the needs predicted, it will be necessary to develop the services further:

<b>Service:</b> Intensive home care			
<b>Target/change:</b> 30% of Care should be at home by 2006			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
£350,000	£350,000	£350,000	£350,000

<b>Service:</b> Re-ablement support at home			
<b>Target/change:</b> Have re-ablement at home available throughout Herefordshire by 2006			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
Within existing resources due to Homecare Best Value Improvement Plan			

<b>Service:</b> The right workforce and training and development			
<b>Target/change:</b> To achieve a more qualified workforce			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
£20,000	£20,000	£20,000	£20,000

<b>Service:</b> Sustainable fees for the care home sector			
<b>Target/change:</b> Reasonable Care Home Costs and new guidance requirements			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
£570,000	£300,000	£200,000	/

<b>Service:</b> Community equipment/adaptations/alarms/care and repair			
<b>Target/change:</b> Support people to stay at home or return home quickly			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
£150,000	£150,000	£150,000	£150,000

<b>Service:</b> Carers support services			
<b>Target/change:</b> To sustain and develop more support for carers			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
Within existing resources			

<b>Service:</b> Staff to ensure the change and development happens			
<b>Target/change:</b> Strategic commissioning performance to ensure all the other changes			
<b>Investment over the next 4 years</b>			
1 project manager		£31,000	
1 commissioning manager		£30,000	
1 contract monitoring officer		£30,000	
Year 1	Year 2	Year 3	Year 4
£91,000	/	/	/

<b>Service:</b> Stabilising and co-ordinating the voluntary sector			
<b>Target/change:</b> Maximise the voluntary sector contribution to older people			
Investment: within existing resources			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
Within existing resources			

<b>Service:</b> Contribute to easier access and information sources for older people			
<b>Target/change:</b> Have a prompt information and screening service			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
Already indicated in customer service on service improvement			

<b>Service:</b> Extra Care housing			
<b>Target/change:</b> 100 units of extra care housing with identified revenue care support			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
/	£150,000	/	/

<b>Service:</b> Responsive services 24/7			
<b>Target/change:</b> More responsive, easier accessible, out of hours service			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
£50,000	£25,000	/	/

<b>Service:</b> Improve care pathways with NHS and other partners			
<b>Target/change:</b> To improve access and assessment			
<b>Investment over the next 4 years</b>			
Year 1	Year 2	Year 3	Year 4
Already indicated in service improvement			

## 15. Supporting Best Value

The service performance improvement and development outlined, based on need analysis, makes it necessary to identify resources to ensure it happens for local older people. This is inclusive of Older People with Mental Health Needs for service improvement and service development.

The Council needs to be satisfied that all efficiencies are implemented and existing resources make the best contribution possible to the investment needed.

As illustrated in the above tables, it is expected that changing the focus of existing resources will contribute 34% in 2004/05 toward the future improvement and development.

The performance improvement requires £336,000 for assessment, performance support staff.

The service development requires £1,231,000 for the development of the range of services, sustaining care availability, developing the workforce and supporting/ensuring the development in 2004/05.

In future years to sustain this level of service, additional further investment of £2,235,000 is required. This is a three to four year plan of building the services to the right standard and range.





## **Appendix one**

**The following document is a synopsis of all research around Herefordshire's demography, detailing Older People.**

**Probably the briefest summary of the findings is that the sector of the population who are currently eligible to access Older People's Services looks set to grow dramatically.**



## **Herefordshire Needs – Demographics**

Much of the information in this section has been extracted from various tables produced by the Office for National Statistics showing the results of the 2001 Census of Population. This Crown copyright material is reproduced with the permission of HMSO and the Queen's printer for Scotland. In order to protect individual confidentiality and to prevent data disclosure, the data in the tables are subject to random perturbations. This means that, although each table is internally consistent, there are discrepancies between total populations in each table. For example, the table on ethnic group has a total population of 33,558 Herefordshire residents aged 65+ but the table on living arrangements has a total population of 33,583 Herefordshire residents aged 65+.

### Current age structure

At the 2001 Census of Population, there were over 33,500 people aged 65 or over living in Herefordshire – representing nearly a fifth of the total population. Over 17,600 were in the “young retired” age group of 65-74, and nearly 16,000 were elderly or very elderly (aged 75 and over). This latter age group constituted about 9% of the total population. Females outnumber males in every age group of over 65's, reflecting the greater mortality rates for males at younger ages. The gender imbalance widens as age increases; females form just over half the 65-74 age group; by age 85 and over women outnumber men by more than 2:1.

**Table 1 – Age and Gender Structure**

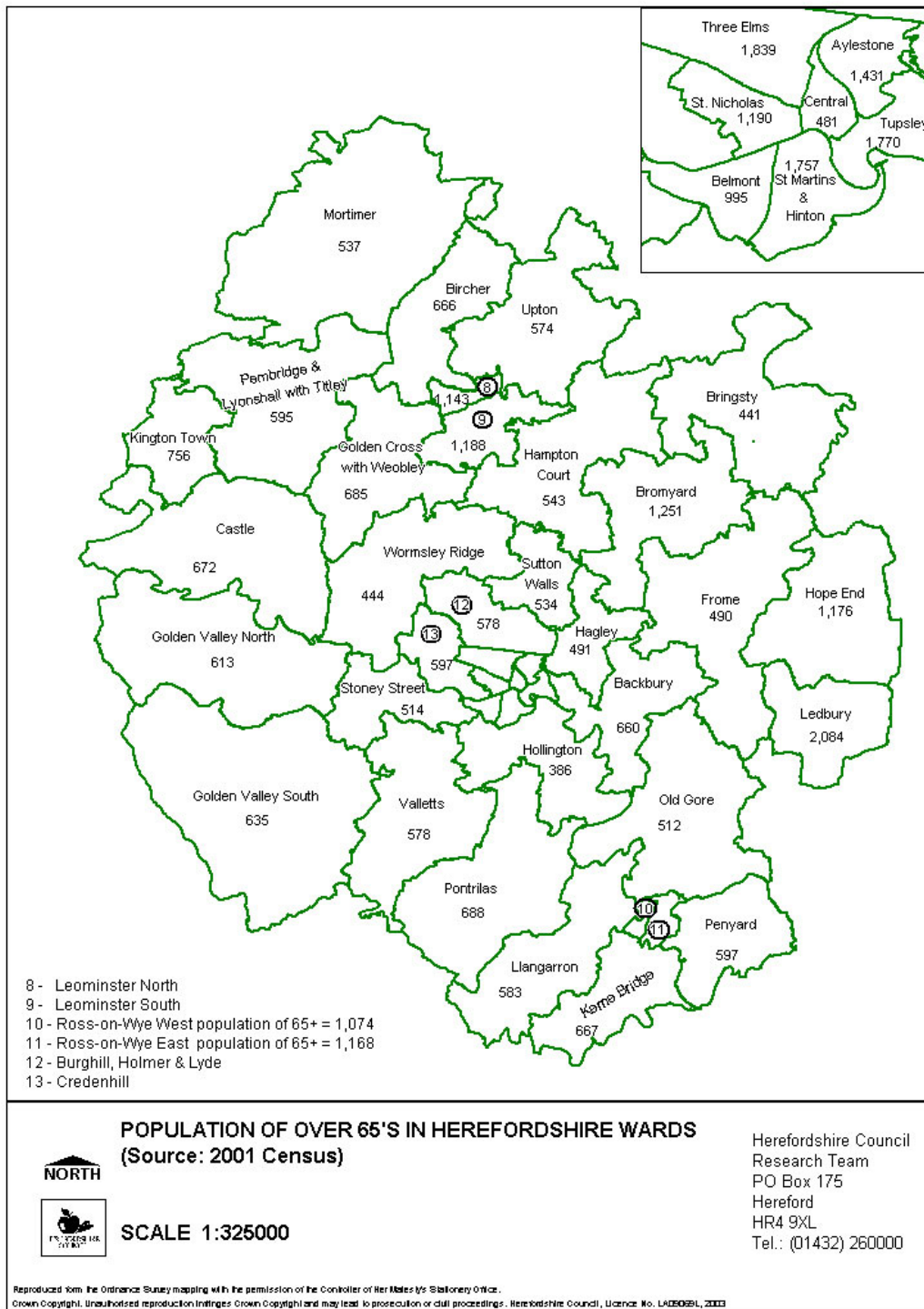
Age Group	Males	Females	People	Proportion of Total Population
0 - 64	70,889	83,601	141,281	81%
65 - 74	8,355	9,263	17,618	10%
75 - 84	4,874	7,135	12,009	7%
85 +	1,199	2,752	3,951	2%
<b>Total 65+</b>	<b>14,428</b>	<b>19,150</b>	<b>33,578</b>	<b>19%</b>
<b>All Ages</b>	<b>85,337</b>	<b>89,522</b>	<b>174,859</b>	<b>100%</b>

*Source: 2001 Census – Crown Copyright. Crown Copyright material is reproduced with the permission of HMSO and the Queen's Printer for Scotland.*

The distribution of older people across the County is shown in Figure 1. This map shows the number of Over 65's in each ward as at the 2001 Census. About 29% live in Hereford and a further 10% in rural areas within 8 miles of the City centre. The market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington are home to a further 26%, whilst the remaining 35% live in villages and rural parts of the County more remote from Hereford.

Business case for Older People's Services  
Appendix one

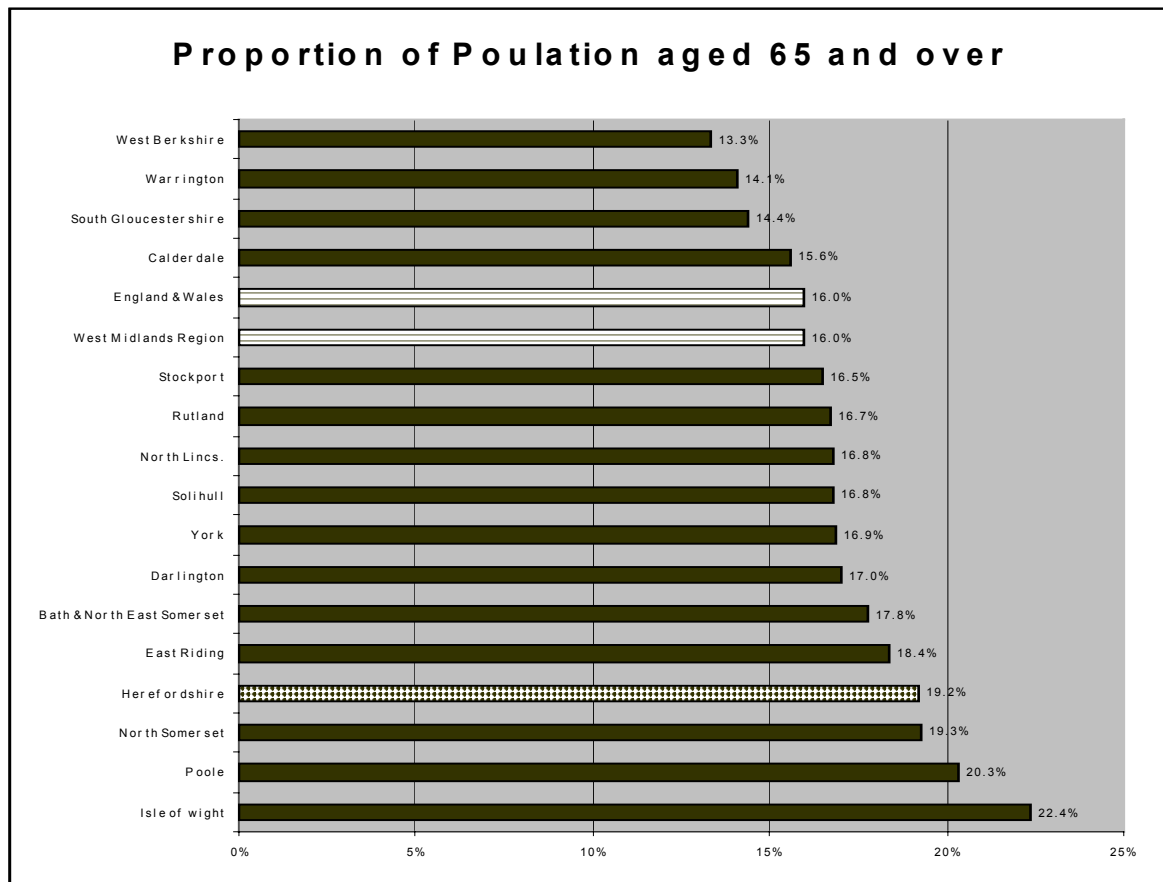
Figure 1



Comparison with Other Areas

Figure 2 shows the proportion of the population of older people compared with the total population in Herefordshire, compared with England & Wales, West Midlands Region and each of a group of 15 similar authorities in the benchmarking group.

Nationally and regionally, older people comprise 16% of the total population. In Herefordshire, older people form 19.2% of the total population. As would be expected, the comparator authorities, like Herefordshire, tend to have more older people than average over the country, but only the two coastal areas, Poole and the Isle of Wight, have significantly more older people than Herefordshire; 20.3% and 22.4% respectively.



Source: 2001 Census – Crown Copyright

Migration

The Office for National Statistics has not yet released any information from the census on migration and previously released data based on National Health Service patient registrations have been withdrawn. Consequently there are no officially sanctioned statistics currently available to support the following claim, but it can be assumed that Herefordshire is a net importer of retired people; the level is probably running at about 300 pa.

Projected Population Growth

The rapid population growth (about 9%) of Herefordshire's total population over the past decade is expected to fall to about 6% between 2001 and 2011, based on expected planned housing development.

Population projections have yet to be revised, both nationally and locally, in the light of the results of the 2001 census. However the figures in the table below, calculated using information available to the year 1999, are indicative of the scale of the growing problems of housing and care for the elderly in the County. Confidence in these figures is confirmed by the closeness between Herefordshire Council's forecast for the 2001 population of the over 65s and the results of the census.

**Table 2: Projected increase in population of Over 65s in Herefordshire**

Age Group	2001 Census Population	Herefordshire Council forecast for 2001 based on 1999 data	Projected Increase 2001 – 2011 (Numbers)	Projected Increase 2001 – 2011 (percentage)
65 – 74	17,168	17,330	4,100	24%
75 – 84	12,009	11,740	2,400	21%
85+	3,951	4,198	2,400	57%
All Ages	174,589	170,400	10,100	6%

Sources: *Herefordshire Council Research Team, 1999 based population forecast*  
*2001 Census – Crown Copyright*

Herefordshire's projected population growth over 2001-2011 of 6% is higher than the expected rate of growth of England's population over the same period, 4% (Government Actuary's Department, 2000). However, the elderly population in Herefordshire is expected to grow at double the national rate. The number of over 65's in Herefordshire is expected to grow by about 27% (Herefordshire Council Research Team) but by just under 10% nationally (Government Actuary's Department).

Both nationally and locally, the elderly population is growing at a faster rate than the total population – reflecting both historically low birth rates over the last 30 years and improved mortality rates.

Within the over 65 age group, the younger component, ie under 75, is growing at less than half the rate of the very elderly aged over 85.

Implications for the Voluntary Sector

It is unclear what the impact of these population changes will have on the provision of volunteer time and need within the County. The fact that the 85+ age group is likely to increase by 57% in the period 2001 – 2011 could lead to a rapid increase in need and put strain on the voluntary sector, particularly those organisations who provide a service to the very elderly. On the "supply side", the 1997 National Survey of Volunteering found that 45% of 65-74 year olds and 35% of the 75+ age group participated in some

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*Appendix one*

volunteering activity. These rates are lower than those for the younger age group but show an upward trend whereas the trends in volunteering in the working age group seem to be downwards.

Ethnicity

The following table gives the ethnic breakdown of Herefordshire residents aged 65 and over.

**Table 3: Ethnicity of the Herefordshire population aged 65 and over**

Ethnic Group	Number	Proportion
White	33,490	99.8%
Mixed	18	0.2%
Black	9	
Asian	18	
Chinese	14	
Other Ethnic Group	9	
Total Population	33,558	100%

*Source: 2001 census – Crown Copyright*

Herefordshire's largest ethnic minority is generally assumed to be Romani who do not feature as a separately identified ethnic group in census results.

Living Arrangements

Overall, 65% of the over 65s in Herefordshire live in a household with other people, while 31% live alone and about 4% live in communal establishments such as care homes. The proportion of the population living with other people declines with age; from 77% of the 65-74 age group to 34% of those over 85 years old. Conversely the proportion living alone rises from 22% to 47% as age increases from 65-74 to 85 and over. Similarly, the very elderly are more likely to live in residential homes and other communal establishments (19%) than those 20 years younger. A detailed analysis of living arrangements for the different age cohorts is shown in Table 4.

**Table 4: Living Arrangements of the Population of Herefordshire Aged 65 and Over**

Age Group	Living with Other People in a Household	Living Alone	Living in a Communal Establishment	All Living Arrangements
65 – 74	13,515	3,949	156	17,620
	77%	22%	1%	100%
75 – 84	6,856	4,665	488	12,009
	57%	39%	4%	100%
85 and Over	1,358	1,860	736	3,954
	34%	47%	19%	100%
65 and Over	21,729	10,474	1,380	33,583
	65%	31%	4%	100%

*Source: 2001 Census – Crown Copyright*

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Assuming that the current trends in living arrangements prevail throughout the decade, there are likely to be an extra 3,000 older people living alone in Herefordshire by 2011. This may be a conservative estimate; the trend towards single person households amongst younger age groups will eventually be manifested in the older cohorts and there will be an increasing prevalence of single person households amongst older people.

Health Problems

Nearly half (46%) of the residents living in households and aged 65 or above suffer from poor general health and / or have a limiting long term illness. In numerical terms, these constitute about 14,800 people. The proportion steadily increases from 37% of 65 - 74 year olds to 72% of the 85+ age group. Table 5 contains a detailed breakdown.

**Table 5: Over 65 population Resident in Households and Suffering from Poor Health and / or Limiting Long Term Illness**

Age Group	Resident in Households	Suffering from Poor Health and / or Limiting Long Term Illness	Proportion
65 - 74	17,464	6,444	37%
75 - 84	11,521	6,012	52%
85 and over	3,218	2,317	72%
65 and over	32,203	14,773	46%

*Source: 2001 Census – Crown Copyright*

Assuming these 2001 rates apply throughout the decade, there are likely to be another 4,500 older people in Herefordshire suffering poor health and / or limiting long term illness by 2011.

Particular conditions are especially prevalent amongst the elderly and lead to an increased need for support from carers, the voluntary sector and statutory agencies. Some indication of the extra resource implications due to the projected increase in the population of older people can be ascertained by looking at numbers of hospital admissions in recent years for certain conditions and, assuming current incidence rates prevail throughout the decade, making predictions as to the likely level by 2011.

Some specific conditions which give rise to hospital admissions are considered in Table 6. Assuming that the age specific incidence rates of these conditions prevails between 2001 and 2011, it is possible to predict the likely levels and increase over the ten year period.



**Table 6: Expected increase in Hospital Admissions of Older People for Particular Conditions**

Health Problem	Average Annual Admissions of Older People 1998 - 2001	Older People as a Proportion of all Hospital Admissions	Projected Annual Admissions of Older People 2011	Increase 2001 - 2011
Fractured hip & femur	248	85%	343	38%
All cancers	1,801	50%	2,260	25%
Coronary Heart Disease	503	59%	640	27%
Stroke	345	83%	450	30%
Chronic Lower Respiratory Disease	229	49%	290	27%

Source: *Information & Data Services, Herefordshire Health Informatics Research Team, Herefordshire Council*

Similarly, various chronic conditions are more prevalent in older people and lead to a demand in social care. For example, a 37% increase in the incidence of cognitive disability can be expected assuming current prevalence rates.

There will be more cases of chronic diseases which are more likely to occur in older people and which give rise to demands for social care. Given current prevalence rates of Parkinson's disease and conditions which mimic Parkinson's, over a 100 extra clients with these conditions can be expected by 2011. This is additional to the current work load. Similarly a rapid rise in the number of older people with diabetes can be expected due to the ageing population. On top of current levels of the disease in the elderly, another 1,150 – 1,200 older people may be affected by 2011.

## **Herefordshire Needs – Access to Services**

### Households with no Cars

27% of over 65s living in households do not have access to a car or van. The proportion increases from 16% of the 65-74 age group to 57% of people aged over 85.

**Table 6: Over 65 population Resident in Households without access to a car or van**

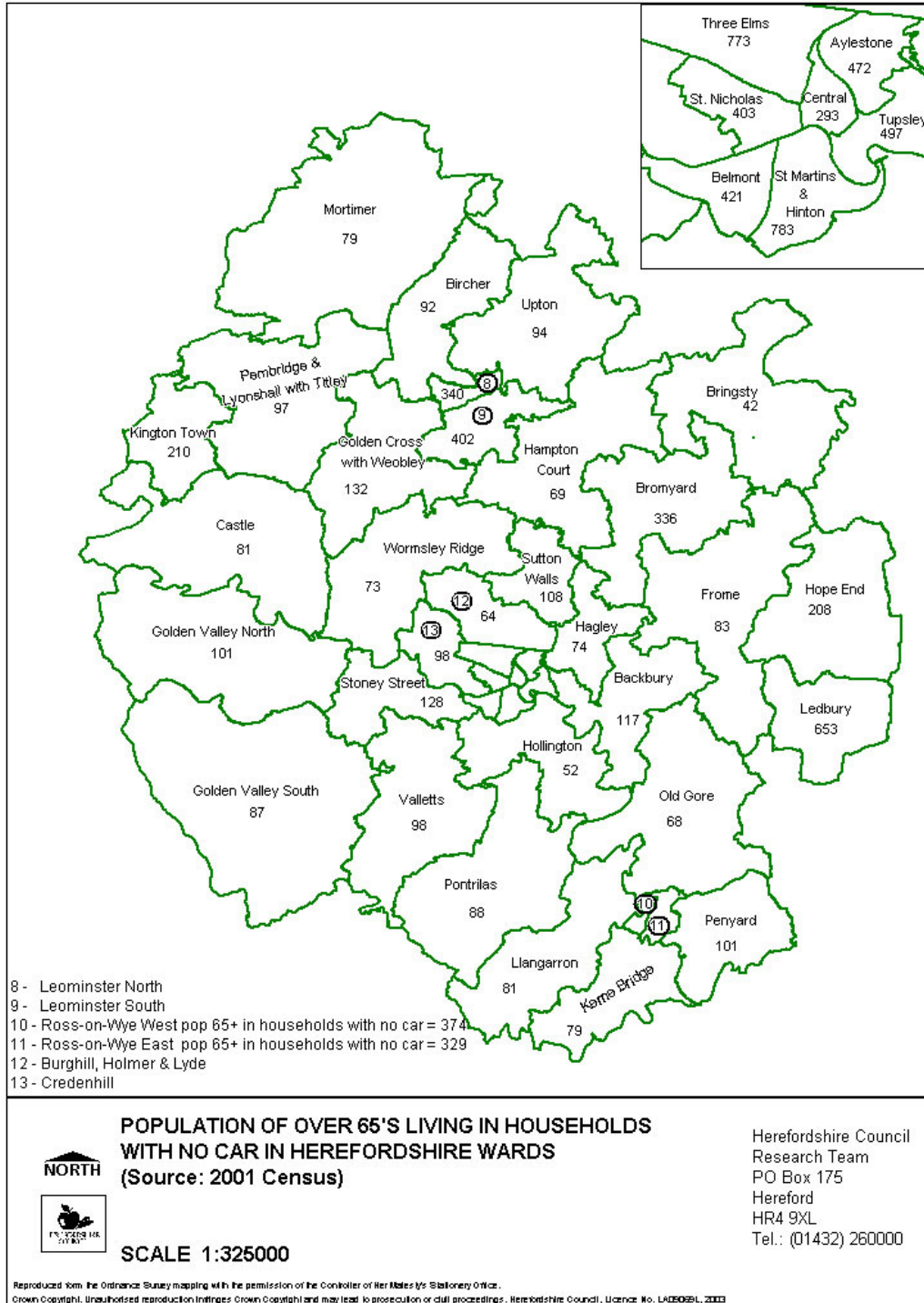
Age Group	Resident in Households	No car or van available	Proportion
65 - 74	17,464	2,769	16%
75 – 84	11,521	4,072	35%
85 and over	3,218	1,840	57%
65 and over	32,203	8,681	27%

Source: *2001 Census – Crown Copyright*

Figure 3 shows the distribution across the County of the 8,681 persons aged 65 and over living in households with no car.

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Figure 3



### Index of Multiple Deprivation

In December 1998, the then Department of the Environment, Transport and the Regions (DETR) commissioned the University of Oxford to produce an index of multiple deprivation by which the 8,414 wards in England were given a ranking according to the degree of deprivation. Six domains of deprivation were included: income, employment, health, housing, education and geographical access to services. Services included were post office, food shop, GP and a primary school. The methodology for ranking wards incorporated weighting for the number of people in receipt of means tested welfare benefits.

The ward areas used in the exercise were those prevailing in 1998. At that time, Herefordshire was divided into 44 wards. Twenty of these were in the most deprived 10% in England in terms of access to services.

### Sparsity

Although Herefordshire does not have the lowest population density of any shire in England, it has the most dispersed population. This is measured by the ward sparsity factor which incorporates (in a fairly complicated formula) the proportion of the population resident in wards of low population density (less than 4 per hectare). Herefordshire's sparsity allowance is the highest in England.

### Rural Assets, Services and Facilities

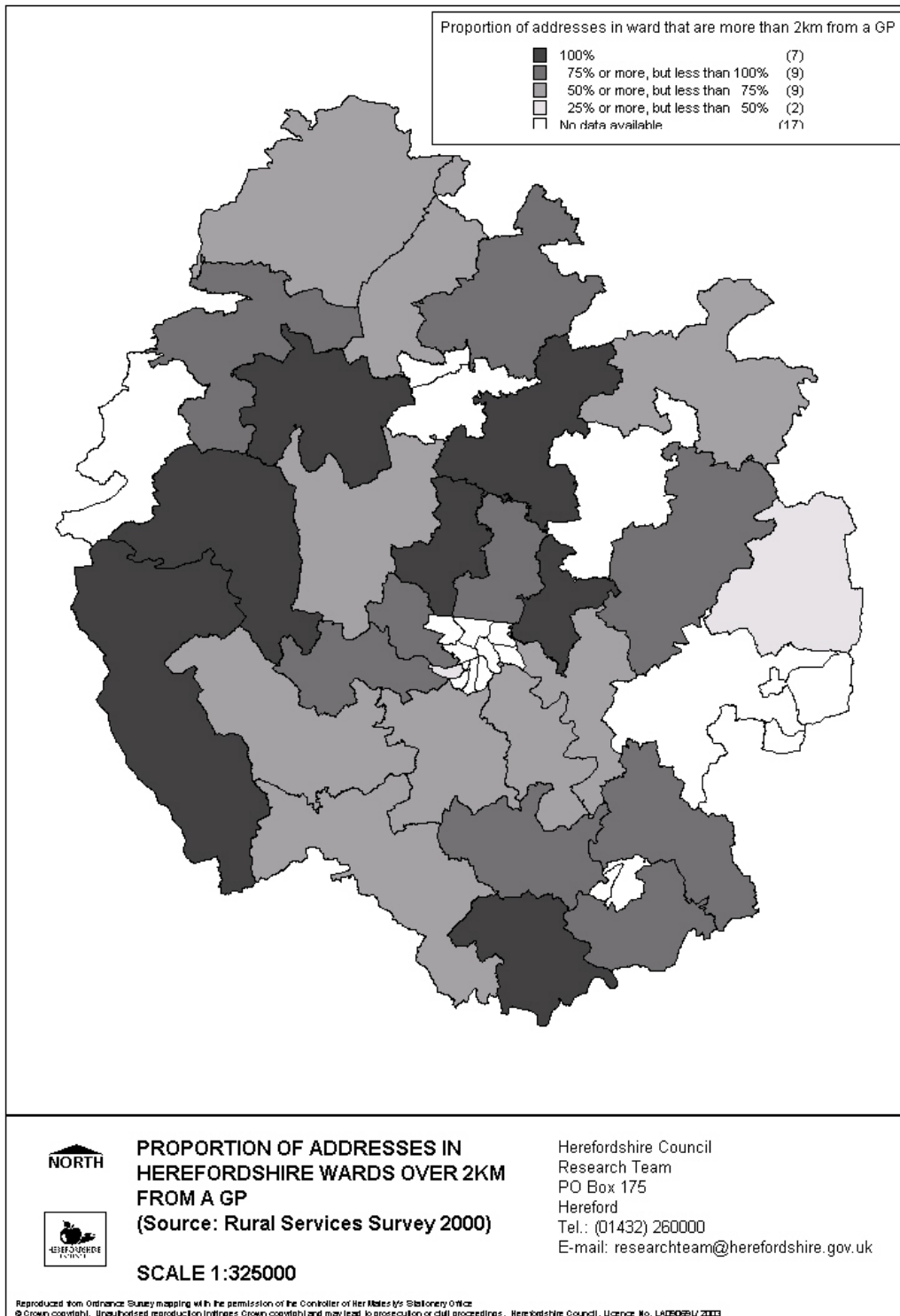
In 2000, the Countryside Agency did a survey of rural assets, services and facilities. The following data show the number of rural parishes, ie those with fewer than 10,000 residents, which lack the key facilities considered essential for the conduct of normal daily life in the villages and countryside:

- Bus service on 6 or 7 days a week – 49%
- Bus service on at least one day a week – 23%
- General store – 87%
- Post Office – 63%
- Public House – 52%
- Primary School – 71%
- Village hall or other meeting place – 38%

From the same survey, statistics have been produced on the distances of addresses in rural wards from GP surgeries and post offices. Figures 4 and 5 summarise the information.

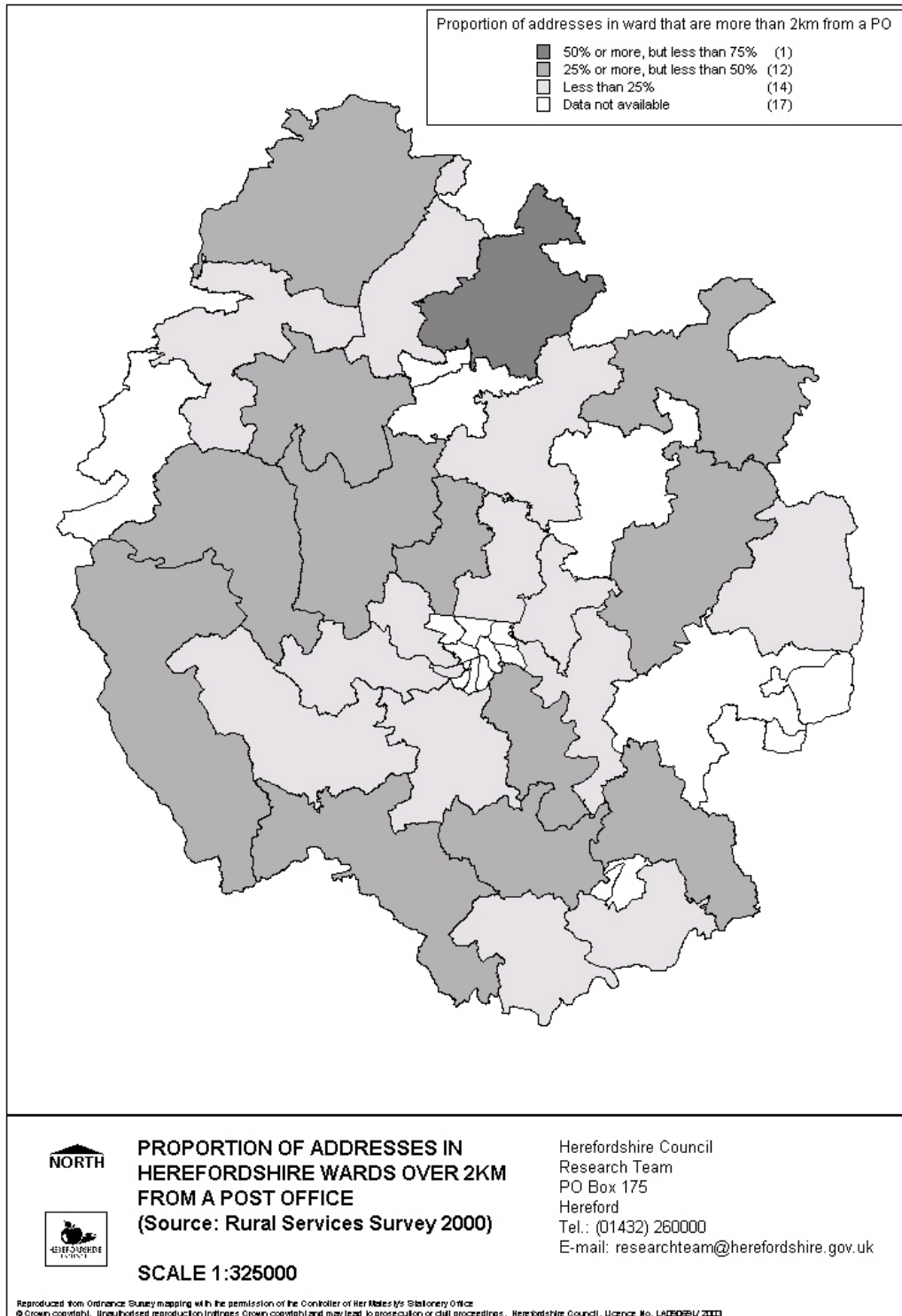
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*Appendix one*

Figure 4



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*Appendix one*

Figure 5

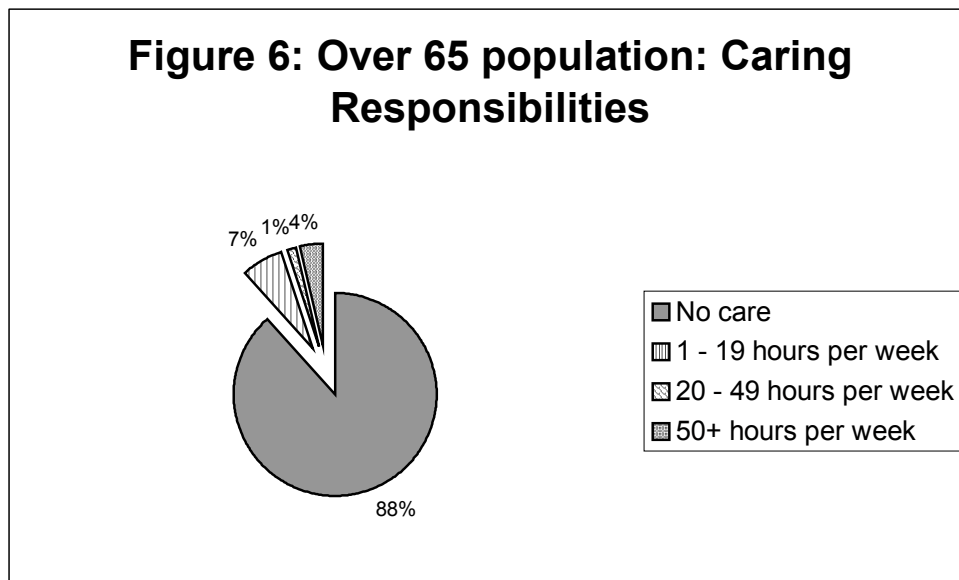


## Resources

### Older Carers

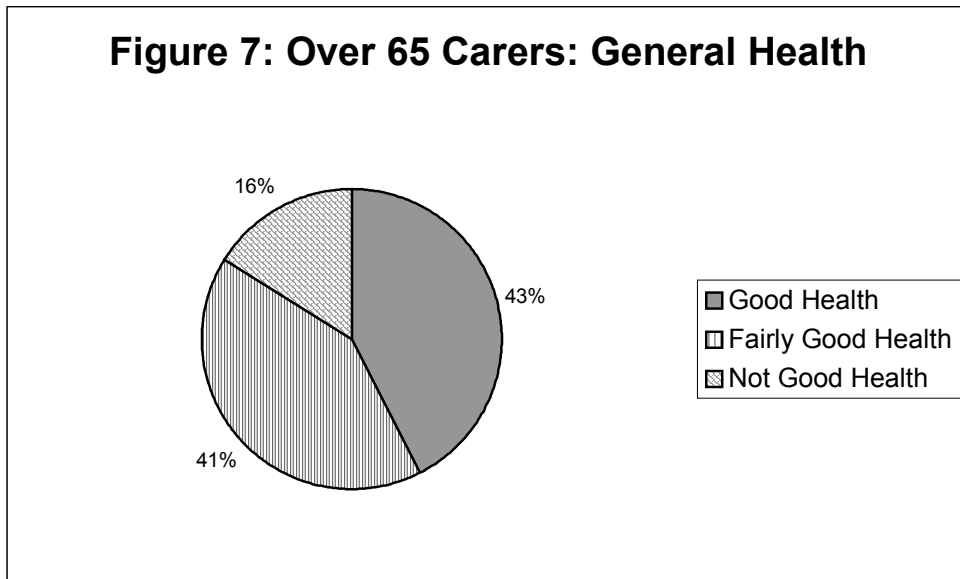
For the first time, the 2001 Census of population contained a question asking respondents whether they provided unpaid care, ie did they look after or help any family member, friend or neighbour who needed support because of long-term physical or mental ill-health or disability or problems related to old age. 17,558 residents in Herefordshire acted as unpaid carers. Of these 3,735 were aged 65 or over.

Figure 6 shows the amount of unofficial care provided by the 32,200 older people living in households. 88% do not provide any care, 7% (2,133) people give 1-19 hours per week; 1% (397 people) give somewhere between 20 and 49 hours care per week whilst 4%, about 1,200 people, provided in excess of 50 hours per week each on average.



Source: 2001 Census – Crown Copyright

The general health of older carers must be a cause for concern; in the event of a breakdown, the burden of care could well fall on statutory agencies. 1,584 (42%) of these older carers have good health and a further 1,547 (41%) have fairly good health. However, there are 604 older carers, 16% of all older carers, suffering from not good health, of whom 45% supply more than 50 hours per week of unpaid care. These figures are shown graphically in Figure 7 below.



*Source: 2001 Census – Crown Copyright*

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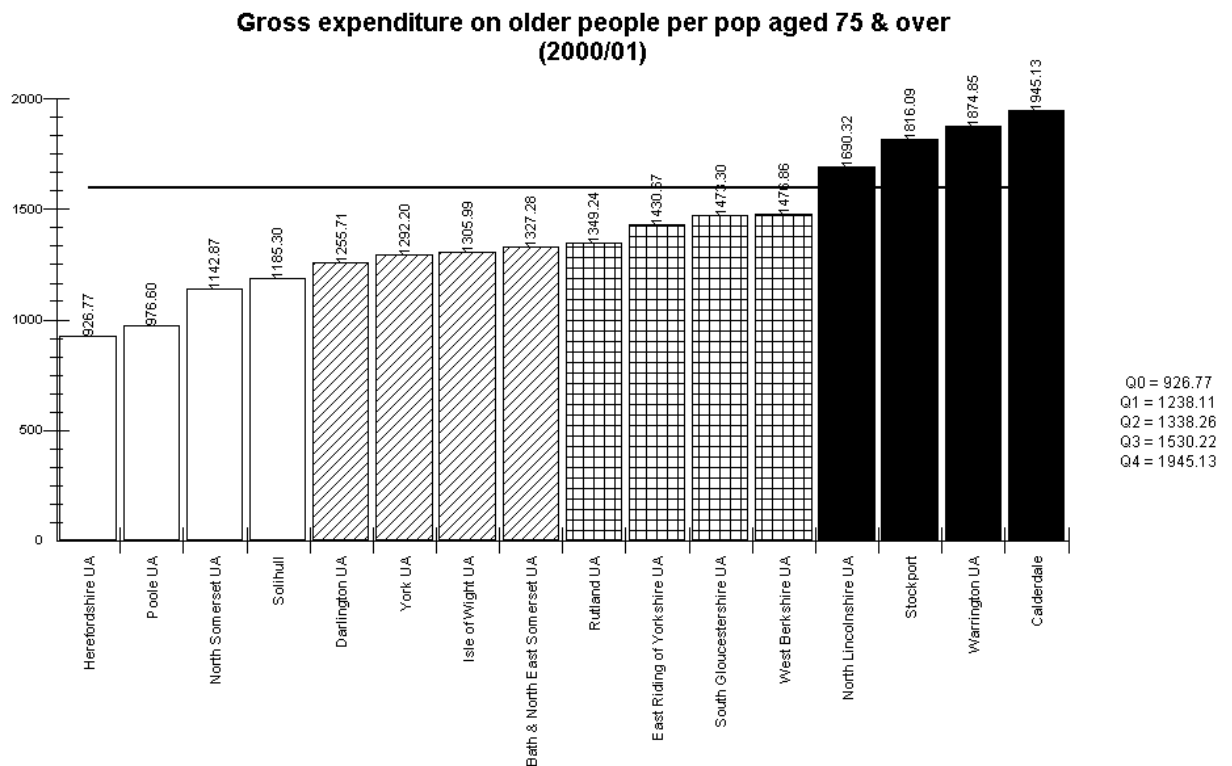
Expenditure on Older Care

A project by the Audit Commission, "*Whole system Health and Social Care for Older People – impact on hospital discharges*" considered some aspects of the funding of personal social services including older care.

A fairly crude analysis, comparing the expenditure on older people with that of other unitary authorities, suggests that Herefordshire is spending £11 million pa less than might be justified (2000-2001 figures). This figure includes an adjustment for lower deprivation levels in Herefordshire than other unitaries but makes no allowance for lower wage levels in Herefordshire which would tend to *reduce* necessary expenditure or of sparsity which would tend to *increase* necessary expenditure because of higher travel costs.

The effect of the low expenditure in Herefordshire is reflected in some of the KIGs:

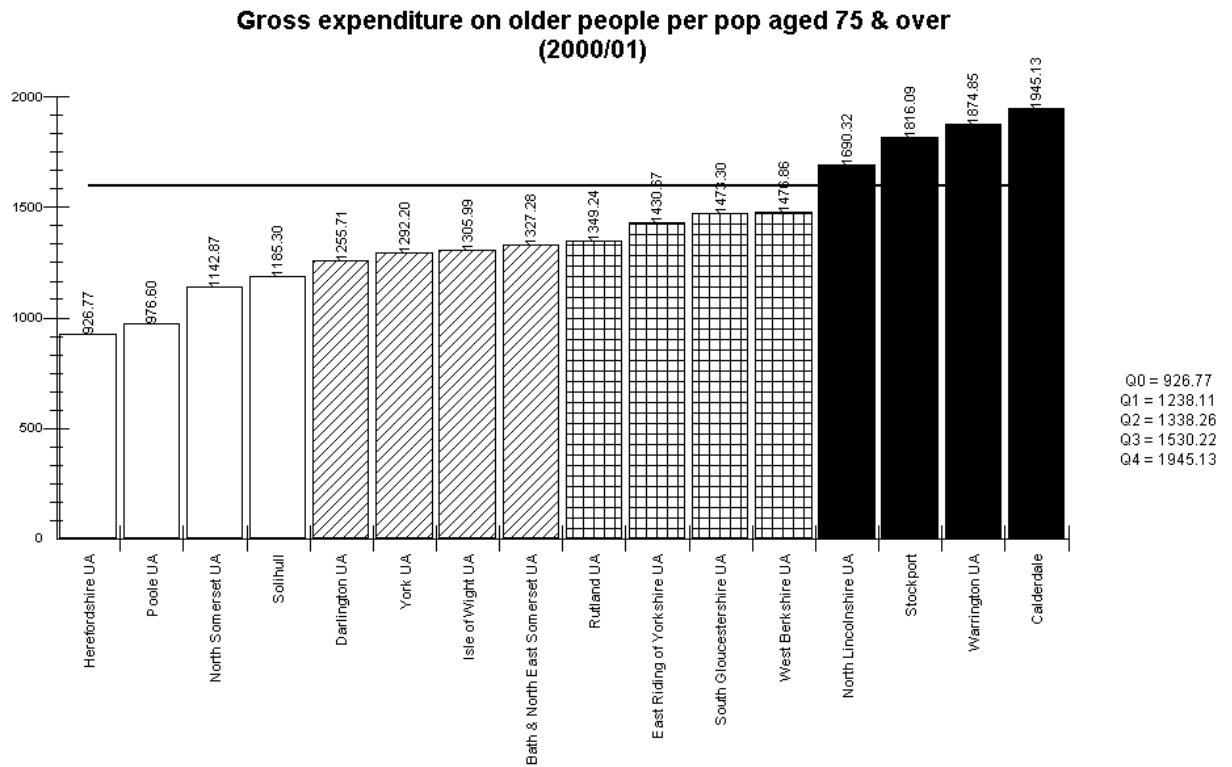
- Supported admissions of elderly to residential and nursing care per 10,000 population aged 65+ (2001/02) = 82.41. This is the 3<sup>rd</sup> lowest figure in the benchmarking group of 16 unitary authorities most like Herefordshire.



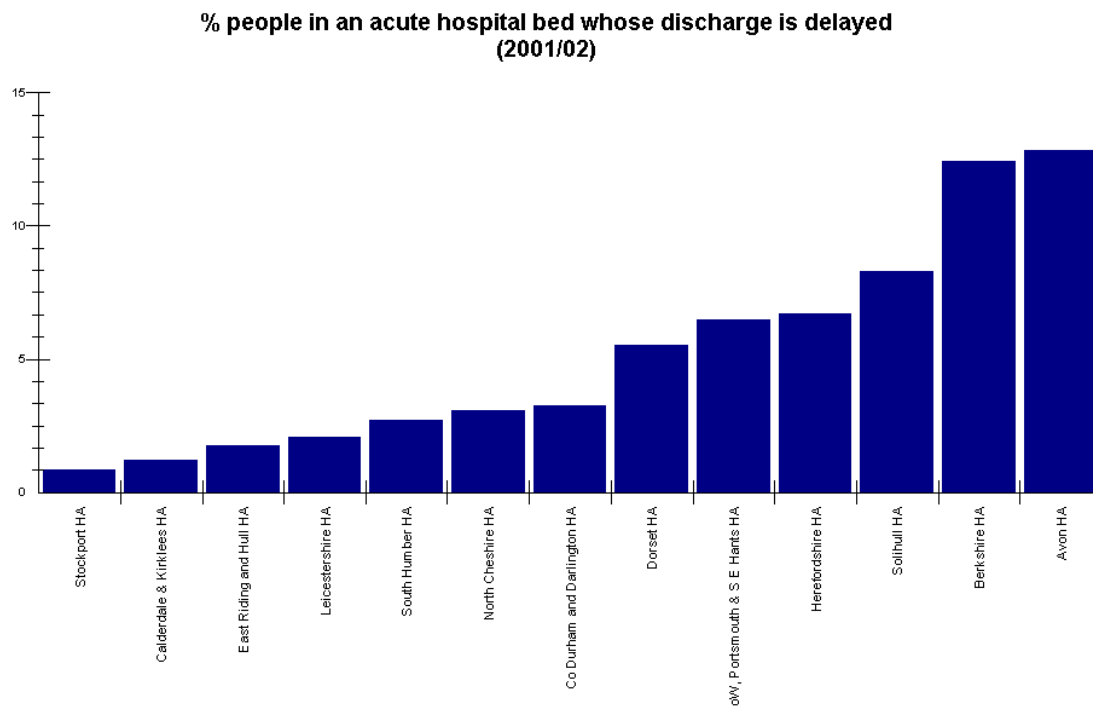


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- Gross expenditure on older people per population aged 75+ (2001/02) = £927. This is the lowest of any of the 16 unitary authorities in the benchmarking group.



- Percentage of people in an acute hospital bed whose discharge is delayed is 6.7%, the 4<sup>th</sup> highest in a group of 13 health authorities with similar socio-economic and demographic characteristics.



Staff Views on Training Needs / Resources

224 members of staff in Social care (adults) responded to the 2002 Herefordshire Council Staff Opinion Survey.

Respondents were also asked to consider whether they had adequate resources to carry out their jobs properly. Five statements covered this area and staff were asked to agree or disagree with them:-

"Usually, I have the resources to do my job properly."

"I have sufficient IT resources for my job"

"I believe it is possible for me to make improvements to my work within existing staffing levels"

"My workload is excessive"

"I regularly work late / take work home to keep up"

Amongst the lower paid employees, ie those earning £6.44 per hour, 20% felt they did not have the resources to do their job properly. A similar proportion, probably the same people, felt that their workload was excessive. Concerns about resources, IT, staffing levels and workloads were much greater amongst staff earning more than £6.44 per hour; 55% of these felt they did not have resources to do the job properly, 38% thought IT provision was insufficient, 60% did not think improvements were possible within current staffing levels, 66% agreed that their workloads were excessive and 59% regularly worked long hours or took work home.

It can be concluded that there are some issues on resources which worry senior staff but, from which, most lowly paid staff are protected.

The following are comments received on the above issues in the staff opinion survey.

***"Resources ie money or lack of does inevitably mean that we are less able to offer people a good level of service in terms of what they need"***

***"Over the past 12 years, resources have not increase, it has been 'cut cut cut' all the time."***

***"Access to a computer can be difficult."***

***"Inadequate staffing levels places additional workload and stress on others."***

***"Within social care very little funding, very few resources - not able to meet client need. ".....due to sickness and holidays we at times are under staffed"***

***"I feel that the council cannot provide the Home care section users what they need, when they do not have the resources or the staff to do this."***

***"Front line staff want to achieve more but are frustrated with lack of resources"***

***"We have no resources- we cannot carry out or achieve for our clients"***

***"Professional training for anything but IT has been negligible for 3 or more years for any social worker"***

***"I am very happy with the on going training."***

***"Resources and inadequate social work post in my team mean that we are constantly working at high pressure in emergency situations - hence opportunities for development work are squeezed out"***

***“Accessing relevant training opportunities to enhance professional development is complex time consuming and likely to result in lack of departmental support***

***“I need more training and updating with first aid.”***

***“Training within my directorate has greatly diminished lately.”***

***“Secondment for Dip SW needs to be made available.”***

***“My training has been ok but most of my skills I already had. I would like more opportunities to get even more skills.”***

***“I feel that the training opportunities offered are adequate and always related well to the job. I also feel that as carers, if training on anything specific is requested then the management is co-operative and usually manage to arrange this.”***

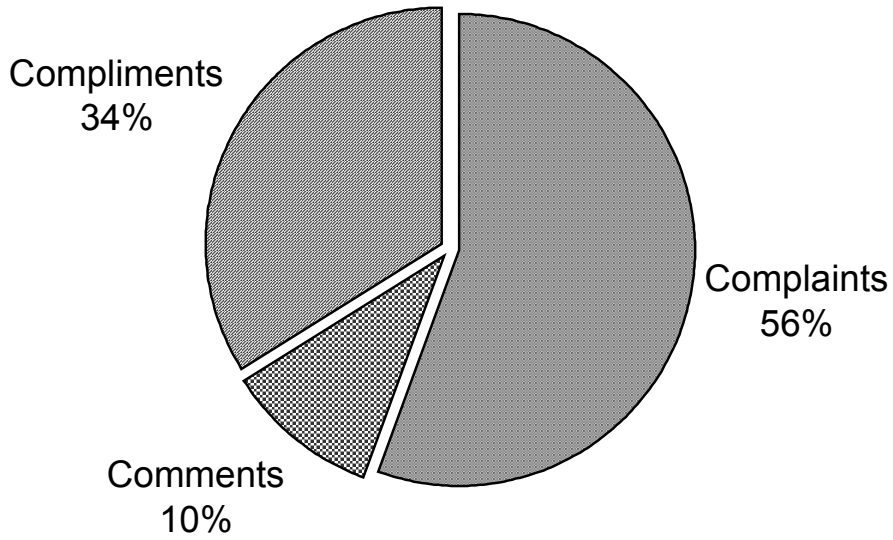
***“Due to the uniqueness of my role, any training re professional development is not available or appropriate within the local authority, for my professional development.”***

## **Public Perception of the Service provided by Social Care to Older People**

Over a period of nearly 18 months from April 2002 to mid-September 2003, 97 communications commenting on the service were received from either service users or their families or carers or others. The 54 complaints formed just over half these communications, compliments about a third and general comments the remainder. The following charts show a breakdown of these communications.

<b>Complaints</b>	<b>Comments</b>	<b>Compliments</b>
54	10	33

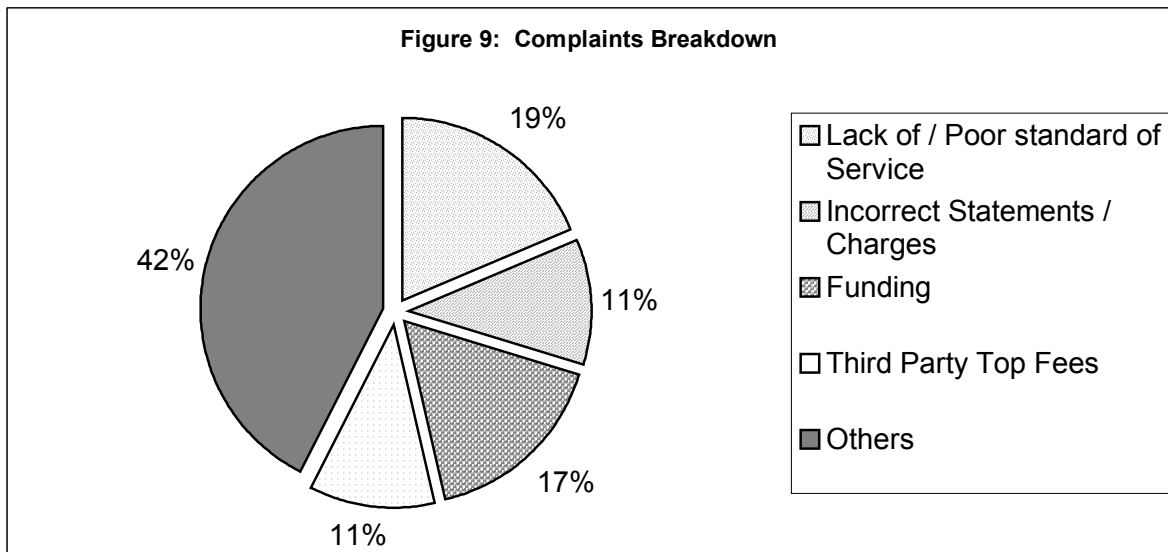
**Figure 8: Communications re Older Care April 2002 - Sept. 2003**



*Source: Herefordshire Council: Social Care & Strategic Housing Directorate*

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*Appendix one*

COMPLAINTS BREAKDOWN				
Lack of / Poor standard of Service	Incorrect Statements / Charges	Funding	Third Party Top Fees	Others
10	6	9	6	23



Source: Herefordshire Council: Social Care & Strategic Housing Directorate



## **Appendix two**

All Our Tomorrows- Inverting the Triangle of Care







# All Our Tomorrows

## Inverting the triangle of care



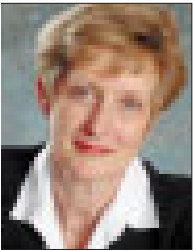
*Local Government Association*

A joint discussion document on the future of services for older people

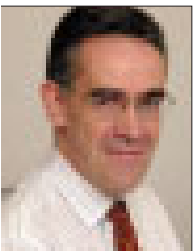
## Foreword



*David Behan,  
President, ADSS  
2002 - 2003*



*Alison King,  
Chair, LGA Social  
Affairs and Health  
Executive*



*Andrew Cozens,  
President, ADSS  
2003 - 2004*

**In 2002 central** and local governments agreed a number of shared priorities – one of which is improving the quality of life of older people

If we are to make real, significant and sustainable improvements in the quality of life of older people, we will need to take radical steps, rather than tinkering round the edges. Fundamental changes are needed in the way we think about ageing and older people. The way in which public services operate and are organised will need to be radically revised. The legislative underpinnings of services for older people need to be modernised to reflect a different vision for the future. We must do more to eradicate poverty and inequalities in health and wellbeing. The interface between the public sector and the private, voluntary and community sectors still needs to be improved and the value of informal carers better recognised.

The public sector needs to ensure that it is responsive to the needs of older people. The national aspirations for better services for older people is clear in the national service framework and the NHS Plan and the new investments in health and social care reinforce this. The social services community is fully committed to the principles of opposing ageism, developing person centred care, working in partnership with users and carers and the development of inclusive services. However, for local government, social services and the social care community and for the NHS, creating robust and responsive services which will meet the needs of today's and tomorrow's older people poses significant challenges and many new opportunities. This document looks at what some of these might be.

The framework of thinking is based on the fundamental principles of public sector reform.

We are committed to the engagement of older

people in the development of services and believe that older people should be empowered to be full partners in ensuring that there is a greater range of flexible services which give them a greater choice in care.

We are committed to working within a framework of clear national standards and accountability and believe this is essential to provide older people with confidence in public services.

We believe that older people want local services delivered locally. We therefore support the movement to devolve power to the front line and believe this will result in more flexible and appropriate local services. This is one of the major themes of this document.

We believe we will need to work in partnership with other public and independent organisations to maximise our resources and promote an inclusive approach to responding to the needs of older people.

We believe that our workforce is our key resource and that investing in our staff and developing flexible new ways of working is essential to provide better services for older people.

This is a huge project for the nation and we recognise that we cannot tackle all the issues at once. Nevertheless, the speed at which our society is ageing means that this agenda is urgent now.

We hope that this document will promote a wide discussion that will help take forward a national debate about the future of social services for older people.

**David Behan**  
**Alison King**  
**Andrew Cozens**

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[www.adss.org.uk](http://www.adss.org.uk) [www.lga.gov.uk](http://www.lga.gov.uk)  
ADSS Charity Registration Number 299154

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## Acknowledgements

*All Our Tomorrows* was commissioned by Dr. Glenys Jones, Chair of the ADSS Older People's Committee, and the LGA's social affairs and health executive. It was written by Neil Singleton and Alison Painter, consultants with Creative Exchanges. The material incorporates many of the ideas and comments from the editorial group, which in addition to the above included Simon Weeks of the LGA, Christine Paley, Vice Chair of the ADSS Older People's Committee, and Eileen Waddington of the Nuffield Institute for Health. Special thanks also go to the participants of several seminars held in 2003 who contributed greatly to the content of this document. These seminars were attended by older people, and representatives of many public and independent agencies. A full list of names of all those who attended are detailed in appendix one.

## Introduction

■ *We readily use the expression 'the elderly', setting us apart from each other simply because of age.*

■ *When we need specialist help we don't want to be faced with bureaucratic responses, or arguments about whose responsibility it is to help us.*

■ *Properties in poor condition are disproportionately occupied by older people and tend to be older and privately rented.*

■ *Older people are more likely to fear becoming victims of crime than younger people.*

### All Our Tomorrows Improving the Quality of Life of Older People

**This discussion paper** from the ADSS and the LGA details the progress made so far in building better services for older people and sets out a positive vision for the way forward. The first section highlights some of the major achievements so far, and some of the challenges we still face. The second section looks at how our services need to change in the future and how we need to adapt our policies and services to improve the lives of older people reflecting the needs of the ageing population.

It is well known that the population of the UK is getting older. People are living longer and expect much more from their lives and the services they use. In 1900 only 4 per cent of the population were aged over 60<sup>1</sup>. The latest figures for England from the Government Actuary<sup>2</sup> show that this had grown to 21 per cent by 2003, is expected to be 25 per cent in 2020 and will be 29 per cent by 2031. Year on year, this is rapidly increasing the demand by older people for services. Local authorities have a key role in responding to the needs of older people. This growth in demand is already having a major impact upon them.

Those who are younger often consider older people as a separate group. We readily use the expression 'the elderly', setting us apart from each other, simply because of age. Yet we would do well to remember that all of us age. Just because we are older, doesn't mean our fundamental needs change.

We want to be active partners in the decisions that affect our lives. We want to be treated equally with dignity and respect. We want to remain as healthy and as independent as possible for the rest of our lives. We need to be able to access the services that everyone else uses. When we need specialist help, we don't want to be faced with bureaucratic responses, or arguments about whose responsibility it is to help us. If we require specialist services, we want these to be tailored to our needs. Achieving this for older people presents a challenge.

Many older people believe their contributions are not valued as much as they should be, or as much as they are in many other societies. Such negative images can lead to age discrimination, social exclusion, isolation and poverty. Yet older people

have a wealth of knowledge, skills and experience that can enrich all of our lives.

An independent inquiry in 1998, under the chairmanship of Sir Donald Acheson<sup>3</sup> found that:

- Older people are more likely to be living in poverty, whether this is defined as below half-average income or the receipt of means-tested benefits,
- The poorest pensioners, who rely most on benefit, have experienced a relative deterioration in their income,
- Older people are at risk of fuel poverty,
- Properties in poor condition are disproportionately occupied by single older people, and tend to be older, privately rented properties,
- Older women are particularly likely to live alone,
- Older people experience lack of access to transport disproportionately,
- Older people are more likely to fear becoming victims of crime than younger people.

### So how can we respond to the challenge?

**We need to** confront ageism and other types of discrimination against older people. In particular we need to:

- Recognise the vital role that older people play in our society, and improve the participation and engagement of older people in policy and service issues,
- Encourage healthy lifestyles for older people; break down the barriers to employment, and ensure they can access the general services provided for all of us - all with the aim of promoting independence,
- Have a joined up partnership approach to how services are delivered and ensure integration of key services such as health, housing, social services, transport, leisure and lifelong learning, planning, regeneration and the environment,
- Ensure specialist services are responsive, flexible, integrated and of high quality.

# SECTION ONE

Choice and involvement, independence, growth in partnership working, shifting the focus...

## Emergence of Choice and Involvement for Older People

The **Community Care Act 1993** placed a responsibility on local authorities to offer choice and involvement in the social services provided to older people. Although service focused in its approach, the legislation provided an impetus for involving older people in choices about their lives. Councils successfully managed the challenges of introducing fundamental changes to assessment, commissioning and procurement of social care services through the modernisation of management and professional practices alike.

The introduction of direct payments in 1996,<sup>4</sup> and further encouragement by the government in 2001<sup>5</sup> to use these for older people, has enabled councils to give individual older people a budget to purchase their own chosen services, following an agreed assessment of needs.

The Better Government for Older People initiative reports a whole range of innovative projects<sup>6</sup> by local government, the pension service and others, actively seeking new ways of involving older people in such things as employment, lifelong learning,<sup>7</sup> user friendly information, and designing a new learning and resource centre.

A number of initiatives, such as health action zones, have been introduced by the government to reduce inequalities in areas of greatest need. Many of these have recognised the importance of involving older people in their local communities. The national service framework for older people<sup>8</sup> also recognises the need to combat age discrimination. Councils are actively working with their health partners to achieve this.

## Emphasis on Independence

**Over recent years** councils have been changing the balance between home and residential care. Research into the changes in social care services since the mid 1980s<sup>9</sup> found that:

- Need related circumstances of users and carers are now the primary cause of admission to institutional care rather than supply side issues such as a shortage of domiciliary care,
- Care packages are now more efficiently meeting needs,

- Services are helping to realise a series of outcomes such as extending length of stay in the community.

The NHS Plan<sup>10</sup> recognised the need for ways of bridging the gap for older people as they move from dependence in hospital to independence at home. Joint health and social services intermediate care teams have been established, providing rapid response to emergencies, intensive rehabilitation and recuperation. Inspections of 23 councils in 2001/2 found a wide range of new innovative services promoting independence particularly in the area of intermediate care.<sup>11</sup>

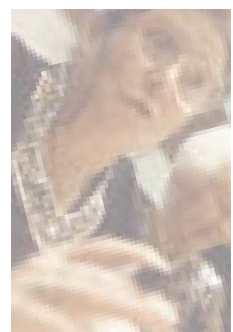
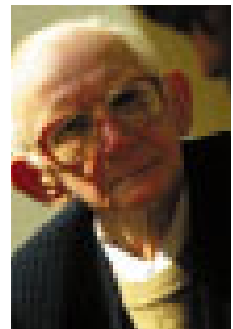
In recognition of the fact that an older person's home can have a marked affect on their quality of life,<sup>12</sup> especially their independence, councils, in partnership with others, have developed schemes to facilitate adaptations and repairs so that older people can remain in their existing homes. They are continuing to develop smarter forms of equipment to support mobility and monitoring.

Private and public housing providers have developed supported housing. This includes the development of 'extra care' supported housing, and large scale, mixed tenure villages which support independence by building any specialist services required around the needs of a person living there.

In addition to subsidised public transport for older people, imaginative transport schemes have been developed locally, which enhance the mobility of people outside their homes. Examples include 'dial-a-ride' and 'shopmobility' services, and rural transport schemes.

## Growth in Partnership Working

**Arising out of** the Local Government Act 2000, which placed a responsibility on local authorities to improve the social, economic and environmental wellbeing of their area, local strategic partnerships have now been established almost everywhere. Led by councils, these bring together into one partnership public, private, voluntary and community sectors with the aim of reducing health inequalities and social deprivation by better local co-ordination. This has begun to shift the focus towards service outcomes being about securing wellbeing for all.



## Integrated teams, improving specialist services, support to carers, social exclusion...

■ *Inspections in 2002 demonstrated that SSDs have actively started to implement the national service framework.*

■ *In 1997, 35% of residential care and 70% of home care was directly provided. In 2002 this had fallen to 20% and 44%.*

■ *Older people are often still excluded from universal services in the community - ones that we would all expect to use.*

■ *A survey found that train and bus operators think of older people as a nuisance, or as potentially reducing profits.*

Planning has consequently become much more integrated. The recent NHS led local health delivery plans have involved a number of key stakeholders across the whole local community including older people and social services.

The Health Acts of 1999 and 2001<sup>13</sup> have encouraged health and social services to pool budgets leading to more jointly commissioned services reducing the gaps for service users. The supporting people initiative<sup>14</sup> has similarly brought together housing, social services and health on a local basis to commission the support element for supported housing.

At the service level, local partners are busily establishing integrated teams. Staff are drawn from across the agencies, particularly health and social services, with the objective of facilitating seamless services. In some cases these teams are being located in easily accessed 'one stop shops'.

Some of these developments involve national government services. For example, the pensions service have partnerships with a number of councils for joint financial assessment. Benefits teams offer a single route into the pensions service, social services and the supporting people initiative.

In 2002, the chief inspector of social services reported that inspections demonstrated social services departments had actively started to implement the national services framework in co-operation with the NHS and other stakeholders including users and carers.<sup>15</sup>

Partnership with the independent sector has been embraced by social services. Directly provided specialist services now account for well below half of those procured. Illustrating the change: in 1997 35 per cent of residential care and 70 per cent of home care was directly provided. In 2002 this had fallen to 20 per cent and 44 per cent respectively.<sup>16</sup>

### Improving the Quality of Specialist Services

At the end of March 2002, there were about 203,500 older people in England being supported by social services in residential/nursing care. Community based services such as home care, day care and meals were being provided to approximately 683,000 older people.<sup>17</sup>

Despite well publicised exceptions, research shows high levels of satisfaction by service users. In one home care service study, a staggering 97 per cent of older people agreed or strongly agreed that care workers make sure they are comfortable, describing care staff as 'friendly, cheerful, discreet, thorough, obliging and gentle'.<sup>18</sup> When comparing changes since the mid 1980s another study found that 'services benefit a wider range of people' and 'they are more proactive in achieving outcomes highly valued by users, carers and policy makers'.<sup>19</sup> Department of Health inspections in 2002 also found that older people generally indicated they were satisfied with the services they received'.<sup>20</sup>

### Improving Support to Carers

**The Carers Act;**<sup>21</sup> subsequent legislation, guidance, and the carers' grant have emphasised the importance of support to informal carers. Although problems still do remain, councils have responded positively to the Act. A government report<sup>22</sup> concluded that the implementation of the Act had brought a greater focus on carers' needs and noted that in some cases carers are offered very sensitive, practical and emotional support.

## Current Challenges Social Exclusion and Older People

**Older people are** often still excluded from universal services in the community, ones that we would all expect to use.

The ability to travel from our homes is critical for meeting our basic needs such as shopping, contact with others and full participation in community life. Research<sup>23</sup> has established that good access to transport is associated with quality of life for older people. And yet, according to a survey,<sup>24</sup> over one million UK citizens over 65 feel acutely isolated in their own homes. The same survey found that train and bus operators think of older people as a nuisance or as potentially reducing profits, because of demands for free access.

Having a suitable home is crucial to our wellbeing and yet the Housing Corporation points to a lack of understanding of ageing in relation to housing design and planning. A view exists that just a few categories of specialist housing will meet the needs

## Assessing health care, joined up commissioning, governance, flexibilities and seamless services...

of all older people. This is an example of fitting people into services rather than designing services around the needs of people. It results in such examples as older people having insufficient room within their homes to entertain others. There is often also a failure to respond to older people living in general housing who, without enough support, can be socially isolated.<sup>25</sup>

None of us could easily maintain our independence if we were unable to access health care services when we needed them. Ageing does bring a greater risk of needing health care<sup>26/27</sup> and yet older people are often seen as a burden rather than the major age group of adults who legitimately require services. A 1998 Inquiry<sup>28</sup> found that poor older people may be less likely to receive some health care services and have poorer health outcomes after receiving these services. Age Concern reported a survey of GPs finding that 77 per cent confirmed that age based rationing occurred.<sup>29</sup> None of us would easily maintain our dignity if we were regarded as a burden, just because we shared a health condition with a huge number of other people. This ought to be an argument for more help rather than less.

It is likely that this picture would be repeated in other universal services such as leisure and education. The challenge is to find ways of integrating older people into their own communities, utilising the universal services we all require.

### Uncoordinated Commissioning

While local strategic partnerships have a key role in promoting wellbeing, there is no effective mechanism to support the local strategic partnership to coordinate commissioning from the viewpoint of older people.

Joined up commissioning between partner agencies for specialist services used by older people is developing. However, challenges remain. Differing targets, priorities, planning systems, commissioning and governance arrangements, work force roles, budgetary constraints, delivery, and performance monitoring make it difficult to deliver services that are coherent and joined up. The national service framework, while giving much needed and welcomed attention to older people, is far too narrowly focused on health. It is clear that if the gaps in services for

older people are to be closed and services better coordinated, then improved forms of joined up planning and commissioning are required.

The challenge is to find ways of commissioning universal services on a joined up community wide basis and specialist services on a system wide joint agency basis.

### Disjointed Governance

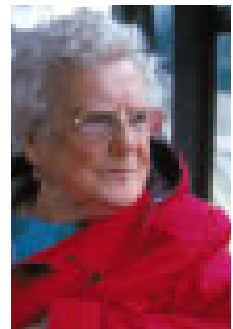
Joined up commissioning requires joined up governance. The NHS Plan<sup>30</sup> suggests either joint or lead commissioning across health and social services but this does not cover other key partners. The planning for the implementation of the national service framework for older people and the local health delivery plans led by primary care trusts has encouraged wider participation, but largely from a health perspective. The duty of wellbeing in the Local Government Act 2000 resulted in local authorities leading community strategies, and a national agreement has been reached for capacity planning involving all partners including the independent sector. However, there is no consistent governance framework in which commissioning can operate across all needs and all partners.

The key objective for a governance framework is to secure seamless journeys for service users and their carers when utilising both universal and specialist services, while holding partners to account for their individual contributions.

Recent Health Acts<sup>31</sup> have introduced flexibilities that ease the way for joined up governance, including creating a care trust. However, although in some cases this can be helpful, it focuses attention primarily on the specialist services provided by health and social services. Mechanisms still need to be found to include all the other community services.

A study by the Audit Commission<sup>32</sup> concluded that some areas had achieved high levels of integration with a minimum of structural change while others had adopted care trust status. They suggested that the level of organisational change necessary to deliver integrated care is likely to be different in each community; one model does not fit all.

This presents a challenge to each community. Services must work together if they are to make the



## Inequalities, carers, assessment and better opportunities, staff and workforce issues...

■ *Poorer older people are less able to bear the additional costs of disability.*

maximum difference to the lives of older people. Every community needs to establish the appropriate governance arrangements for their locality in order to make this a reality.

### Pressures on the Delivery of Services

**Apart from the** issues for older people accessing universal services identified above, similar problems exist for social services. The independent Inquiry into inequalities<sup>33</sup> found that:

- Levels of domiciliary support are insufficient to counter an increasing trend for more older people to enter residential care.
- Where demand for services exceeds supply those in the poorest groups are protected through means testing. However charging for essential support services can disadvantage those with average incomes, while those with small savings feel penalised.
- Poorer older people are less able to bear the additional costs of disability such as the additional laundry costs associated with incontinence.

Inequalities are likely to worsen unless action is taken. People are living longer: two per cent of the population in 2003 were over 85 years, but it is anticipated that this will grow to 2.5 per cent by 2020 and 3.2 per cent by 2031. It is a much higher proportion of people over 85 years who require specialist support from social services.

When support is required, informal carers currently provide a very significant share of this. This is often without the direct involvement of outside agencies. There are six million carers in Great Britain with one in eight adults giving informal care.<sup>34</sup> Informal carers are often crucial to older people and help to avoid dependence on specialist services.

However, a government report<sup>35</sup> in 1998 noted that the quality and type of support that carers receive remains a matter of chance. In some cases, carers received no information about what might be available and they were not assessed. A survey of carers in 2003<sup>36</sup> by Carers UK reported only slight improvement.

Alongside this, the population in the ages who traditionally provide this informal support (35 to 60

years) is set to fall. There were three people aged 35 – 60 for every older person aged 70 and over in 2003, this is projected to fall by 35 per cent to two people for every older person by 2031.

The challenges are to improve the delivery of social services to service users and carers while expanding opportunities for choice and responding to the population-driven increase in demand.

### Modernising the Workforce

**Modern services require** a modern workforce. However, social services struggle to recruit and retain staff and their roles don't cover the new tasks required. In some cases the prescribed roles are restrictive.

Traditionally social care has had a poor image<sup>37</sup> and for many posts, low pay. A national report<sup>38</sup> in 2002 showed that the numbers working in social services departments fell overall by three per cent over one year. This was particularly marked within services associated with older people: domiciliary care by 7.5 per cent and residential care by 4.3 per cent. Turnover for home care employees was a high 16.1 per cent.

A similar survey<sup>39</sup> of independent care providers revealed, in residential care, vacancies of 7.1 per cent and 8.5 per cent for care workers and nurses, and turn over rates of 24.9 per cent and 15.3 per cent respectively. Fifty per cent of respondents reported severe difficulties in recruitment, citing attractiveness of pay as the most common reason. The turnover of home care workers in the independent sector was a massive 35.8 per cent (50 per cent in London), the main reasons given being low pay and nature of the work.

A national report concluded that there are shortages of qualified staff and competition with other sectors for unqualified staff.<sup>40</sup> This is exacerbated by national shortages in the NHS of GPs, community nurses and other staff.

Many of the traditional roles and skills of staff need to change. Tasks such as rehabilitative work for people with disability, including older people, are shared between different professional groups and can include occupational therapists, social workers, care staff and nurses. What is required are new roles, which bring together a number of the skills related to

■ *In some cases, carers receive no information about what might be available, and they are not assessed.*

■ *Modern services require a modern workforce. However, social services struggle to recruit and retain staff.*

■ *There are shortages of qualified staff and competition with other sectors for unqualified staff.*

■ *What is required is new roles which bring together a number of the skills related to rehabilitation and reablement.*



## Workforce imbalances, inadequate pensions, means-testing, eligibility, perverse incentives...

rehabilitation and reablement. We also need to develop the role of community development with professionals becoming facilitators and catalysts for change.

A related workforce issue is the need to change the traditional ways staff work across agency boundaries. Collaborative working requires training to understand the roles of other agencies' staff and in the particular skills of referring across the system to get services delivered. Staff from partner agencies across the public and independent sector may need similar skills, yet joint recruitment, training and cadet schemes are largely absent.

Traditionally social services for older people have been staffed with people less trained and qualified than the remainder of social services. The 2001 workforce survey<sup>41</sup> showed that in residential care 39 per cent of managers of older people's establishments held relevant qualifications. However for managers of children's establishments the figures were 67 per cent. In the home care service only 9 per cent of managers possess a relevant qualification.

The numbers of field professional social workers show a similar imbalance. The number of social workers in the older people's and children and family services are roughly equal<sup>42</sup> and yet the volume of work is significantly higher in services for older people: the proportion of expenditure by social services on children being 23 per cent and for older people 45 per cent.<sup>43</sup>

National action is being given to the appropriate training and qualifications of the workforce but the challenge is to give continued attention to these issues, and speed up the pace of implementation.

### Investment Issues

**An adequate income** is the prerequisite for meeting our needs. Essential items such as nutritious food, heating, mobility, independence, autonomy, choice, participation in the community and thus dignity, often depend on being able to afford them. This makes pensions one of the most crucial services for older people.

However, the minimum income guaranteed for an older single person is only £5,104 per year and £7,790 for a couple.<sup>44</sup> As a proportion of UK average

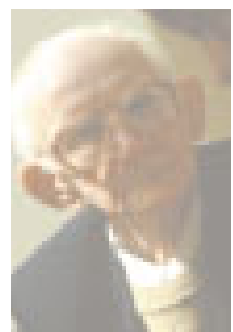
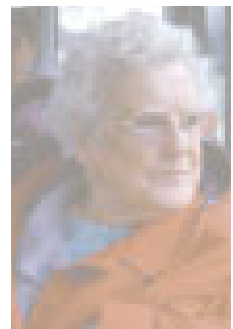
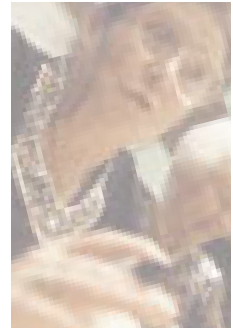
earnings, this is 15 per cent.<sup>45</sup> Considering all pensioners, even the mean net income after housing costs, is only £8,216 for a single male and £6,656 for a single female.<sup>46</sup> Additionally, many pensioners have not taken up all the benefits to which they are entitled. In 1999/2000 between £930 million and £1,860 million in entitlements went unclaimed by pensioners<sup>47</sup> despite sustained attention by central and local government and the voluntary sector.

A very recent national survey concluded that 45 per cent of older people surveyed remain in poverty, lacking two or more basic items or activities that they could not afford to purchase.<sup>48</sup> Successive governments have encouraged individuals to prepare for their retirement through occupational and private pensions, but recently employers have moved away from final salary schemes, leaving future pensioners dependent on the vagaries of the stock market.

Having sufficient resources can also be an issue when needing specialist services. NHS services are free but social services are means tested. In the case of local authority supported residential care, residents make a significant financial contribution to the costs. In the case of NHS continuing health care services are free. Despite a commendable joint approach by the government and local authorities to create a common framework for all councils in setting eligibility criteria,<sup>49</sup> the distinction is not always clear. This opens up fault lines between the two services, with significant financial consequences for the service user, and both services riding on the result.

A similar situation occurs for specialist housing and social services for people in their own homes, where charges are also made. Consequently it matters financially who is visiting a service user e.g. the community nurse who is free or the home carer where a charge is made. Yet the boundaries between personal care and nursing care are increasingly blurred.

Charging for services also places a perverse incentive on social services departments struggling to juggle resources. Where older people have high levels of needs, even if the gross costs are greater, it is often cheaper to place someone in residential care. This is because the charge a local authority can realistically make to the service user for domiciliary care is significantly less than for residential care.



## Outdated legislation, the 'welfare net', mainstream services and reviewing the law...

■ *The focus on the 'welfare net' for older people has reduced the focus on how services can contribute to meeting older persons' needs.*

■ *Services for older people are not just about social care or health - they cover the wide range of services we all need now.*

■ *Older people will soon make up 25% of the population and we need to plan changes now if we are to respond to these issues.*

■ *How do all the key agencies and the wider community work together to improve the commissioning of services?*

The challenges are to ensure older people have sufficient resources to access the services they need and that there are no perverse incentives that distort the pattern of specialist services.

### Modernising the Legislation

**Almost ten years** after the implementation of the community care reforms,<sup>50</sup> a government report identified that the number of households receiving home care from social services<sup>51</sup> reduced by 18 per cent from 1999 to 2002, and yet the number of hours of care provided increased by 14 per cent over the same period.<sup>52</sup>

This trend reflects the enormous effort made by social services to concentrate resources on those people with higher levels of need and dependency. The intention is to avoid the use of residential care for those people where intensive support can enable them to remain at home. Given budget constraints this means that older people with lower levels of need receive less help. The investment has also been at the expense of preventative or promotional 'lower level' services. This is an unintended consequence of the changes made in the community care reforms.

This is perhaps unsurprising. Although the 1993 changes were radical in many respects, they still relied heavily upon concepts rooted in the Poor Law. Like the legislation that preceded them such as the National Assistance Act 1948 and the Chronically Sick and Disabled Persons Act 1970, the emphasis is upon public services providing a 'welfare net' to catch those who either experience the severest difficulties and/or who have not been able to make provision for themselves.

This has led to narrow definitions of entitlement linked to a rigorous assessment of the needs and means of individuals who request services. It contrasts with an approach seeking to promote the health and wellbeing of older people through the use of mainstream universally accessible services. The focus on the 'welfare net' for older people has reduced the focus on considering how services, such as transport, supply of food, housing, education, leisure, can contribute to meeting the needs of this major age group of citizens.

The challenge is to review whether today's legislation is appropriate for meeting tomorrow's needs.

### The Key Issues

**Services for older** people are not just about social care or health. They cover the wide range of services we all need. Yet older people are more likely to experience poverty and find it difficult to afford basic necessities. Where social care is required, local government has developed extensive specialist services, often of a very high quality. This is in response to the continual efforts made by the government to improve the lives of older people. However, this has been at the expense of 'low level maintenance' or preventative services. This deficit is exacerbated when universal services such as transport and housing are not tailored to the needs of older people.

Older people will soon make up 25 per cent of the population and we need to plan changes now if we are to respond to these issues.

- How can older people better engage with the community and its universal services?
- How do we tackle discrimination against older people?
- How do all the key agencies and the wider community, including older people, work together to improve the commissioning of services?
- How does each community establish joined up governance arrangements?
- How do agencies rise to the challenges of developing a responsive and skilled workforce?
- How will social services deliver high quality services to older people and carers alike?
- How do we tackle poverty for older people?
- How do we develop the right legislative framework?

# SECTION TWO

## A Future Vision for Older People

### Setting the Outcomes

The **United Nations Principles for Older People** emphasise the importance of independence, participation, care, self fulfilment and dignity as we age. Building on these principles, the ADSS and the LGA propose that we should seek to achieve the following outcomes for older people:

- **Living longer and healthier lives** – including protection from abuse and exploitation.
- **Better quality of life, enhanced lifestyles** – better access to leisure, social activities and lifelong learning.
- **Further opportunities for employment** – more older people having the opportunity to work or having access to other income-generating opportunities.
- **Reduced poverty** – elimination of poverty in old age and greater financial independence.
- **More independence and interdependence** – relationships based on reciprocity rather than dependence.
- **Better informed** – increased access to information and advice so that older people can take action for themselves.
- **More involved in decision making** – fully able to influence the development of key policy areas including the governance, implementation and shaping of services and to exercise their democratic rights as citizens of their communities.
- **Greater control and autonomy** – more choice and control over the services provided to them.
- **No discrimination** – Ageism, stereotyping and other types of discrimination against older people confronted and stopped.

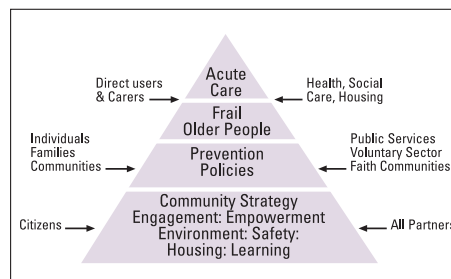
How we set a new direction to achieve these outcomes is the theme for the remainder of this document.

### Shifting the Balance

**Currently we focus** most resources for older people on those with the most severe needs. In Figure 1, statutory services are concentrated at the very tip of the triangle. This focus on acute care and the most

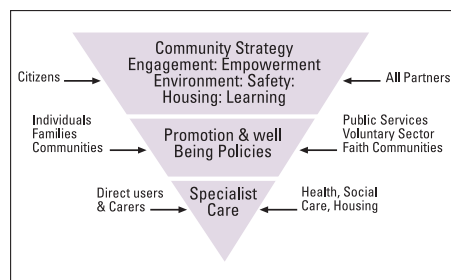
frail older people has been emphasised even more, by the drive to reduce delayed discharges from hospital.

**Support for Older People Today** Figure 1



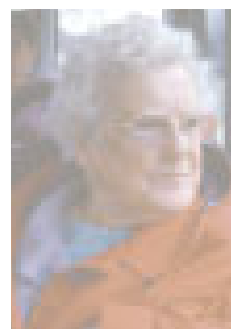
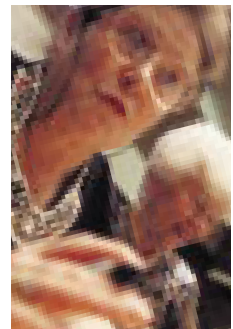
Future services need to reverse this trend by inverting the triangle so that the community strategy and promotion of the wellbeing of older people is at the top of the triangle and the extension of universal services for all older people is seen as crucial to all agencies, see Figure 2.

**Support for Older People Tomorrow** Figure 2



Key features of this approach are:

- Community members, including older people, and agencies working together, taking collective responsibility for promoting the wellbeing of older people and setting priorities.
- Agencies focusing jointly on what needs to be achieved and how each will contribute to this, rather than a preoccupation with internal structures and boundaries.
- Professionals, while recognising their specific skills, being concerned with growing the capacity



## Prevention, outcome orientation, wellbeing, working across barriers, defining outcomes...

■ *Adults don't just seek to avoid dependence on others but are interdependent, enjoying equal relationships with others.*

■ *Focusing on outcomes needs to start from the perspective of what older people universally need.*

■ *National and local outcomes for older people need to be clearly expressed in language everyone understands.*

■ *Indicators need to be easy to collect, easy to benchmark, easily understandable by the general public*

■ *Local and central government need to take a proactive approach to revising the image of older people.*

and capability of universal services, becoming facilitators, catalysts, and enablers in developing services in the community.

- Universal services enabling people to be supported in the community more safely and for longer.
- Information, advice and other resources available to empower older people in accessing the services they need when they need them.

### Promotion of wellbeing

**Inverting the triangle** also turns the concept of prevention upon its head. Two broad definitions of prevention have been recognised.<sup>53</sup> these are:

- Services which prevent or delay the need for more costly intensive services,
- Strategies and approaches that promote the quality of life of older people and their engagement in the community.

The first of these definitions follows from the logic of figure 1 and has underpinned community care policies for many years. This form of prevention has been aimed at frail older people. The second definition follows from the logic of figure 2. Promotional policies aimed at all older people are necessary to promote wellbeing more effectively.

This revised definition of prevention focuses on citizenship, participation and partnership. A recent paper, *Living Well in Old Age*,<sup>54</sup> points out that 'older people are citizens of their community rather than mere consumers of health and social care organisations.'

The objectives behind preventative strategies need to change. The old definition is characterised by promoting choice and independence. While still important, we need to go beyond these to a more complete sense of empowerment. Adults not only exercise choice between the options they are given or face, they possess the much greater ability to control their lives and create their own options. Adults don't just seek to avoid dependence on others but are interdependent, enjoying equal relationships with others.

A further paper<sup>55</sup> highlighted that the extension of control and interdependence is fundamental to successful ageing. We should recognise and promote

ways in which older people are able to exercise more control over their lives if they are to be truly considered by us as adults. We should support the maintenance and development of new relationships, no longer based on dependency, but on an equal footing, contributing as well as receiving.

### Defining the Outcomes

**At present each** agency has their own set of goals and objectives. Many of these are not framed from the perspective of an older person in terms of desired outcomes. This focus on outcomes needs to start from the perspective of what older people universally need. The Audit Commission and Better Government for Older People in 2003<sup>56</sup> brought together information about what older people say are the key factors that would help them to live independent lives, and this should inform the development of a national set of wellbeing outcomes for older people.

As well as national wellbeing outcomes for older people, communities may wish to develop their own set of local outcomes that they want to see for all older people in their community. These may be related to particular needs of the community.

Both national and local outcomes for older people need to be clearly expressed in language that everyone understands such as healthier older people, older people who are better informed, more choice and power to make decisions, independence, better access to services, dying with dignity. As one resident said, 'the words need to speak to the people!'

Rather than each agency focusing on delivering service objectives and targets they should be required to say how they will contribute to delivering the national and local outcomes for older people and work across organisational barriers to achieve this. The aim will be to improve the wellbeing of older people rather than creating inward looking organisations focusing on agency processes or performance.

Progress against outcomes needs to be monitored. National indicators inform all stakeholders about the progress achieved in relation to agency objectives and targets. comprehensive performance assessments<sup>57</sup> provide a basis for monitoring services across councils and the star ratings for

# Tackling discrimination, universal and specialist services, the active community, priority issues...

health provide a similar approach for health trusts. However, both need to be revitalised if they are to provide whole system monitoring. Indicators are needed on a cross agency basis to monitor outcomes for older people.

Local communities will want to develop their own indicators to monitor whether they are achieving local outcomes for older people. Research carried out in America<sup>58</sup> highlighted the importance of the buy-in by the local community to local indicators. These indicators are known as 'town square' indicators and are owned and understood by everyone.

Indicators need to be easy to collect, easy to benchmark, easily understandable to the general citizen, few... But important.

## Tackling Age Discrimination

**None of this** will be achieved without tackling age discrimination. Negative images contribute to the poverty, social exclusion and isolation of older people. We must develop positive images of ageing if we are to ensure the active participation and engagement of older people in our communities. This means challenging and changing attitudes to older people. Local and central government need to take a proactive approach to revising the image for older people, and set an example by developing publication and media standards in all their documents to improve this image.

Having the right forums at national and local levels to represent and consult with older people will also put older people closer to the centre of setting national and local policies and help to tackle age discrimination.

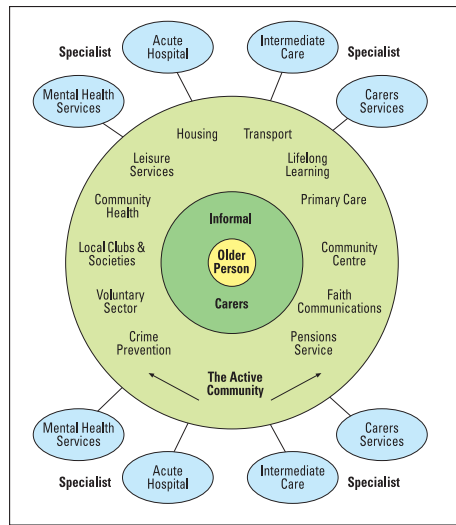
## Achieving the Vision

### Changing the Direction

**The vision, which** needs to be shared, demands a new way of looking at the networks of people and services in the community. This is illustrated in Figure 3. Older people and their immediate informal carers are in the centre interacting with universal services: the active community coloured light green. Specialist services are on the outside interacting with older people only when they are needed: the

specialist community coloured blue.

**A New Direction in the Community** Figure 3



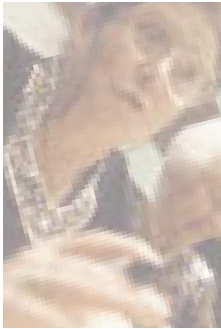
This model represents a much better connected local network than exists currently, ensuring better outcomes for access, choice and a seamless service.

The local authority would have a leadership role in achieving this by:

- Facilitating the development of this new direction,
- Ensuring that services within the 'active community' are accessible, and meet the needs of older people and their informal carers,
- Overseeing the development of comprehensive wellbeing strategies, not just focused on health and social care.

It will be important to have a dedicated staff team at a local level to sustain the momentum of implementing the new direction, sustain the partnerships and ensure strategies that cross agency boundaries are delivered.

Deciding the size of the active community will be a key issue for each council based on local issues. Active communities could be based around a particular local authority area, neighbourhood, primary care trust locality, or other areas that form a



## Strategic change, levels of commissioning, clear accountability and local strategies...

■ *Commissioning needs to accommodate the move to greater choice within services.*

■ *All key partners will need to work together to ensure they commission services delivering the agreed outcomes.*

■ *Some specialist services ... will have to be commissioned for a wider geographical area.*

■ *There needs to be a clear governance framework for ensuring joined up principles and processes ... across government.*

■ *Further work still needs to be carried out on governance and partnership locally.*

natural community. It could be along the lines of the approach taken by the community action network, which promotes social entrepreneurship in service delivery.

### Changing the Strategy

Each community, including older people, will need to undertake a community assessment of the key issues for older people in the community. This assessment will take time and resources, but research carried out in America<sup>59</sup> emphasises its importance because the end result is a strong community agenda. By undertaking such a process the wider community and all stakeholders feel ownership and responsibility. Older people need to be actively involved in the community assessment and be central to this process.

In essence, the assessment is about building a 'community portrait' on which to base the vision. The information will help determine the priorities to define the community outcomes in relation to older people, setting a community agenda.

Once agreement about the priority issues for improving outcomes for older people has been achieved, statutory and voluntary agencies, together with members of the community need to work to develop a shared strategy to achieve the desired outcomes. This should involve an understanding of 'what works' through looking at research and the use of the current evidence base. It should also involve developing an implementation plan, with interagency agreements to deliver the strategy. This will link into other key strategy documents, for example the local health delivery plan and the community plan.

In relation to local strategies, a recent discussion paper<sup>60</sup> identified nine key elements which need to be addressed when developing a local strategy. These are illustrated in Figure 4.

### Changing the Way Services are Commissioned

At present, whole systems commissioning and commissioning for the active community are not locked into a governance framework. It is important that this happens. We already have a tool to achieve

this through local health delivery plans, but these are very health focused, reflecting the focus of the national service framework and will need to be adapted taking on a comprehensive whole system focus. The power of local authorities to promote the economic, social and environmental wellbeing of their area under the Local Government Act 2000 offers another opportunity on which to build. However, a framework for 'whole systems' commissioning based on the needs of communities clearly needs to be developed further.

There are three levels of commissioning: at an **individual** level, at the **community** level, and commissioning for **specialist services**.

At an individual level commissioning needs to accommodate the move to greater choice within services and arise from the single assessment process. Increasing the use of direct payments will mean that more people will purchase and manage the delivery of services themselves, a shift away from commissioning by statutory agencies.

Some people may prefer others to assist or act on their behalf in purchasing services. To accommodate this an extension of resources for brokerage, advocacy and support will be necessary.

In the **community**, commissioning will arise from the local community strategy. Commissioning for the active community services coloured light green in Figure 3, needs to be locally led, engaging local community members including older people and their carers.

Commissioning for the more **specialist services** coloured blue in Figure 3 also needs to be informed

Developing a Local strategy Figure 4



## Changing the governance, consulting communities, a clear pathway for older people, a new model...

by the needs of older people in communities. All key partners will need to work together to ensure they commission services delivering the agreed outcomes for older people. This means that commissioning arising from the strategies contained in documents like the local delivery plan and the community plan will be whole system based and developed collaboratively, based on the needs of older people in communities.

Some specialist services, for reasons of size or capacity, will have to be commissioned for a wider geographical area.

All levels of commissioning need to be user led, with older people having much more control about what is commissioned.

### Changing the Way Services are Governed

**Building a governance** and partnership structure is required if we are to change direction, strategy and commissioning.

At a national level there has to be a greater focus on cross-government, cross-agency and cross-departmental activity. In particular, there needs to be a clear governance framework for ensuring joined up principles, strategies and processes for older people across government.

At a local level, clear accountability and responsibility for strategic developments and co-ordination of resources is also vital. Under the Local Government Act 2000, councils have the power to produce a community strategy setting out how they propose to promote the economic, social and environmental wellbeing of their area. The Health Acts allow local authorities and health bodies to pool resources and local partners have the option of establishing integrated care trusts. NHS primary care trusts were asked to ensure the involvement of all partners when establishing their local development plans.

Local strategic partnerships have already become the mechanism for preparing community strategies and in many cases have been the catalyst for establishing relationships across all partners, making a whole system approach to local health development plans easier. However further work still needs to be carried out in relation to governance and

partnership arrangements at a local level if we are to improve services for older people.

The local strategic partnerships should provide a local governance framework for older people. Such a framework is important, as the partnership needs to encompass all relevant agencies. Within the framework, an older people's partnership board, similar to those for children, should be established for each local authority.

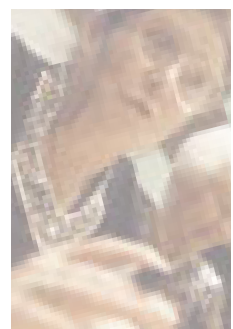
The older people's partnership board will:

- Provide a forum for multiple partners to work in,
- Create agreement on the priorities to be addressed,
- Be a focal point for bringing together policies, processes, and resources,
- Develop and coordinate the implementation of the strategy for older people by acting as convenor, problem solver,
- Ensure there is a focus on improved outcomes for older people and monitor progress against agreed objectives and targets,
- Provide leadership, motivating and inspiring people to change their ways of working,
- Be a catalyst for shaping new ways of working.

The older people's partnership board will need to take overall responsibility for the commissioning process in respect of older people, with a group of key staff drawn from the partners to prepare and implement the details. However, many of the promotional strategies will be universal, relevant to all people, young and old alike. The local strategic partnership will consequently need to coordinate strategies from the older people partnership board and all other partnerships.

Consulting with community members, including older people, about services is not enough. They need to be actively involved in making decisions about the priorities, strategies and financing of services and should be appropriately represented on the older people's partnership board.

Membership should also reflect the range of agencies involved, including people who have sufficient seniority to make decisions about strategies and resources. This will need to apply to foundation trusts once they are established.



## New skills and knowledge, whole systems workforce, promoting wellbeing...

■ *Jobs will need to be reviewed and revised with a view to amalgamating and reshaping tasks and responsibilities.*

■ *A whole systems workforce plan will be required for older people's services to focus on the local community.*

■ *Modernising the workforce and implementing the changes requires managers to possess high levels of leadership, business and finance skills.*

■ *Further attention needs to be given to the basic pension to maximise people's ability to maintain their independence.*

■ *The promotion of wellbeing ... should be accompanied by a clearly identified budget.*

### Changing the Way Services are Delivered

**To be effective**, services that older people and their informal carers use need to be user driven, based around communities and have real accountability. The older people's partnership boards will be the mechanism for pulling together all local services so that accountability for the outcomes for older people is clear. Whether services are universal or targeted, generic or specialist, through the older people's partnership board they should form a coherent whole.

Access to the active community (see figure 3) will be direct by older people and their informal carers. It is important that an easily accessible information service is located in the locality, to help older people know what is available within the 'active community' and how to access the universal services.

A clear pathway as to how an older person will move from the universal services to the specialist services is essential. Access to the 'specialist community' should be through a multi-disciplinary team of local professionals who will carry out the initial single assessments, and then commission or deliver specialist services, when older people require them. One option will be to base this multi-disciplinary team in community resource centres, alongside specialist integrated teams who possess a wide spectrum of other skills appropriate to the needs of older people.

Informal carers are often the key supporters and advocates of older people when they are unable to act without help. The same approach to the delivery of services therefore applies to carers. It is important that services within the active community are available to support their needs.

Key features of this new service model are that they will be:

- **Person-centred** – flexible services, designed around the individual needs of older people,
- **Easily accessible** – twenty four hour, seven day a week services,
- **Delivered in partnership** – through integrated teams. The partnership will include health, housing and social services, community

members, the independent and the voluntary sector,

- **Community based** – locally determined and locally delivered, but within a national framework.

### Changing the Workforce

**Developing a workforce** that has the new skills required to deliver the changes presents many challenges, not least in engaging staff with a modernising, performance and cost driven agenda.

Key features of the future workforce for older people will be a multi-disciplinary interagency workforce, which is based within local communities and is jointly responsible for supporting individuals in their own home, promoting independence and delivering the outcomes for older people. Wherever possible, the staff group will be representative of the community in which they serve. They will work to agreed competencies and follow agreed protocols set locally by the partnership and nationally by the government.

It is unlikely that in the future, there will be a workforce to deliver the level of services required, as a result of the decreases in the population mentioned in section one. We will therefore need to develop the use of paid and unpaid volunteers further, and change the status and image of volunteers. More older people will also be actively encouraged to become part of the social care workforce.

The workforce will develop new types of skills and knowledge. A report prepared for the ADSS,<sup>61</sup> stated that local authorities and partners will need to enhance or establish workers who can effectively map the environment, bid for funding and rigorously contract with independent and directly managed providers of older people's services. For many people this will require new and different skills.

There will also be new roles and jobs developed. This could include brokerage roles, and generic care workers. Jobs will need to be reviewed and revised with a view to amalgamating some jobs and reshaping tasks and responsibilities.

Shared induction and training across public and independent sector agencies will need to be developed. All front line staff will need a shared set of knowledge and skills so that they are able to give



## Funding arrangements, Health Act powers, rethinking the policy, establishing the vision...

appropriate information and advice to older people, whichever service they work in. All staff and managers will require training in key areas such as ensuring independence, developing an enabling culture in organisations, person centred planning, and how the use of technology can enhance services.

A whole systems workforce plan will be required for older people's services, to focus on the local community, while linking into regional plans. This will address the issues of training, qualifications, career progression and recruitment. It will also establish agreed positions about employment for local people.

Modernising the workforce and implementing the changes will require managers to possess high levels of leadership, business and finance skills. Leadership programmes to develop these skills will need to be established.

### Changing the Investment in Older People

**If we are** to support the change in direction, central and local government need to look more closely at funding arrangements.

#### At a national level:

Further attention needs to be given to the basic pension to maximise people's ability to maintain their independence, and to ensure essential items like nutritious food, heating, mobility and participation in the community are affordable.

The promotion of wellbeing for older people should be seen as a core function for all agencies. It should be accompanied by a clearly identified budget seen as part of mainstream funding. There needs to be a distinction between funding of priorities for targeted services such as social services, linked to risk and vulnerability factors for older people, and funding to support the promotion of successful ageing. The latter needs to be recognised in its own right.

In addition, Government funding in relation to older people needs to be reviewed. Systems of funding should be based on the following principles:

- **Equity** – by definition this will include some losers and some gainers.
- **Sustainability** – people need to make long term

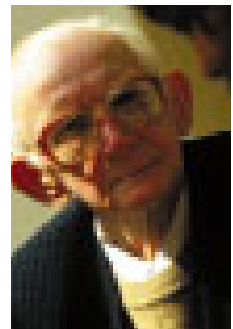
plans about their retirement, and thus a framework for developing sustainable funding will be important.

- **Minimum standards** – a new system of charging should ensure that care is provided to at least minimum standards. Service users may wish to top up their care package at extra cost, to provide a wider range of services not covered by the minimum standard. The funding of care should be sufficient to allow for adequate care to be purchased anywhere in the UK without a 'top up'.
- **Work incentives** – any system of charging should enable service users to benefit from employment.
- **Single approach to payments** – both the Department of Work and Pensions and social services departments are involved in payments for care. For example, the Department of Work and Pensions pays minimum income guarantee, in addition to attendance allowance and retirement pension. The social services department makes a social care assessment and then a financial assessment to 'top up' the benefit payment to pay for care. Even with the best liaison and cooperation, this involves a degree of duplication. The process for payments for care therefore needs to be streamlined, avoiding duplication.

#### At a local level:

As older people's partnership boards develop strategies to achieve desired outcomes, they will need to develop a financial component to support the change. This should include both revenue and capital streams, with capital funding directly linked to supporting the local commissioning plans of the board. When developing the financial plans there is also a need to look at what resources already exist. Resourcing the strategy is not just about cash, it is also about all the non cash resources that could contribute to the strategy – for example, staff, equipment, and services.

Agencies also need to develop further the use of their powers under the Health Act 1999 and the Local Government Act 2000 to pool budgets and develop more flexible funding arrangements to promote outcomes for older people.



## Changing the law. Recommendations...

■ *Make resources available to implement, monitor and review the strategy for older people.*

■ *Tackle discrimination and promote an enhanced image, and raise the profile, of older people.*

■ *Ensure locally-based commissioning, built around communities.*

■ *Encourage local government and the voluntary sector to provide incentives for older people to participate in their communities.*

■ *There should be better co-ordination across government of services for older people.*

### Changing Legislation and Regulation

**The existing legislative** framework for older people is based on concepts rooted in the poor law and focuses on a narrow definition of entitlement linked to need.

The changes in direction envisaged in this report focus on the wider expectation of wellbeing, rights, choice and protection. The promotion of successful ageing should be part of the mainstream function of all agencies. There should be a focus on good accessible housing for older people; good access to health care; safe communities; good public transport; appropriate life long learning, and other services that sustain social interaction in communities.

As services are commissioned differently, involving an ever greater mixed economy of providers and types of service, it may be necessary to change the regulation of services. For example, the strengthening of regulation looking at the promotion of wellbeing and the protection of vulnerable adults.

Universal products and services, such as transport, retail and financial services, should be produced to standards that take account of the needs of older people, particularly those with disabilities.

All this involves looking closely at the current legislation and rethinking the policy and regulation framework that will be required to support the ageing population. The ADSS and the LGA would welcome an opportunity to engage in a wider debate on the legislative and regulatory framework underpinning social services' work with older people.

### Recommendations

#### Establishing the vision and changing the direction

**The future vision** requires that the balance is shifted from focusing on acute care and the most frail elderly to focusing on promoting the wellbeing of all older people. This needs to be underpinned by clear wellbeing outcomes and indicators to monitor progress in achieving them. It requires a broadening of the approach to prevention and the development of universal services to support this.

- *There should be a national set of wellbeing outcomes for older people, which are linked to the vision and strategy.*
- *There should be a set of local outcomes for older people linked to the vision and strategy and the needs of the local community.*
- *There is a need to develop cross agency performance indicators which reflect outcomes at both a national and local level and against which national and local strategies should be measured.*
- *Comprehensive performance assessment and health star rating frameworks should be revitalised on a whole system basis.*
- *Performance indicators should be few but important, easy to collect, and easy to benchmark. Local performance indicators should be owned, understood and easily recognised by the local community.*
- *Information systems across agencies need to be built, so that performance indicators from different agencies and other sources can be collated and analysed.*
- *The importance of local authorities taking a whole systems approach to promoting the needs of older people within communities should be reinforced through legislation, policy and guidance.*
- *Resources need to be made available at a local level, to develop a dedicated team of people to implement, monitor and review the strategy for older people, ensure that resources are spent according to the principles of best value, and facilitate partnership working.*

#### Tackling age discrimination

**Continuing to tackle** discrimination against older people and developing positive images of ageing will involve challenging and changing attitudes to older people in the wider community, beyond the NSF targets for health and social services.

- *Standards of good practice for publication and media work should be established by the government, in consultation with stakeholders, to promote an enhanced image of, and raise the profile of older people. Further consideration should be given to anti-discrimination legislation.*

## Recommendations...

### Changing the way services are commissioned

**There is a** need to develop a community based whole systems framework for commissioning universal and specialist services involving community members and a range of organisations – for example social services, health, housing, leisure, education, the independent sector and voluntary agencies.

- *We need to change the way services are commissioned to ensure that there is locally based commissioning built around communities. Commissioning needs to be carried out with a range of key stakeholders, including local communities and older people.*
- *There should be a requirement that the local health delivery plan should be jointly developed with social services in conjunction with older people, other statutory partners and the voluntary sector. This would result in the establishment of joint health and wellbeing delivery plans for older citizens, which in turn would be linked to the community plan.*

### Changing the way services are governed

**It is important** that there is a coherent framework for decision making and accountability, at a national and local level.

- *There should be better co-ordination across government departments.*
- *An older people's partnership board should be established by each local authority, to ensure that there is clear accountability and responsibility for strategic developments and co-ordination of resources. This older people's partnership board would be accountable to the local strategic partnership.*
- *Local government and the voluntary sector should be encouraged to provide active incentives for older people to participate in their communities, and share their knowledge and experience.*

### Changing the way services are delivered

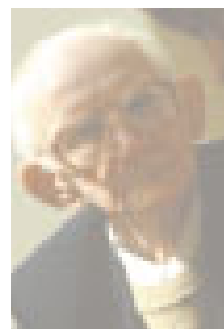
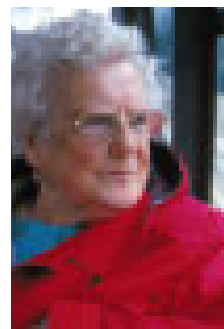
**Services in future** need to be user driven, delivered in partnership with others, integrated, community based, flexible and easily accessible. There must be different kinds of services to meet the needs of older people and their informal carers. This would include a reduction in residential and nursing home care, and an expansion of community services.

- *Universal services need to be reviewed by the older people's partnership board, ensuring they meet the needs of older people and their carers and that new services are developed.*
- *The Department for Education and Skills and local councils should examine how older people can better access lifelong learning including basic skills.*
- *We need to develop a clear framework to allow agencies, communities and individuals to complement each other's efforts rather than compete with them. Services need to be delivered based on community needs.*
- *We need to review fundamentally the direction of travel in relation to the types of social care services currently available to older people, and those that will be needed in the future to address the 'balance of care'. This would involve looking at the need and availability of long term residential and nursing home care, the expansion of community services, and the development of extra care housing.*

### Changing the workforce

**If we are** to develop a more integrated approach to tackling priorities and providing a catalyst for joint strategies we must build partnerships and networks across a range of agencies. The workforce needs to be multi-skilled and multi-disciplinary, and there needs to be a greater understanding and appreciation of each other's roles and responsibilities. This has major implications for induction, training and workforce planning.

- *A whole systems workforce plan for older people's services should be developed, addressing the workforce issues identified in the report, to create a multi-skilled workforce. It should also take account of sustainable careers, employment of older people, increased use of*



## Recommendations...

■ *Rethink modern social policy to reflect the social model of disability and family support services.*

■ *A National Charter for Older People should be developed detailing national standards.*

■ *We need to find natural leaders at all levels .. and support the leadership skills of older people.*

■ *Real change occurs by sustaining a focus on key priorities.*

*volunteers on a paid or unpaid basis, the importance of improving the status and image of volunteers, and the implications of direct payments on the workforce.*

- *All front line staff working in services for older people should have a core set of knowledge and skills to give appropriate advice and information to older people. This will involve whole systems induction programmes and shared professional training.*
- *Older people should have the opportunity to work or have access to other income generating opportunities. The Government should support the recruitment and retention of older people in employment, help more older people to set up their own businesses, and ensure the implementation of legislation to tackle discrimination of employment on the grounds of age.*
- *The development of new skills for older people should be encouraged, with the removal of barriers to learning and improved access to learning opportunities.*
- *Funding for leadership programmes, based around communities, should be made available bringing together managers across agencies to enhance partnership working, develop joined up strategies, and pool skills and experience. Such opportunities should be open to older people.*

### Changing the investment in older people

**Different ways of funding services for older people should be considered and these should be based on the principles of equity, sustainability, the provision of minimum standards, work incentives and incentives to provide community care.**

- *An adequate income is a prerequisite for meeting our needs. Further attention needs to be given to the basic pension, particularly for the over-80s, to maximise people's ability to maintain their independence and address the issue that many older people currently live in poverty.*
- *The promotion of wellbeing and the development of preventative services for older people should be seen as a core function of all agencies. There should therefore be a clearly identified budget for this core function, which should be determined at a national level.*

- *Agencies need to develop further the use of their powers under the Health Act 1999 and the Local Government Act 2000 to pool budgets and develop more flexible funding arrangements to promote successful ageing and to more effectively commission specialist services.*
- *Government and key stakeholders should enter into a dialogue to re-think the funding system for the social care of older people. This funding system should demonstrate a clear approach to the option of entitlement, financial planning in old age, the responsibilities of the individual, and a variety of charging options drawn from tax credits, private insurance and charging systems.*

### Changing legislation and regulation

**The current legislative provision is based on Poor Law origins. Modern social policy should more clearly reflect the social model of disability and family support policies.**

- *We would wish to see the opening of a dialogue and discussion with government and key stakeholders in re-thinking a modern social policy framework to support the ageing population.*
- *Legislation should be introduced so that all agencies have a duty to ensure the protection of older people at greatest risk. An independent person should be appointed for those people who do not have active carers, but who have complex needs which put them particularly at risk of cognitive impairment and social isolation.*
- *The 'power to promote or improve the economic, social or environmental wellbeing of their area', provided to local authorities under the Local Government Act 2000, should become a 'duty to promote or improve the economic, social or environmental wellbeing of their area.'*

As services are commissioned and delivered in a different way, and a more mixed economy of private, voluntary, community and local authority providers is developed, the regulation of services will need to be adapted and changed accordingly.

- *The regulatory framework needs to be revised and rebalanced. For example, the approaches to regulation looking at the promotion of wellbeing and the protection of vulnerable adults needs to be strengthened, and there should be less regulation in other areas.*

## Conclusion

- *A National Charter for Older People should be developed detailing national standards for all products and services. The charter should aim to ensure that the independence of older people is not restricted and that current obstacles such as access to information, better rural transport, more accessible housing, are overcome.*
- *The second phase of the national service framework for older people, The comprehensive performance assessment and the health star ratings all need to be reviewed in the light of this future vision.*

### Conclusions

Meeting the challenges and opportunities presented by an ageing population, and improving the lives of all of us as we age will require many changes in the way we work. Delivering positive changes is all about modernisation and leadership.

Leadership is central to the quest for real and durable change. Taking forward the approach to improving services for older people will require leadership that extends beyond traditional boundaries. It will involve a visible and committed group of leaders within a locality who have a shared sense of purpose and take collective responsibility for delivering the end goals.

Leadership is not just confined to professionals, politicians or other established community leaders. We need to find natural leaders at all levels, and in particular support the leadership skills of older people.

A key factor in taking forward this new approach will be some degree of local ownership by both professionals and communities, involving a much wider group. The concept of 'champions' offers older people themselves and front line staff in every service the chance to champion the cause of older people within their everyday environments. Communication is critical to this activity.

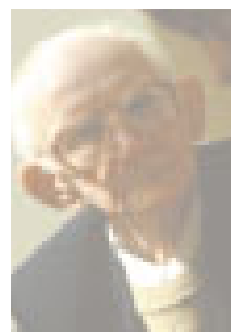
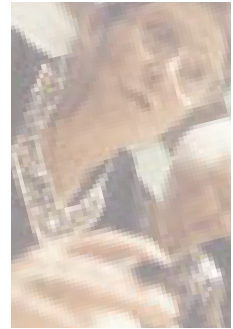
Real change occurs by sustaining a focus on key priorities. It will involve persistence, resilience and consistency by leaders. Leaders will need to put in place a clear framework for delivering the changes outlined in the report, ensuring their implementation.

Fundamental to this change will be the importance of leaders, professionals and communities listening

to older people, understanding what matters to them, and involving them at every stage of the change process.

As a result, older people will enjoy the full range of expectations of any citizen and will be able to exercise real choice in their lives. They will have more buying power, be more influential, have a stronger influence and control over the services provided, and be recognised as an active voice in shaping services. They will have the information, advice and access to resources in order to take action for themselves becoming experts in their own care.

This agenda is huge and challenging for us all, but it is vital that we make a start now. The ADSS and the LGA are fully committed to working with all interested parties to help shape the future in a way that will be of benefit to us all.



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- 52 *Home Care for Adults, England 1999 and 2002*, Department of Health, available at [www.doh.gov.uk/stats/hh99](http://www.doh.gov.uk/stats/hh99) and [hh2002](http://www.doh.gov.uk/stats/hh2002)
- 53 *At a conference jointly sponsored by the Department of Health, ADSS, Anchor Trust and the Nuffield Institute for Health*, 1997
- 54 *Living Well in Old Age*, ADSS, LGA, Audit Commission, *Better Government for Older People*, Nuffield Institute for Health, 2003
- 55 *Living Well in Later Life :From Prevention to Promotion*, Wistow.G, Waddington.E, Godfrey.M, Nuffield Institute for Health, 2003
- 56 *Promoting Wellbeing and Independence with Older People*, Audit Commission, *Better Government for Older People*. 2003
- 57 see *White Paper: Strong Local Government – Quality Public Services*, DTLR, Dec 2001
- 58 *Building Capacity for Local Decision Making*, Centre for the Study of Social Policy, Georgia, Missouri and Vermont, July 2001.
- 59 *Know your Community: A Step-by Step Guide to Community Needs and Resources Assessment*, The Family Resource Coalition of America, Chicago, 1995.
- 60 *Glendinning C, 2003, What Could a Local Strategy for Promoting Independence Look like?. discussion paper.*
- 61 *Workforce Planning: The Challenge for Older People Services*, report to ADSS Older People's Committee, December 2002, Waller. A and Yardley E.

## Appendix 1

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