



Brighton & Hove
City Council

Overview & Scrutiny

Title:	Adult Social Care & Housing Overview & Scrutiny Committee
Date:	3 September 2009
Time:	5.00pm
Venue	Committee Room 1, Brighton Town Hall
Members:	Councillors: Meadows (Chairman) Wrighton (Deputy Chairman), Allen, Barnett, Hawkes, Janio, Pidgeon, Randall and Wells
Contact:	Kath Vlcek Overview and Scrutiny Officer (01273) 290450 kath.vlcek@brighton-hove.gov.uk

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AGENDA

15. PROCEDURAL BUSINESS

- (a) Declaration of Substitutes – Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) Declarations of Interest by all Members present of any personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
- (c) Exclusion of Press and Public - To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

16. MINUTES OF THE PREVIOUS MEETING

1 - 8

17. CHAIRMAN'S COMMUNICATIONS

18. PUBLIC QUESTIONS, LETTERS FROM COUNCILLORS AND NOTICES OF MOTION

No public questions, letters from Councillors nor Notices of Motion have been received.

19. MEMBER TRAINING SESSION ON THE NEW PERFORMANCE ASSESSMENT FRAMEWORK

20. PERFORMANCE REPORTS FROM ADULT SOCIAL CARE & FROM HOUSING 9 - 26

Contact Officer: Philip Letchfield & John Austin-Locke
Tel: 01273 295078

Ward Affected: All Wards

SCRUTINY COMMITTEE

21. UPDATE ON GREEN PAPER ON FUNDING SOCIAL CARE 27 - 42

Contact Officer: Denise D'Souza, Director of Community Care Tel: 295030

Ward Affected: All Wards

22. DISCUSSION PAPER ON PROPOSED FINANCIAL INCLUSION POLICY 43 - 50

Contact Officer: Nick Hibberd, Assistant Director, Housing Management Tel: 293756

Ward Affected: All Wards

23. PROGRESS REPORT ON REABLEMENT SCHEME 51 - 56

Contact Officer: Karin Divall, Assistant Director, Adult Social Care Tel: 294478

Ward Affected: All Wards

24. LEARNING DISABILITY PARTNERSHIP BOARD ACTION PLAN 57 - 68

Contact Officer: Diana Bernhardt, Head of Supporting People & Lead Commissioner for Learning Disabilities Tel: 292363

25. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

To consider items to be submitted to the next available Cabinet or Cabinet Member Meeting.

26. ITEMS TO GO FORWARD TO COUNCIL

To consider items to be submitted to the next Council meeting for information.

SCRUTINY COMMITTEE

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For further details and general enquiries about this meeting contact Kath Vlcek, (290450, email kath.vlcek@brighton-hove.gov.uk) or email scrutiny@brighton-hove.gov.uk

Date of Publication - Tuesday, 25 August 2009

BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & HOUSING OVERVIEW & SCRUTINY COMMITTEE

4.00PM 18 JUNE 2009

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Meadows (Chairman); Wrighton (Deputy Chairman), Allen, Barnett, Older, Pidgeon, Smart and Taylor

PART ONE

1. PROCEDURAL BUSINESS

1A. Declarations of Substitutes

1.1 Councillor Averil Older was substitute for Councillor Geoff Wells.

Councillor David Smart was substitute for Councillor Tony Janio.

1B. Declarations of Interest

1.2 There were none.

1C. Declarations of Party Whip

1.3 There were none.

1D. Exclusion of Press and Public

1.4 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

1.5 RESOLVED – That the press and public be not excluded from the meeting.

2. MINUTES OF THE PREVIOUS MEETING

- 2.1 **RESOLVED** - That the minutes of the meeting held on 7 May 2009 be approved and signed by the Chairman.

3. CHAIRMAN'S COMMUNICATIONS

- 3.1 The Chairman said that the recommendations from the studentification ad hoc panel had now been referred to the Strategic Housing Partnership. The Chairman had asked the Head of Overview & Scrutiny to get an update for the Committee.

The Dementia Select Committee had held its first meeting on 12 June 2009. This was very timely because the city had recently been short-listed to be a demonstrator site for dementia. Brighton and Hove would receive extra funding if the bid were successful.

4. PUBLIC QUESTIONS

- 4.1 There were no public questions.

5. LETTERS FROM COUNCILLORS & NOTICES OF MOTION

- 5.1 There were no letters or Notices of Motion from Councillors.

6. MEMBER DEVELOPMENT SESSION ON SHORT-TERM SERVICES REVIEW

- 6a The Director of Community Care presented a member development session on the Short Term Service Review and responded to members' questions.

- 6b Members heard that planning permission had been agreed for a 100-bed site at William Moon Lodge, the Linkway, Brighton which offers potential for the city to meet some of the requirements in relation to joint provision and demand.

- 6c Members asked whether, when a patient was placed in a hospital outside the city, consideration was given to the distance that family members would have to travel to visit them. The Director of Community Care explained that all stroke rehabilitation beds had been moved to Princess Royal Hospital in Haywards Heath, though work was carried out to enable patients to move back to the city so that they could finish their rehabilitation at the best location for them.

- 6d Members commented that, when the decision had been made to move the beds from Brighton General Hospital to Newhaven Downs, they had been assured that this would be a temporary move. Members expressed concerns if this were no longer the case as this would have an impact on the patient and their families. The Director of Community Care said that work was under way to look at options for the move.

- 6e Members asked about the Nevill Hospital site as several had heard rumours that it would be closing. Could it be possible to use the building as a rehabilitation centre, with some modernisation; The Director of Community Care said that the hospital was currently used for patients with mental health issues; she was aware that there were discussions about the future use of the site.

- 6f The Strategic Commissioner for Mental Health for the PCT, spoke to the Committee. The Strategic Commissioner explained that a colleague had previously attended a Health Overview & Scrutiny Committee meeting to speak about the provision of mental health beds, and that they had discussed a range of options. One of those options was to move people with functional mental health to Millview hospital. However it was recognised that Millview was unsuitable for people with dementia, due to the nature of the other patients in the hospital, so there would need to be discussions about what would happen to those patients, if this option were taken further. The Strategic Commissioner clarified that all of the options needed to be scrutinised within the PCT initially, and were not yet at the stage for public consultation. The PCT was working with colleagues at the Sussex Partnership Foundation Trust on the full range of options, aiming to have these completed by the end of July 2009. The Committee agreed that they would like to invite the PCT to the next ASCHOSC meeting to talk about the plans for the site.
- 6g Members asked about whether any planning was underway for what would happen in the event of a heat wave, in a similar way to the planning that was underway for winter conditions. The Director of Community Care explained that planning was taking place for heat waves, for winter and for swine flu. It was essential to identify vulnerable service users and ensure that they had the correct facilities; this was work that the independent sector was also carrying out. There was a set of shared criteria to assess the most vulnerable residents, ensuring that those most in need would be seen first.
- 6h **AGREED:** that the PCT be invited to the next ASCHOSC meeting to talk about the plans for the Nevill hospital site.

(At the Committee meeting, Item 12 was heard next, as Councillor Caulfield was able to attend the meeting earlier than anticipated.)

7. HOUSING ADAPTATIONS

- 7a The Head of Housing Strategy and Development presented a report on housing adaptations in the city and responded to Members' questions. Members heard that there were a number of key issues to be taken into account, including the rising demand for adaptations, the need to make the best use of resources, and the drive to improve customer service by reducing waiting times.
- 7b Members commented that they had noticed that Occupational Therapists (OT) were able to attend households much more quickly than in previous years and that in some cases adaptations were happening within months, which was a noticeable improvement. The Head of Housing Strategy and Development said that there were many more ways for residents to access the adaptations service. There were currently 88 people waiting for an OT assessment, with approximately 30 more being added each month.

Members said that it would be useful to know how many people had been waiting for what period of time. The Head of Housing Strategy and Development agreed that this would be useful information and said that he would look into providing it.

- 7c Members asked whether adaptations were checked after installation. The Head of Housing Strategy and Development said that this was standard practice for council properties but there were different arrangements for private residents. In these circumstances, the council had more of an arms-length approach. The contract for work was between the resident and the contractor, with the resident responsible for taking up any complaints with the contractor directly.
- 7d In response to a query around whether there was a central register of adapted properties, members heard that the Adult Social Care and Housing department was working towards gathering information on the council-owned properties that had adaptations, and that these were categorised into different mobility categories. It was more problematic to gather the information about private properties however, particularly for those households who had arranged for work to be carried out themselves rather than requesting assistance from the council.
- 7e In response to a query about whether the contract for adaptations would be included within the new Repairs and maintenance ten-year contract, the Head of Housing Strategy and Development explained that the department utilised its own specialist contractor services at present, but that it would need to look at whether it was more beneficial to continue this or to include the work within a larger contract. Any money that could be saved could then be used to assist more people with their adaptations needs. Members said that the Adult Social Care and Housing Overview and Scrutiny Committee would have a role in monitoring the ongoing demand for adaptations in the city.
- 7f **RESOLVED-** (i) that the Committee's comments be noted, and (ii) that the Adult Social Care and Housing Overview and Scrutiny Committee monitors the ongoing demand for adaptations in the city.

8. EXTRA CARE HOUSING AND CHOICE BASED LETTINGS

- 8a The Assistant Director, Adult Social Care, presented a report on Extra Care Housing and Choice Based Lettings and responded to Members' questions, explaining that the report had already been agreed by both the Cabinet Member for Housing and the Cabinet Member for Adult Social Care.
- 8b In response to a query about whether owner-occupiers could access Extra Care Housing, Members heard that anyone was able to apply to have an Adult Social Care assessment. If this indicated that Extra Care Housing would be suitable for an individual, the team would explore various options with them, including considering whether purchasing an Extra Care Housing unit would be a suitable option.
- 8c Members sought clarification on the numbers of residents in New Larchwood who had previously lived in Patching Lodge (referring to point 1.4 of the report). The Assistant Director explained that out of the 34 tenants in Patching Lodge, five people had moved into the newly developed Patching Lodge.
- 8d Members were concerned that wider advertising of Extra Care Housing might lead to highly increased expectations and demand for the service that could not be met. The Assistant Director said that the intention was to monitor the demand closely as current

levels were not precisely known. The decision to advertise Extra Care Housing more widely also had the benefit of giving customers more information about the range of housing options available; evidence showed that there was little awareness of Extra Care Housing amongst city residents.

- 8e Members raised concerns about vulnerable tenants who might not be using their bids regularly. The Assistant Director confirmed that support was given to vulnerable tenants to help them with bidding. In Rother District, there was an automatic bidding process for everyone who was registered for Extra Care Housing; this could be explored further in Brighton & Hove.
- 8f After a vote, Members agreed a proposal to modify the wording of recommendation 2.1. The newly worded recommendation read: *'To note that all housing types are required to be allocated through Choice Base Lettings'*.
- 8g **RESOLVED** - that the reworded recommendation at 8f above be agreed.

9. REPORT ON THE CARERS' STRATEGY

- 9.1 The Joint Commissioner for Carers' Services spoke to the report and addressed Members' questions and comments.
- 9.2 Members queried the publicity for carers' services and opportunities; some carers did not know about the support that was on offer to them. The Joint Commissioner said that it was an ongoing challenge to ensure that information was made available to those who needed it. A proposal has been submitted to the Department of Health for funding to pilot Carers' Advisors, based in three hospitals, to signpost carers to the various services that were provided. The council had not yet heard whether the bid had been successful.
- 9.3 Members heard that a Link Worker had been employed by the Carers' Centre to work with GP practices to identify named workers in practices who can signpost carers towards a range of carer's services in the city. The Link Worker is aiming to have fifteen 'Links' in place this year.
- 9.4 Members queried what the next steps were for the document. The Joint Commissioner explained that the strategy was currently available for consultation both on the council's website and on the Primary Care Trust's website. In addition, over 3,000 surveys had been sent out to carers, requesting responses by early August 2009.

The strategy was scheduled to go to the Joint Commissioning Board for ratification in November 2009. Following this, a multi-agency carers' group would oversee implementation of the work programme.

- 9.5 **RESOLVED** – that the Committee's comments on the strategy be noted.

10. OLDER PEOPLE'S DAY SERVICES REVIEW

- 10.1 The Committee received a presentation from the General Manager, Older People Services, the Team Manager from Tower House Day Centre and the Performance and

Development Officer. The officers also replied to Members' questions on the service review.

- 10.2 Members said that they were glad to see that local communities were being used as centres for older people. The General Manager said that services needed to be much more joined up, and to use the facilities that were already there.
- 10.3 Members asked whether 3.2, point 4 had been costed and if not, whether they could have clarification on this; they did not wish to endorse the closure of a facility if alternative provision had not been costed. This was agreed.

The General Manager explained that this was intended to be an update paper; the team would have more detailed figures in September. It had become clear from the early stages of the review that there was a need to re-provide some services. Combined services were currently delivered in the communal living rooms in sheltered accommodation schemes. However, residents in the sheltered schemes did not like losing their communal living rooms; it was important to respect their wishes and re-provide the services.

Members asked for more information about the consultation that was taking place on the changes in the service. The General Manager said that the team had already begun to move out with the discussions about alternative service provision due to the dissatisfaction expressed by residents.

- 10.4 Members asked for clarification of point 4.5.4 and the effect on the day centres in the east of Brighton. The General Manager confirmed that no closures were being proposed, but that the intention was for the schemes to work more closely together.
- 10.5 **RESOLVED-** (i) that the recommendations be agreed; (ii) that the information requested at 10.3 be provided to Overview and Scrutiny, and (iii) that the minutes from this meeting be submitted to the relevant Cabinet Members for their attention.

11. DEVELOPMENT OF THE WORKING AGE/ ADULTS' MENTAL HEALTH COMMISSIONING STRATEGY FOR 2010-2013

- 11.1 The NHS Brighton & Hove Strategic Commissioner for Working Age Mental Health and Substance Misuse presented a report on the proposed Working Age Mental Health Commissioning Strategy and responded to Members' queries. The Strategic Commissioner explained that the report was being presented at the Adult Social Care and Housing Committee for information, and that decisions would be made through the Health Overview and Scrutiny Committee on behalf of Overview and Scrutiny.
- 11.2 The Committee heard that annually, £27, 000, 000 was spent on Working Age Mental Health Services locally so it was a significant service demand. 3,000 people in the city had serious mental health issues, with 30, 000 people having mild to moderate mental health issues at any one time, and 44, 000 who were self-medicating with alcohol.

In Brighton and Hove, £212 per head was currently spent on Working Age Mental Health Services, compared with an average of £163 in other local authority areas.

The Mental Health Services were assessed as 'weak' two years ago so the proposed Strategy was intended in part to be a stock-take of the Services' current position. Work on the strategy will bring in patients, carers, GPs and other stakeholders to take part in the consultation; the Strategy should be inclusive of all members of the community.

11.3 Members asked about member involvement with developing the strategy. They heard that there was councillor input at various stages of the process. The Strategic Commissioner confirmed that the PCT was keen for the process to be inclusive and would like to engage with any groups that were interested to be involved. In addition, it was likely that the strategy would be influenced by the Dual Diagnosis scrutiny report that had been produced; this would be a key driver for the strategy and showed that member involvement was already having an impact.

11.4 Members asked about the training that GPs received with regard to care standards for mild/ moderate depression and other mental health. The Committee heard that GPs were specifically trained on psychiatric wards as part of their medical training.

Locally the prescription of SSRI drugs had risen by 10% over the last quarter, compared with figures for the same quarter last year. The exact reasons for this were unknown, though anecdotally it was thought to be linked to the recession and related anxiety issues. The Strategic Commissioner did not foresee that this would lead to any significant long-term problems, the SSRIs were not harmful.

11.5 **RESOLVED** – the recommendations were agreed.

12. COUNCILLOR MARIA CAULFIELD, CABINET MEMBER FOR HOUSING

(This item was heard prior to item 7 at the Committee meeting.)

12a Councillor Caulfield gave a presentation on her priorities as Cabinet Member for Housing and responded to Members' questions and comments.

12b Councillor Caulfield confirmed that, with regard to the new 10-year procurement contract, there would be three Clerks of the Works employed, in order to check contractors' performance.

12c In response to queries about the progress of the Local Delivery Vehicle (LDV), Councillor Caulfield said that the directorate was in discussions with central government to address issues that had been raised and that further work was being carried out to value the properties. The initial batch of properties had been identified and work was underway to identify the next set of properties. Councillor Caulfield confirmed that, under the proposed scheme, the local authority would keep the freehold of the properties, letting them out on a long-term lease of 125 years.

Members asked whether the LDV could be used creatively, to look for alternative solutions to the housing shortage, for example, by building more homes. Councillor Caulfield said that there were examples of some local authorities buying properties and using them for social housing.

12d Members supported the proposals to allow residents in sheltered blocks to have priority for moving within the block.

13. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

13.1 The Minutes of this committee meeting to go forward to Cabinet members.

14. ITEMS TO GO FORWARD TO COUNCIL

14.1 There were none.

The meeting concluded at 7.00pm

Signed

Chair

Dated this

day of

Adult Social Care and Housing Overview & Scrutiny COMMITTEE

Agenda Item 20

Brighton & Hove City Council

Subject: *Adult Social Care Performance Report*
Date of Meeting: **September 3rd 2009**
Report of: *Director of Adult Social Care and Housing*
Contact Officer: Name: *Philip Letchfield* Tel: **29-5078**
E-mail: *Philip.letchfield@brighton-hove.gov.uk*
Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 To provide the Committee with information on the timescale for performance reporting within Adult Social Care services for 2008/09.

2. RECOMMENDATIONS:

- 2.1 That the Committee note the contents of the report.
- 2.2 That the Committee receive a further report in December 2009 following the Care Quality Commission publication of their performance report and related judgements in relation to Adult Social Care 2008/09.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 This is a time of major change in relation to the national performance framework for Adult Social Care services. Committee will have received a presentation prior to the presentation of this report on these changes.
- 3.2 At this point in the national performance calendar Adult Social Care Departments are still in discussions with the Care Quality Commission regarding their performance in 2008/09 and the national indicator data has yet to be verified by the regulator. The CQC will produce a public report at the end of November 2009 including their judgements in relation to the national outcomes. Committee may wish to consider this report at a future meeting.
- 3.3 It is therefore difficult at this stage to produce a definitive performance report on the year 2008/09. The NIS indicator data submitted has been attached at appendix 1 but this is yet to be verified.

4. CONSULTATION

4.1 None

5. FINANCIAL & OTHER IMPLICATIONS:

6. Legal & Financial Implications:

There are no specific legal/human rights implications which arise from this report.
Lawyer Consulted: Hilary Priestley Date: 20/08/08

There are no direct financial implications arising from this report. Evidence of performance against the National Indicators and delivery of Value for Money are key elements of the Comprehensive Area Assessment. Anne Silley 6/7/09

7. Equalities Implications:

7.1 There will be a focus upon these within the new national framework.

8. Sustainability Implications:

8.1 There are no specific implications.

9. Crime & Disorder Implications:

9.1 There are no specific implications for crime and disorder.

10. Risk and Opportunity Management Implications:

10.1 Key risks relate to the Comprehensive Area Assessment and the Local Area Agreement as the performance reported here will impact on them.

11. Corporate / Citywide Implications:

11.1 The performance judgements made in relation to Adult Social Care will continue to be a key element in the Comprehensive Area Assessment for each Council.

SUPPORTING DOCUMENTATION

Appendices:

1. None

Documents In Members' Rooms

1. None

Appendix 1 Performance Report ; Adult Social Care

Adult Social Care & Housing Scrutiny : July 2009.

Performance 08/09 is as submitted to Information Centre and yet to be verified by Care Quality Commission.

	Indicator	08/09	Comment
NI 125	Achieving independence for older people through rehabilitation/intermediate care	85%	Retrospective survey
NI 130 LAA	Social Care clients receiving Self Directed Support	390 people	
NI 131	Delayed Transfers of Care (PCT collect and report)	18 per 100,000	
NI 132	Timeliness of Social Care Assessments	87.9%	
NI 133	Timeliness of Social Care Assessments	91.8%	
NI 135 LAA	Carers receiving Assessment or Review and a specific Carer's Service, or Advice & Information	19.7%	
NI 136	People supported to live independently through social services (all adults)		Includes one off annual survey data September 2009
NI 145	Adults with Learning Disability in settled accommodation	54%	Introduced October 2008
NI 146	Adults with Learning Disabilities in employment	17.8%	As above
NI 149	Adults in contact with secondary mental health services in settled accommodation Collected and reported by SPFT	82%	As above
NI 150 LAA	Adults in contact with secondary mental health services in employment Collected and reported by SPFT	9%	As above

Adult Social Care and Housing Overview and Scrutiny Committee

Agenda Item 20

Brighton & Hove City Council

Subject:	Housing Management Performance Report (End of year report)		
Date of Meeting:	3 September 2009		
Report of:	Director of Adult Social Care & Housing		
Contact Officer:	Name:	John Austin Locke	Tel: 29-1008
	E-mail:	John.austin-locke@brighton-hove.gov.uk	
Key Decision:	No		
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This is the end of year report for Housing Management Performance for the year 2008-2009.
- 1.2 Following a number of suggestions from Members and customers the layout and presentation of the report has changed. The new style report is aimed at providing clearer information on targets and future policy set against current performance, recent performance and comparison with other groups and service providers. We are seeking to make the report more responsive to interest in specific areas of performance and can adapt the report and the information provided to what might be requested quarter to quarter. This report also follows the categorisation used by the Audit Commission. This should make performance comparison, at the time of inspection, more harmonious with the methodology suggested and used by the inspectors. These changes have been made possible by the development and introduction of a Performance Management Framework across all Housing Management areas of service. Managers and staff now have comprehensive access to a range of active figures allowing comparison of performance, both internally and externally, on a scale that was not possible previously. The development of this initiative is continuing.
- 1.3 There has also been a reduction in the volume of text with the aim being to focus on current developments and future objectives rather than repeating information provided previously.
- 1.4 In many cases the contrast made is with the Audit Commission top twenty five per cent (known as the top quartile) of authorities, nationally, across England. Where sections in Housing Services are members of specialised benchmarking clubs, such as HouseMark, or what is known as the "Major Cities", this may also be shown. However the performance figures from the Audit Commission, for 08-

09, will not be published until the autumn, while HouseMark figures are updated during the course of the year. The origin of each comparative figure and to whom it is attributed is made clear in the report.

- 1.5 HouseMark is a national organisation dedicated to improving performances across all providers of housing in England. Their services provide a comprehensive context and comparison within which a housing provider, managers and staff, can learn, improve and grow through contact with other providers. There has been a significant development in our relationship with HouseMark in the last six months. This has enabled us to post our performance on a national website which then permits comparisons to be made across the sector. Brighton & Hove Housing Services has become an active participant in HouseMark service improvement and the organisation has visited Brighton & Hove for a presentation to all managers across the services provided.
- 1.6 While it is acknowledged that the Best Value Performance Indicators (BVPIs) have been replaced by the National Indicator Sets (NIS) there remains a standing instruction from the Department for Communities and Local Government (CLG) to continue collecting the BVPIs. This is to ensure that all concerned can continue to make comparisons with past performance, and across the various providers, as before. It is also the case that HouseMark, for the same reason, still continue to refer to the indicators as “BVPIs”. In this report we continue to refer specifically to “BVPI” and “NI” in order to draw the distinction. It is our intention to develop this aspect of the report in order to ensure even greater clarity as to whether aspects of performance are related to national or local figures.

2. RECOMMENDATIONS:

- 2.1 That Adult Social Care and Housing Overview and Scrutiny comment on the contents of this report.

3. RELEVANT BACKGROUND INFORMATION

3.1.0 Rent Collection and Current Arrears

- 3.1.1 End of year figures show a collection rate of 98.16% against last year's performance of 97.75% and an 06/07 performance rate of 96.44%.
- 3.1.2 We remain aware of the importance of keeping to a minimum the number of customers with more than seven weeks of arrears on their account. Targets have now been set for the next three years as follows:

2009/10	4.96%	(<600 tenants with >7 weeks rent arrears)
2010/11	4.13%	(<500 tenants with >7 weeks rent arrears)
2011/12	3.72%	(<450 tenants with >7 weeks rent arrears)

3.1.3 The indicator reported on below, 66c, refers to the use of Notice of Seeking Possessions (NOSP) as a recovery tool while ensuring that possession is a last resort. Brighton & Hove will continue to use the Rents Arrears Pre-Action Protocol and work with customers to address issues prior to requesting possession proceedings.

3.1.4 Last year Brighton & Hove were granted 178 possession orders, by the courts, and have never had a case refused. This, combined with our low eviction rate, suggests that we are working within the pre-action approach that is adopted prior to commencing legal proceedings. The courts have indicated support for the protocol as proof of our efforts to work with customers prior to possession orders being granted.

3.1.5 Notwithstanding the above it is our intention to set challenging targets for the next three years to reduce the percentage of NOSP's served.

2009/10	26.46%
2010/11	23.80%
2011/12	22.39%

Income Management	Past Performance		End of Year Performance 08/09	Top 25% of Performing Authorities Figures (07/08)	Future Targets
	06/07	07/08			
BV66a Rent Collection	96.44%	97.75%	98.16%	Audit Commission Upper Quartile (07-08) 98.6% HouseMark Major Cities Benchmarking: Upper Quartile 98.04	98.50%
BV66a Rent Collection (Central housing area)	97.30%	98.21%	98.35%	n.a.	98.79%
BV66a Rent Collection (East housing area)	95.44%	97.08%	97.73%	n.a.	97.99%
BV66a Rent Collection (North housing area)	97.27%	98.08%	98.43%	n.a.	98.66%
BV66a Rent Collection (west housing area)	96.19%	98.09%	98.43%	n.a.	98.88%
BV66a Rent Collection (Temporary)	93.06%	93.8%	97.07%	n.a.	96.95%

Income Management	Past Performance		End of Year Performance 08/09	Top 25% of Performing Authorities Figures (07/08)	Future Targets
	06/07	07/08			
Accommodation)					
BV66b Those with arrears of more than 7 weeks	8.73%	7.85%	6.39%	Audit Commission Upper Quartile 3.5% (07-08) HouseMark Major Cities Benchmarking: Upper Quartile 4.88	4.96%
BV66c The NOSP figure	20.11%	27.23%	30.36%	Audit Commission Upper Quartile 14.8% (07-08) HouseMark Major Cities Benchmarking: Upper Quartile 16.25	26.46%
BV66d The Eviction Figure (% tenants evicted for rent arrears)	0.15%	0.17%	0.16%	Audit Commission Upper Quartile 0.2% HouseMark Major Cities Benchmarking: Upper Quartile 0.27	This is < than 35 evictions per annum: 0.29%
Volume of former tenant arrears (Inclusive of Temporary Accommodation and Travellers Site)	£1.9 million (£210k)	£1.7 million (£237k)	£1.7 million (£270k)	n.a.	To be set
% leaseholder recovery rate	72%	72%	80%	n.a.	82%
% Leaseholder Recovery Rate on Recoverable arrears	86%	89%	90%	n.a.	90%

3.2.0 Empty Property Turnaround Time

3.2.1 The Lettings Team has met many challenges and has let 878 council properties during 2008/09 within the overall annual target time of an average of 28 days per property. This total figure included sheltered flats and temporary accommodation – some of which have been very difficult to let.

3.2.2 Lessons have been learnt over the past year, and there have been many minor changes to processes that the team has made in order to manage workloads during difficult periods as well as continuously improve performance. The Lettings Team would like to thank the council's contractors and the various teams within Adult Social Care & Housing that have contributed to the council achieving this important target.

3.2.3 Looking to the year ahead, the team has set a challenging turnaround target of 26 days on average.

3.2.4 The Lettings Team is looking forward to achieving the objectives on its service plan for the coming year, which include:-

- Making improvements to our customers' experience of the letting's service
- Involving customers more in the work of the team
- Improving communications in order to improve the service delivered
- Taking extra steps to ensure tenancies get off on the right footing and are sustainable
- Hitting the target of 26 days

Void Turnaround	Past Performance		End of Year Performance 08/09	Top 25% of Performing Authorities	Future Targets for Brighton and Hove
	06/07	07/08			
BV212 average re-let times in days (all properties)	35	31	28	Audit Commission Upper Quartile (07-08) 25 HouseMark Major Cities Benchmarking: Upper Quartile 29.23 BHCC	26
General needs	35	29	25	n.a.	26
Sheltered	35	39	38	n.a.	26
TACC	n.a.	n.a.	42	n.a.	n.a.

3.3.0 Stock investment and asset management – Performance 2009/10

3.3.1 Performance on the completion of all repairs priorities has improved in the last twelve months and, as a consequence, stretching targets have also been set for 2009/2010. This improvement has been delivered in line with an increasing proportion of repairs that have been identified as emergencies. In past Audit Commission reports this has been identified as an area for improvement. The

responsive repairs partnership is now regularly raising 70% of repair work as a routine priority in line with good practice.

3.3.2 Repairs & Maintenance: Similar improvements have been delivered in the completion of Right to Repair orders over the last year and routine repairs are now typically completed within 15 days.

3.3.3 Decent Homes & Energy Efficiency: Investment in decent homes work has delivered an 8% improvement in the number of properties meeting the Decent Homes Standard, this equates to approximately 1,000 homes made decent in the last year.

3.3.4 BHCC's performance on SAP ratings (energy efficiency of stock) remains in the top quartile.

3.3.5 Gas Servicing. The end of year performance of 99.61% of properties with a current gas safety certificate shows another year of improvement on last year's figure of 99.06%. There are currently 41 properties across the city with an overdue service, none of these are more than a year overdue and the status of all properties is known.

Stock investment and asset management – Performance 2009/10	Past Performance		End of Year Performance 08/09	Top 25% of Performing Authorities	Future Targets for Brighton and Hove
	06/07	07/08			
Emergency Repairs Completed in time	n.a.	88.36 %	96.76 % 98.48 % (Mears) 94.49 % (Kier)	HouseMark Major Cities Benchmarking: Upper Quartile 99.37 BHCC ranked 5 th (Current)	99 %
No of Emergency Repairs completed	n.a.	8,299	7,755 4,414 (Mears) 3,341 (Kier)	n.a.	n.a.
Urgent Repairs Completed in time	n.a.	87.40 %	92.53 % 95.35 % (Mears) 89.18 % (Kier)	HouseMark Major Cities Benchmarking: Upper Quartile 98.05 BHCC ranked 4 th (Current)	98 %
No of Urgent Repairs completed	n.a.	8,938	4,393 2,388 (Mears) 2,005 (Kier)	n.a.	n.a.
Routine Repairs Completed within target time	n.a.	88.63 %	96.01 % 97.86 % (Mears)	HouseMark Major Cities Benchmarking: Upper Quartile	98 %

Stock investment and asset management – Performance 2009/10	Past Performance		End of Year Performance 08/09	Top 25% of Performing Authorities	Future Targets for Brighton and Hove
	06/07	07/08			
			93.53 % (Kier)	93.67 BHCC ranked 2 nd (Current)	
No of Routine Repairs completed	n.a.	13,892	19,724 11,305 (Mears) 8,419 (Kier)	n.a.	n.a.
BV72 Right to Repair orders completed within target time	n.a.	89.14 %	96.87 %	HouseMark Major Cities Benchmarking: Upper Quartile 97.72 BHCC ranked 5 th (Current)	97 %
BV73 Ave time to complete routine repairs	n.a.	16 days	15 days	HouseMark Major Cities Benchmarking: Upper Quartile 13.76 BHCC ranked 6 th (Current)	14 days
RR5 % of appointments kept	n.a.	n.a.	98.4%	n.a.	99%
NI160 satisfaction with home	n.a.	n.a.	78.9% (part of STATUS survey)	HouseMark Major Cities Benchmarking: Upper Quartile 83.18, Median 78.5 (Current)	83.18%
NI158 % of council homes that are non-decent	57.7 %	56.65 %	48.89%	HouseMark Major Cities Benchmarking: Upper Quartile 10.7 Lower Quartile 39.22 BHCC ranked 4 th of 4 who submitted data (Current)	36%
BV63 - Energy Efficiency (SAP Rating)	74.6	75.4	75.7	Audit Commission Upper Quartile (07-08) 73 HouseMark Major Cities Benchmarking: Upper Quartile	76.5 (using 2001 SAP formula. This remains the formula in current use)

Stock investment and asset management – Performance 2009/10	Past Performance		End of Year Performance 08/09	Top 25% of Performing Authorities	Future Targets for Brighton and Hove
	06/07	07/08			
				72.78	
Citywide % of stock with up to date gas safety checks	98%	99.06%	99.61%	HouseMark Major Cities Benchmarking: Upper Quartile 98.58	100 %
Mears Area	n.a.	98.91%	99.49 %	n.a.	100 %
PH Jones Area	n.a.	99.27%	99.78 %	n.a.	100 %

3.4.0 Estates Service

- 3.4.1 Staff consultation on the new Estate Services structure will start in June and last for four weeks. This will formally confirm the cleaning service as one based on site specific cleaners, with a small number of mobile cleaners for the dispersed housing stock and some of the outlying parts of the city.
- 3.4.2 A review of how the work of the Estate Services is monitored is currently taking place, with the aim of reporting on a wider range of activities and providing qualitative information on the work carried out.
- 3.4.3 The bulk refuse removal team saw a marked increase in the number of jobs they received in the final quarter of the year from 173 requests in December to 318 in March. This increase in work led to a dip in performance in the last quarter of the year. The number jobs for this team will be closely monitored so that any changes in demand for the team can be matched by further enforcement action to deter fly tipping and a review of the way this work is carried out so to ensure the targets for removal in the coming year are met.
- 3.4.4 The monitoring review will look at ways information on the work of the bulk removal team can be presented on a geographical basis, and used to develop local initiatives to tackle fly tipping and the dumping of bulk refuse.
- 3.4.5 The staff consultation is also examining the work of the graffiti removal team. The consultation document proposes that Mobile Wardens are trained in this area of work to ensure business continuity in the future. This would ensure reliability of response in the event of future absence, due to illness, within the small team that carries out this work.

Estate services	Past Performance		End of Year Performance 08/09	Top 25% of Performing Authorities	Future Targets for Brighton and Hove
	06/07	07/08			
Completion of cleaning tasks	Figures not recorded against current definitions	87	96%	n.a.*	98%
Bulk refuse removal Targets met within timescale		95%	Emergency 77% Routine 84%	n.a.*	Emergency 100% Routine 95%
Graffiti removal Targets met within timescale		95%	Emergency 100% Routine 88%	n.a.*	Emergency 100% Routine 95%
* Work will take place with HouseMark in the coming year to develop comparative figures					

3.5 Satisfaction

3.5.1 The figures on satisfaction, diversity and Value for Money are taken from the Government sponsored STATUS survey conducted every two years. The most recent ones have been 2006 and 2008.

3.5.2 The Government sets the questions, in the STATUS survey, and no alteration, amendment, addition or subtraction is permitted. However there are frequent changes to the way questions are asked and some questions asked in 2006 were excluded in 2008. This makes precise comparisons, survey on survey, problematic. In Brighton & Hove the Analysis and Research Team conduct the survey, on our behalf. This ensures independence in the analysis of the results

3.5.3 It is our intention to conduct a STATUS style survey in the alternate years when a STATUS survey is not due. In those cases we would be permitted to add additional questions, suitable to Brighton & Hove. This work is scheduled for the autumn. The initiative will allow a snapshot of customer satisfaction to be taken across the City on an annual cycle.

Satisfaction	Past Performance		End of Year Performance 08/09	Top 25% of Performing Authorities	Future Targets for Brighton and Hove
	06/07	07/08			
Overall satisfaction "very or fairly satisfied with your landlord"	72%	No survey	72.4% (data from STATUS survey 2008)	Unitary top quartile 71.25 from 2006	75%
% of tenants satisfied with Tenant Participation Compact	65%%	No survey	74.6% (data from STATUS survey 2008)	Precise comparison not available *	80%
% of involved residents represented by RA/TA.s	75%	86.5% (our own figures)	86.5%		90%

* Work will take place with HouseMark in the coming year to develop comparative information

Diversity

Diversity	Past Performance		End of Year Performance 08/09	Top 25% of Performing Authorities	Future Targets for Brighton and Hove
	06/07	07/08			
BV75b% BME tenants satisfied with opportunities to participate	No Survey	76%	Satisfaction survey scheduled for September	Audit Commission Upper Quartile (07-08) 71*	80%
BV74b Satisfaction of BME tenants with overall service provided by their landlord	67%	66%	Satisfaction survey scheduled for September	Precise comparison not available*	70%

* Work will take place with HouseMark in the coming year to develop comparative information

Value for Money

Value for Money	Past Performance		End of Year Performance 08/09	Top 25% of Performing Authorities	Future Targets for Brighton and Hove
	06/07	07/08			
% tenants satisfied with the value for money of their rent	New question for 08/09	No survey	81.1% satisfied 42.9% very satisfied	HouseMark Major Cities Benchmarking: Upper Quartile	85% satisfied

Value for Money	Past Performance		End of Year Performance 08/09	Top 25% of Performing Authorities	Future Targets for Brighton and Hove
	06/07	07/08			
(STATUS survey question)			38.2% quite satisfied	40.7%	
% of repairs completed 'right first time'	Figure not kept against that definition	82.1%	98.2%	95.04%	98.5%
Cost per week £ of housing management services	£17.09	£17.28	£17.28* Lower Median	CLG (2008 Business Statistical Appendix) £11.81* Upper Quartile.	£15.00
* Please note that this comparison is very problematic owing to the substantial variation in the ways housing providers calculate their management costs					

Anti-Social Behaviour

- 3.5.4 Policies dictate that, at the point of signing, lettings officers go through the tenancy agreement and specifically discuss the types of behaviour that will be regarded as a breach of the tenancy agreement.
- 3.5.5 There is a further visit, by the local Housing Officer, at fourteen days after the commencement of the tenancy. Prior to the visit the file will have been scrutinised for information on vulnerability or circumstances that might be likely to cause a problem; for example, information on substance misuse, known care issues or mental health problems. If issues are identified or occur then appropriate warnings will be issued in conjunction with ensuring appropriate support is in place. Further visits are undertaken, as a matter of routine, at four and eight months and more regularly if issues occur that need pragmatic intervention.
- 3.5.6 A register is maintained of those tenants who have had action taken against them or been evicted for anti-social behaviour. This ensures consistency in the even that the individuals are referred back for re-housing or referred to us by social services.
- 3.5.7 In cases where concern becomes apparent over conduct or behaviour during the first twelve months, the introductory tenancy can be extended for a further 6 months. Where problems are persistent and serious during the Introductory Tenancy a notice to terminate is served which results in the tenancy being lost.

Anti Social Behaviour	Past Performance		End of Year Performance 08/09	Top 25% of Performing Authorities	Future Targets for Brighton and Hove
	06/07	07/08			
% of Introductory Tenants reported to be involved in anti-social behaviour	This is a figure requested by a tenant representative so this is a new figure for 08/09		15.51% 548 lets in the year 85 cases	Figure not recorded by other authorities in this way	12%
Number of ASB complaints closed due to no further action required and/or the case being resolved	This is a new area of monitoring	951	826	n.a.*	n.a.*
Number of evictions		12	10	n.a.*	n.a.*
*Area currently under development with HouseMark					

4. CONSULTATION

4.1 Housing Management Consultative Committee 22 June 2009.

4.2 Following the presentation to Housing Management Consultative Committee and Scrutiny, this report will be presented at the next available round of Area Panels. In addition it will be provided, as appropriate, to the customer lead working groups involved with reviewing performance, policy and future prospects across the service.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Most performance measures discussed in this report have financial implications which will be included in the Targeted Budget Management (TBM) forecast. For example, any improvement in turnaround times or reductions in empty property numbers increases the amount of rent collected. Similarly an increase in energy efficiency will result in a reduction in outgoings. Improvements in performance will, in general, lead to more resources being available for tenants' services in the future.

Finance Officer Consulted: Gary Driver Date: 27 May 2009

Legal Implications:

5.2 There are none

Lawyer consulted: Liz Woodley Date: 7 June 2009

Equalities Implications:

5.3 Equalities implications are included within the body of the report.

Sustainability Implications:

5.4 Sustainability implications are included within the body of the report.

Risk and Opportunity Management Implications:

5.5 There are no direct risk and opportunity management implications arising from this report

Corporate / Citywide Implications:

5.6 There are no direct Corporate or Citywide implications arising from this report.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 Not applicable to this report.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 These are contained within the body of the report.

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms

None

Background Documents

None

Subject: Green Paper – Shaping the Future of Care together

Date of Meeting: 3rd September 2009

Report of: Director of Community Care (Commissioning & Partnerships)

Contact Officer: Name: Denise D'Souza Tel: 29-5032

E-mail: denise.d'souza@brighton-hove.gov.uk

Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 To give the committee a brief overview of the above green paper through a short presentation at committee and through the executive summary attached.
- 1.2 These funding options could have implications for the role of the local authority and details schemes that have a mix of local and national funding.
- 1.3 The green paper sets out some key questions for consideration on the future direction of a new care and support.

2. RECOMMENDATIONS:

- 2.1 (1) To consider the paper and its contents and any further involvement Adult Social Care and Housing want to undertake.

3. RELEVANT BACKGROUND INFORMATION

- 3.1 The green paper – Shaping the Future together came out mid July and builds on some of the proposals in a range of other recent documents including Our Health, Our Care, Our Say, Putting People First, Lifetime Homes and Carers Strategy.
- 3.2 The consultation period ends on 13 November.

4. CONSULTATION

- 4.1 This is a national consultation process.

- 4.2 Within the Council, a members seminar is being planned for 13 September.
- 4.3 There are a range of ways for organisations and the public to comment on the document, with 36 stakeholder events being planned in four regions, use of face book and twitter, as well as a stakeholder online forum.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1

Finance Officer Consulted: Anne Silley Date: dd/mm/yy

Legal Implications:

5.2

Layer Consulted: Name Date: dd/mm/yy

SUPPORTING DOCUMENTATION

Appendices:

[If none, state None. Any appendix more than 20 pages long should be listed and placed in the Members' Rooms at Kings House and referenced in the main body of the report]

1. Executive Summary
- 2.

Documents In Members' Rooms

- 1.
- 2.

Background Documents

[List any background / supporting documents referred to or used in the compilation of the report. The documents must be made available to the public upon request for four years after the decision has been taken]

- 1.
- 2.

Shaping the future of care together

Executive summary

As promised in Building Britain's Future, this Green Paper sets out the Government's proposals for ways to reform the care and support system for adults in England. We need to respond to the challenges that it will face in the future, to build a new National Care Service for everybody.

During 2008, the Government ran a six-month engagement process with the public, people who use services, and people who work in care and support. We heard from hundreds of people about their views on the challenges that we face for the future and the problems within the current system. This Green Paper is our response to what people told us and the issues we face.

Across the country, rising aspirations demand a better system of care and support both for those who look forward to a long and active old age – but who may need some support to stay well during their later years – and for those who need support earlier in their lives due to disability. This Green Paper offers several options for debate around how we as a country can respond to this challenge by building a new National Care Service for everyone.

Care and support

Care and support describes the activities, services and relationships that help people to stay as independent, active, safe and well as possible, and to participate in and contribute to society throughout the different stages of their lives. People rely on a whole range of support, from their families, friends and communities, as well as from state-funded support such as care in their own home or a care home, financial support from the benefits system and help with housing. All of these services combine to help people live active lives, whatever their priorities and needs may be.

There are many reasons why people might need care and support, such as:

- accidents
- long-term illnesses
- being disabled
- growing older.

These services are likely to affect every one of us in some way during our lives, whether directly, through needing care ourselves, or through knowing or helping to support someone who needs care.

Problems with the current system

Our existing social care system is a legacy, not of a single bold reform like the creation of the NHS, but of a series of more limited and incremental steps. Some people qualify for support through disability benefits. But, until now, the state has provided social care only to people on low incomes who cannot afford to pay for themselves. Those who can pay for themselves have been expected to do so with no support from the state, sometimes having to use up their savings, and the value of their house, to pay for care until they only have £23,000 left.

For the large number of people who are expected to make provision for themselves, with no help towards the costs of care and support, this system can seem unfair. And often, there is very little offered by way of advice and support, at times when families face difficult and expensive decisions about the care and support they require.

As life expectancy rises and care costs become ever higher, families face rising uncertainty about what costs they face and how best to plan for them. And because the system is often confusing, too many people face the prospect of having to use up their assets and sell their homes to pay for care and support. Even if they would like to prepare for this they cannot easily do so because the uncertainty in the existing arrangements makes it difficult for even a private insurance market to operate.

And even for those people who do qualify for state help, the system has significant weaknesses. There are wide variations in the standards and quantity of care and support offered by different local authorities. Such postcode lotteries are worsening as funding struggles to keep pace with rising numbers of older people in need of support. There are few clear rights or entitlements underpinning the service, and what people can expect to receive is often unclear until they actually apply for support.

Use of resources in the current system

Too often our existing system makes poor use of its limited resources. Ever-increasing pressures on local authorities mean that resources are increasingly used to offer care and support when people's needs are highest. Money could often be better invested in prevention, rehabilitation and keeping people active and healthy. Fundamental reform of the system offers the opportunity to make better use of resources, to keep people independent and well for longer. If the system fails to pick people up early enough, both the NHS and care and support bear the costs.

Future pressures

These weaknesses in the system are put under further strain by the growing pressures from changes in life expectancy and the changing demographics in England. By 2026, we expect there to be 1.7 million more adults who need care and support, and rising expectations mean that they will expect more choice and control over their services.

The care and support system therefore needs radical reform. As the number of people who need care and support increases, and expectations rise, the costs of providing care and support will increase dramatically. This means that the way in which the state system is currently funded will no longer be adequate. An absence of reform will mean restricting support further and growing numbers of people going without the care and support they need, with ever greater uncertainty and unfairness for families.

We also want to take the opportunity to build on the progress made in recent years, through reforms such as Putting People First, to improve the way in which the system works for people.

The vision for the future

As part of our aspiration to build a stronger, fairer Britain, we want to build the first National Care Service in England. The Government's vision is for a system that is fair, simple and affordable for everyone, underpinned by national rights and entitlements but personalised to individual needs. In the new National Care Service, everyone should be able to get really good care wherever they live and whatever they or their family need.

The system must help people so that they can access the care and support they need and find out about the different kinds of support available. It must also be a system that helps people to live their lives the way they want to, supported by the staff who work with them. People who need services are often the experts in their own care, and the system for the future must respect this. People with care and support needs should be treated as citizens with rights, rather than having to fight to get services. Everyone who receives care and support must be treated with dignity and kindness, and their human rights must be respected.

What people can expect

We think that there are six things that everyone in the country should be able to expect:

1. The right support to help you stay independent and well for as long as possible and to stop your care and support needs getting worse.

You will receive free support to stay well and as independent as possible. We think that people who are leaving hospital and need care and support for the first time should have the right to the re-ablement help they will benefit from at home, for example for six weeks. This extra support will help people get back to their normal lives and should save money for the care and support system and the NHS. And depending on funding decisions, we could extend this right to more people.

2. Wherever you are in England, you will have the right to have your care and support needs assessed in the same way. And you will have a right to have the same proportion of your care and support costs paid for wherever you live.

You will be able to take your needs assessment with you wherever you go, so wherever you are in England the assessment of your needs will be the same, enabling you to live the life you want wherever you want. Under the funding options discussed in Chapter 6, once you are assessed as needing care and support, you will get a proportion of your care and support costs paid for, and this will be the same wherever you are in England.

3. All the services that you need will work together smoothly, particularly when your needs are assessed.

Whatever your care and support needs, services will work around you and will be better joined up. You will only need to have one assessment of your needs to gain access to a whole range of care and support services.

4. You can understand and find your way through the care and support system easily.

When you need care and support, or are preparing for it, you will find it easy to get information about who can help you, what care you can expect and how quickly you can get it.

5. The services you use will be based on your personal circumstances and need.

Your care and support will be designed and delivered around your individual needs. As part of your care and support plan, you will have much greater choice over how and where you receive support, and the possibility of controlling your own budget wherever appropriate.

6. Your money will be spent wisely and everyone who qualifies for care and support from the state will get some help meeting the cost of care and support needs.

You will be able to get help with paying for your care and support needs, and your money will be used wisely to fund a care and support system that is fair and sustainable.

Consultation question

1. We want to build a National Care Service that is fair, simple and affordable. We think that in this new system there are six things that you should be able to expect:

- *prevention services*
- *national assessment*
- *a joined-up service*
- *information and advice*
- *personalised care and support*
- *fair funding.*

a) Is there anything missing from this approach? b) How should this work?

Making the vision a reality

The reforms to the care and support system will develop a universal and sustainable system which empowers people to live their lives the way they want to. In order to deliver this, many different services will need to work together, and there will need to be changes across the whole care and support system.

To make our vision for the future of care and support a reality, we need to make three key changes. We need:

1. More joined-up working

We need services that will keep people independent and well for longer. They should also help people with ongoing care needs to continue living in their own homes, if this is what they want, and maintain their independence. One way of doing this is through better joined-up working between health, housing and social care services and between social care and the disability benefits system.

Services will be fully joined up between the NHS and the new National Care Service. This will mean that people receive more appropriate care in the right setting, reducing costs, improving outcomes and ensuring that services work together to keep people healthy and active wherever possible.

This does not necessarily need to involve structural change. The mindset and behaviour of individual staff and managers can make a big difference. Shared goals and joint ways of working can all help to transform the experience of people who

need care. The recently established Ministerial Group on Integration of Health and Social Care Services will identify what has worked well in places round the country, as well as what the evidence tells us, to help push forward joined-up working. The Working Group will also identify the barriers to integrated working which government needs to remove.

2. A wider range of services in care and support

As people begin to have greater choice over the care they receive, they will need to have a range of services to choose from. We believe that local authorities are best placed to make sure that there is a wide range of services available in their area and to encourage new services.

We need to help local authorities make sure that the services and ways of working in their area support innovative and high-quality care. Local authorities should also understand how care and support services will need to adapt as more people begin to have more control over their care. Over the coming years, local authorities will play a crucial role in making sure that there are high-quality services available in their area, working closely with providers – including those from the third sector and private sector.

3. Better quality and innovation

Everyone who uses care and support services should be able to expect that the services they use will be high quality, and that they will be treated with respect and dignity. We also know that improving quality is an important part of making the best use of taxpayers' money. The National Care Service will be underpinned by rights and entitlements, which support a high-quality service. It is better value for money and better for people to provide a good-quality service that keeps people as well as possible, than to provide poor-quality services which mean that people need other services later.

One of the most important aspects of improving quality is supporting the people who work in care and support. We want staff to be able to develop their own skills and make the most of their experience, as they build their career in a recognised and well-respected profession. The workforce will face big challenges over the coming years as more people need care. Staff may need different skills to support people in taking as much control as possible of their own lives. The Department of Health recently published a strategy on the future of the care and support workforce. Over the next few months, the Department of Health will develop an action plan to look at how the workforce will need to develop in the medium and long term. This will bring together key partners in the social care sector and elsewhere, to look at the big challenges for the future.

In order to improve quality, we need to know which care and support services work best. We think we could do this by giving an independent organisation the role of providing advice to government on what works best and is best value for money in care and support. Advice from this organisation could guide the decisions made by people commissioning care and support, and people who are choosing care and support services for themselves, helping ensure that services are based on the best and most recent evidence about what works in providing care and support. We also

know that local flexibility in how services and entitlements are delivered fosters innovation.

Consultation question

2. We think that, in order to make the National Care Service work, we will need services that are joined up, give you choice around what kind of care and support you get, and are high quality.

- a) Do you agree?*
- b) What would this look like in practice?*
- c) What are the barriers to making this happen?*

All of these reforms will be needed, regardless of how care and support is funded in the future. But the approach that we take, and how much state funding is available to support the reforms, will largely depend on which approach is taken regarding the funding of the care and support system.

The choices around funding

In deciding how to fund care and support, there are some very difficult decisions to make. Stakeholders, experts and members of the public have given their views on these decisions through the engagement process that the Government ran from May to November 2008. The choices focus on who should be responsible for providing care and support and paying for it: people who need care; their families; or everyone in society via the state?

And, assuming that the state will always be responsible for paying for some care and support, there are choices about whether resources should depend on:

- where people live
- when people develop a care and support need, or
- whether they are able to pay.

Hundreds of people gave the Government their views on these difficult questions during the engagement process, and we have used the agreement that emerged to shape our thinking around the funding of the care and support system.

Who should be responsible for paying for care: There was widespread agreement that there should be a significant role for the state, although there was less agreement around what the exact balance of responsibility should be around funding. There was widespread agreement that individuals and their families should also share this responsibility with the state.

Where people live: People told us that they could see the advantages of a system which allows areas to be flexible and respond to local needs. But the majority of people were more concerned that a system which varied a person's level of care and support because of where they lived was unfair.

When people develop a care and support need: People found it difficult to decide whether people developing care and support needs at different points in their lives should be treated differently. They were split on whether there should be a different approach to younger disabled people because they are usually unable to prepare to meet the costs of their care and support in the same way as people can prepare for

their old age. Overall, people's main concern was that the system should be fair and that everyone should have an equal opportunity to achieve the same outcomes. If this were achieved, it did not matter to them so much whether this was through a single system for everyone.

Whether people are able to pay: There was also little consensus about whether a person's ability to pay for themselves should be taken into consideration when the state is deciding how much support to give to a person. Although people agreed that those who could not afford to pay for themselves had the greatest need for state support, they also felt it was unfair that people who had worked hard and made sensible decisions to save were less eligible for state support.

Funding options

Our care and support needs in life and old age are inherently uncertain. Two in three women and one in two men will develop high care needs during their retirement. But some people will need no care and support at all. The current social care system does very little to help people minimise that uncertainty, with some facing very high costs near the end of their lives and others needing far less care.

The cost of care

The cost of care and support is high. A 65-year-old can expect to need care costing on average £30,000 during their retirement. But there are great differences in people's needs and the amount that they pay: 20 per cent of people will need care costing less than £1,000 during their retirement – but 20 per cent will need care costing more than £50,000. Some people who spend years in a care home could face a bill of more than £100,000. And for a couple, the cost of two people's care can be high.

At the moment, we cannot predict who will need high levels of care and support. People told us during the engagement process that they wanted to be clear on how they were going to pay for care and support, if they did need it, and how much it was going to cost them.

We know that as a society we will need more money for care and support. The question which we need to address as a society is where this will come from.

Making the most of current funding

During the engagement process, many people told us that we need to make sure that the taxpayers' money that is already in the system is being used as well as possible. We have looked at the wide range of funding sources that make up the care and support system, to consider whether they are being used to the best effect.

In developing the new system, we think there is a case for drawing some funding streams together to enable us to deliver the new and better care and support system we want to create. We think we should consider integrating some elements of disability benefits, for example Attendance Allowance, to create a new offer for individuals with care and support needs.

If we did this, the future care and support system would build on the main advantages of the current disability benefits system, providing people with flexibility and an entitlement to have at least some of their care funded wherever they live in England.

Whatever the outcome of the consultation, we want to ensure that people receiving any of the relevant benefits at the time of reform would continue to receive an equivalent level of support and protection under a new and better care and support system.

Bringing more money into care and support

But we know that the money in the system at the moment will not be enough to pay for everyone's care and support in the future. If we want to meet the needs of all those who require care in the future, then as a society we are going to need to pay more for care and support. The question is where this additional money is going to come from.

We have considered a range of different options, from a system in which everyone pays for themselves to one where everyone contributes to the cost of everyone's care and support.

Choosing between the systems

In the current system, people who have the highest needs and lowest means get some help through the social care system, and some people get help through disability benefits. But many people, including some with high needs, get no help with paying for care at all. If someone is in a care home and no one is living in their house, they are expected to use their savings and the value of their house to pay for care and accommodation, until they have used up almost all of them.

Because care and support costs can be so high, we think that the Government should provide some support to everyone who has to pay them. We therefore propose that, in the new National Care Service, everyone who qualifies for care and support from the state should get some help with paying for it.

Any new system must therefore be:

- fair
- simple and easy to understand
- affordable
- universal, underpinned by national rights and entitlements, and helping everyone who needs care to pay for it
- personalised to individual needs, and flexible enough to support people to live their lives in the ways they want to.

We have looked at five ways in which the National Care Service could be funded.

Funding options

Current system – In the current system, people who have the highest needs and lowest means get some help through the social care system, and some people get help through disability benefits. But many people, including some with high needs, get no help with paying for care at all. Twenty per cent of people will need care that costs less than £1,000 – but 20 per cent will need care that costs more than £50,000.

And someone who is in a care home for years could have costs of more than £100,000. If someone is in a care home and no one is living in their house, they are expected to use their savings and the value of their house to pay for care and accommodation, until they have used up almost all of them.

Possible funding options we have considered

In order to have an informed debate between these models, we need to have a sense of how much the different options might cost to people. But the precise costs will vary depending on how we design the options and decisions made about spending at the time. The figures that we show here indicate how much it might cost to run systems like these at the moment. They show the cost of care, but do not include accommodation because we would expect people to pay for their own food and lodging whether or not they were in a care home.

1. Pay for Yourself – In this system, everybody would be responsible for paying for their own basic care and support, when they needed it. They could take out insurance to cover some of these costs, or use their income and savings. There would be no support from the state, even for people with the lowest incomes and no savings. This is ruled out because it would leave many people without the care and support they need, and is fundamentally unfair because people cannot predict what care and support they will need.

2. Partnership – In this system, everyone who qualified for care and support from the state would be entitled to have a set proportion – for example, a quarter or a third – of their basic care and support costs paid for by the state. People who were less well-off would have more care and support paid for – for example, two-thirds – while the least well-off people would continue to get all their care and support for free. A 65-year-old in England will need care and support that costs on average £30,000 during their retirement, so someone who got the basic offer of a third or a quarter paid for might need to pay around £20,000 or £22,500. Many people would pay much less. And some people who needed high levels of care and support would pay far more than this, and would need to spend their savings and the value of their homes. This system would work for people of all ages.

3. Insurance – In this system, everyone would be entitled to have a share of their care and support costs met, just as in the Partnership model. But this system would go further to help people cover the additional costs of their care and support through insurance, if they wanted to. The state could play different roles to enable this. It could work more closely with the private insurance market, so that people could receive a certain level of income should they need care and support. Or the state could create its own insurance scheme. If people decided to pay into the scheme, they would get all their basic care and support free if they needed it.

People could pay in several different ways, in instalments or as a lump sum, before or after retirement, or after their death if they preferred. Once people had paid their contribution they would get their care and support free when they needed it.

As an indication of the costs, people might need to pay around £20,000 to £25,000 to be protected under a scheme of this sort, compared with the average cost of care for a 65-year-old which is £30,000. This system would work for people over retirement age.

However people paid, the insurance payment would help people to protect their wealth and the value of their homes. Whether they decided to pay during their working life, during their retirement or after they died, people would know that once they had made their contribution and paid for their accommodation, the costs of their care and support would not prevent the rest of their wealth being passed on to their children.

4. Comprehensive – In this system, everyone over retirement age who had the resources to do so would be required to pay into a state insurance scheme. Everyone who was able to pay would pay their contribution, and then everyone whose needs meant that they qualified for care and support from the state would get all of their basic care and support for free when they needed it. It would be possible to vary how much people had to pay according to what they could afford. The size of people's contribution could be set according to what savings or assets they had, so that the system was more affordable for people who were less well-off.

Alternatively, if people wanted to be able to know exactly how much they would have to pay, most people other than those with lower levels of savings or assets could be required to pay a single, set figure, so that people knew how much they would have to save for. As an indication of the costs, people might need to pay around £17,000 to £20,000 to be protected under a scheme of this sort compared with the average cost of care for a 65-year-old which is £30,000. The cost would be less for people who were over 65 when the scheme was introduced.

However people paid, the insurance payment would help people to protect their wealth and the value of their homes. Whether they decided to pay during their working life, during their retirement or after they died, people would know that once they had made their contribution and paid for their accommodation, the costs of their care and support would not prevent the rest of their wealth being passed on to their children.

We would also look at having a free care and support system for people of working age alongside this.

5. Tax-funded – In this system, people would pay tax throughout their lives, which would be used to pay for all the people who currently need care. When, in turn, people needed care themselves, they would get all their basic care free. This system would work for people of all ages. This is ruled out because it places a heavy burden on people of working age.

Basic care and support costs:

The care and support that is needed to help people to meet their assessed needs. If people wanted to go beyond this, they could pay for additional care if they chose to.

The Government believes that three of these options could meet our criteria for a National Care Service: Partnership, Insurance and Comprehensive. We have ruled out Pay for Yourself because many people would not be able to afford to buy their care themselves, and we have ruled out Tax-funded because it would put a large burden of paying for care on people who are working.

We think that the Partnership option should be the foundation of the new system. Under Partnership, existing government funding is allocated more fairly, so that everyone who has high levels of care and support need gets some of their care and support paid for by the state, and many people get all of their basic care and support for free.

Under Partnership, everyone would get some help with paying for care and support. For most people, it would provide a good level of support. However, Partnership does not fully protect people against the risk of having to pay high costs towards their care and support – and, if they are one of the small number of people who spend years in residential care and own their own home, they might still have to use almost the whole value of their home to pay for care and support. So the question for us as a society is how we can best support those people who want to protect themselves against the risk that they may need to pay really high care and support costs.

We could have a system where people could choose to protect themselves against the risk of potentially high care and support costs. This would be the Insurance option.

Or we could have a system that everyone had to pay into and, in return, everyone's basic care and support costs would be covered. People would no longer risk having to pay potentially high care and support costs. This would be the Comprehensive option.

As this would be a significant reform, we would expect the introduction of the new National Care Service to be phased in over a number of years.

Accommodation costs

As well as care and support costs, people entering residential care have to also pay for their accommodation costs, for example food and lodging. Although there will always be a role for the state to play in helping people with low income and assets, we believe it is fair to expect the majority of people to meet these costs themselves. However, we also think there is more that the Government can do to help people with the way they pay these costs. We are proposing a universal deferred payment mechanism, allowing residential care and accommodation costs to be charged upon a person's estate when they die, rather than having to go through the process of selling their home when they need residential care.

The role of carers

Family and friends play a vital role in caring for people who need care and support. Carers are an extremely diverse group of people, with widely differing needs. We recognise this and believe that we should support people who care for others. We need to try to ensure that their caring responsibilities are not so great that they harm carers' wellbeing.

The new system that we propose in this Green Paper would help carers in many ways. Everyone who needs care and support will get a national assessment, information and advice, and personalised care and support. These measures will help carers by making the process of getting care and support easier and making sure that their loved ones are receiving better care and support.

Each of the three funding options that we think are possible would provide some funding for people who qualify for care and support. By improving support to people who need care, we will also be supporting carers, particularly people who care for those who would have received no funding from the state under the current system.

National consistency and local flexibility

The Government believes that the care and support system should be fair and universal. This means that it must make sure that everyone who qualifies for care and support can get it, regardless of where they live. This will ensure that people who need care and support are empowered to live their lives the way they want to and able to choose where they want to live and work, in the way that most people take for granted.

But we also need to ensure that the system is flexible enough to respond to local circumstances and to encourage innovative approaches. Services need to be designed locally, so that they can respond to what people need in a particular area. We need to decide how the new funding system should balance local flexibility and national consistency.

Moving to a universal system has important consequences for the way in which care and support works across England. In particular, it has consequences for the way in which money for care and support is raised and spent across England. We have already said that we want a standardised national needs assessment process, and the Government would set the level of need at which someone qualifies for state funding. The Government would also set, nationally, what proportion of someone's care package would be funded by the state. Beyond this, however, there could be two different approaches to how the system worked, depending on how standardised the system was. The two approaches have different implications for the way in which money is raised and distributed around England.

1. A part-national, part-local system

Under this system, people would know that they were entitled to have their needs met, and a proportion of their care and support package would be paid for by the state, wherever they lived. But local authorities would be responsible for deciding how much an individual should receive to spend overall on care and support, giving them the flexibility to take into account local circumstances.

So a disabled person would know, before they moved somewhere, what level of support they would be entitled to in the new area, but the actual amount of funding that was put into their care could vary from place to place. This would reflect the fact that the costs of care and the requirements of individuals would also be likely to vary across the country.

The advantage of the part-national, part-local system is that local authorities would be able to set the actual amount of funding that someone would receive. This could provide more space and flexibility for local authorities to encourage new kinds of care and support in their area. It would also help them respond to local conditions to deliver real choice and control for individuals. But it would mean that people could still get different amounts of funding in different places, which might be seen as unfair.

2. A fully national system

Under this system, national government would decide how much funding people should get, instead of local authorities. The amount of funding allocated could be consistent across the country, or could vary depending on location to take account of the different costs of care across England.

The advantage of this system is that it would be easy for people to understand and plan for. This will enable people to move around more freely and live the lives they want, wherever they are. People told us that the system seems fairer if everyone gets the same amount of money. The disadvantage is that the system would decide at national level how much funding someone was going to receive. It could be more difficult for local authorities to tailor the care package that people receive to their wishes and to respond to local circumstances, and it would make the system more rigid.

The consequences of a fully national system

This system would also be likely to mean major changes to the way in which money for care and support is raised and spent in England. At the moment, local authorities can decide to fund social care by using funding from council tax over and above the funding they receive from national government. If national government, rather than local authorities, were deciding how much funding people should get, it would be unfair to ask local authorities to fund this new system from money they raised themselves, as they would have no way of controlling these costs. Under a national system it is likely that all funding for care would need to be raised nationally through national taxation instead of some of it coming through council tax.

The role of local authorities

Under either system, local authorities would play the key role in delivering care and support. They would continue to:

- be the channel for state funding and support
- undertake assessments
- provide information, advocacy and care management for individuals
- provide and commission services, and manage the market of care and support providers
- foster innovation in care and support, using their freedom to decide exactly how services are delivered at a local level.

Consultation question

3. The Government is suggesting three ways in which the National Care Service could be funded in the future:

- *Partnership – People will be supported by the Government for around a quarter to a third of the cost of their care and support, or more if they have a low income.*

- *Insurance – As well as providing a quarter to a third of the cost of people’s care and support, the Government would also make it easier for people to take out insurance to cover their remaining costs.*
- *Comprehensive – Everyone gets care free when they need it in return for paying a contribution into a state insurance scheme, if they can afford it, whether or not they need care and support.*

a) Which of these options do you prefer, and why?

b) Should local government say how much money people get depending on the situation in their area, or should national government decide?

Having your say

There are many very difficult issues involved in the reform of the care and support system. This is why the Government has already run an engagement process, to get people’s views, and why we will now be consulting on the proposals contained in this Green Paper.

This Green Paper sets out a number of questions we would like to hear your views on. We want you to get involved in our consultation, to let us know your thoughts on these difficult issues. This is your opportunity to tell us what you think about the difficult choices that need to be made, and to help us to make the firm decisions about how best to create a new system. The consultation will run until 13 November 2009. Details on how to respond can be found in Chapter 7.

Once the consultation has finished, we will publish the results of what people told us. We will also set up a national leadership group, bringing together the leading experts and organisations across care and support to drive forward changes and to resolve issues where clear differences remain, even after the consultation on the Green Paper.

We will publish a White Paper on care and support in 2010, with detailed proposals for implementing a new National Care Service offering care and support for everyone.

ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY COMMITTEE

Agenda Item 22

Brighton & Hove City Council

Subject: Discussion Paper on Proposed Financial Inclusion Strategy

Date of Meeting: 3 September 2009

Report of: Director of Adult Social Care & Housing

Contact Officer: Name: Lynn Yule Tel: 29-3240
E-mail: Lynn.yule@brighton-hove.gov.uk

Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report is focused on the development of a Financial Inclusion Strategy, for residents of Council Housing, that will contribute to the aims and objectives contained within the Housing Revenue Account Service Improvement Plan 2009 – 2012.
- 1.2 Specifically, the strategy will address the interrelated issues experienced by financially excluded residents in Brighton & Hove.

2. RECOMMENDATIONS:

- (1) That Members of Adult Social Care & Housing Scrutiny Committee comment on the report

3. RELEVANT BACKGROUND INFORMATION:

- 3.1 A 2003 Citizens Advice/Institute for Public Policy Research report provided the following definition of financial inclusion:
'Financial inclusion is when citizens have access to appropriate financial products and services *and* the opportunity, ability and confidence (and appropriate support and advice) to make informed decisions about their financial circumstances as would be regarded as a minimum to organise their finances in society effectively.'
- 3.2 The Department for Work and Pensions estimates that 2.8 million people are financially excluded and that 60% - 70% of these are social housing tenants.

- 3.3 Financial exclusion can mean:
- no bank account
 - low household income
 - debt, including rent arrears
 - no access to money advice
 - no savings
 - no access to affordable credit
 - no insurance
 - fuel poverty
 - limited financial awareness
 - lack of confidence, aspiration, mobility
- 3.4 Ill-health, relationship breakdown and loss of employment can be brought about by debt and low household income.
- 3.5 In 2006 the Ministry of Justice estimated that the average cost of social welfare problems over the previous 3.5 years to individuals, health and other public services was at least £13 billion. Debt problems and financial exclusion contribute significantly to this figure.

What are we doing?

- 3.6 Key to eliminating financial exclusion is a financial inclusion strategy which has at its heart a focus on supporting customers who face financial difficulties.
- 3.7 As social landlords we are in a prime position to identify those who are financially excluded and provide the necessary advice and support to help them towards financial inclusion.
- 3.8 The overall aim of our financial inclusion strategy is to assist our residents in a variety of ways to ensure that they are not financially disadvantaged.
- 3.9 We are committed to providing our residents with the knowledge and skills they need to make informed and effective financial choices and the ability to access affordable credit and banking, appropriate financial products and free face-to-face advice.
- 3.10 By promoting financial inclusion and incorporating financial awareness initiatives into our services, we aim to encourage residents to manage their day to day finances and plan for a secure financial future.

Building on our current good practice

- 3.11 We have already made good progress towards promoting financial inclusion for our residents through a number of services and initiatives:

Money Advice

Since April 2006 we have part funded a CAB (Citizens Advice Bureau) Adviser to provide money advice for tenants with rent arrears. Many tenants in arrears have multiple debts and the adviser's role includes

renegotiating payments with other creditors, including door step lenders. The adviser works with tenants for approximately six months, making housing costs a priority in their budgeting. Tenants in financial difficulty are encouraged to take advantage of this service.

eBenefits

In September 2008 we introduced eBenefits, an on-line claims system. This service prevents arrears by reducing the time it takes to process claims. To date we have carried out more than 450 eBenefits interviews and the time taken to assess claims has reduced from 25 days to 6 days. The majority of our tenants (75%) now receive housing benefit and the Benefit Service is the largest single source of payments into our rent accounts.

Housing Pre-action Advice Scheme

Since January 2009 we have participated in the Housing Pre-action Advice Scheme (Rent Arrears) pilot set up by the Ministry of Justice. The project is managed in partnership with Brighton County Court and BHT (Brighton Housing Trust) and aims to avoid possession action and prevent evictions and homelessness. Each month six tenants who are due to be summonsed are invited by Brighton County Court to attend an appointment with a BHT adviser to resolved any housing benefit issues and/or agree a repayment plan.

Financial Inclusion Health Check

In January 2009 we introduced financial inclusion health checks for all new tenants, covering:

- bank accounts
- benefits advice
- free debt and money advice
- free internet access
- affordable credit & savings
- low cost insurance
- low cost furniture
- energy efficiency
- financial capability

Why are we doing it?

- 3.12 Firstly, financial exclusion amongst tenants affects our performance as a landlord. It has a direct impact on our business, affecting rent arrears and rent collection costs, void losses, evictions, failed tenancies and homelessness, anti-social behaviour, customer satisfaction, efficiency and value for money.
- 3.13 Secondly, the Audit Commission inspection regime, through the KLOEs (Key Lines of Enquiry) sets specific expectations of an 'excellent' landlord service in relation to promoting financial inclusion:
- provision of appropriate debt management advice

- proactive signposting to agencies that can help maximise income
- effective liaison/planning with other agencies to maximise income
- promotion of 'take-up' campaigns
- evidence of sustaining tenancies

- 3.14 Finally, in March 2009 the Audit Commission completed an advice and assistance visit which included looking at income management arrangements. While acknowledging the initiatives already in place to address financial inclusion issues, the need for a financial inclusion strategy to strengthen the approach to income management was recognised.
- 3.15 The Housing Revenue Account Service Improvement Plan takes forward the recommendations made by the Audit Commission by including in its core strategic priorities the development of an effective financial inclusion strategy which makes it clear how the council aims to reduce inequality and maximise income for tenants.
- 3.16 The financial inclusion strategy will have close links with other projects in the Housing Improvement Programme, particularly initiatives aimed at tackling social inclusion and promoting social mobility.

Proposed scope of the strategy

- 3.17 The financial inclusion strategy will be applied throughout the tenancy process and will set out how the council intends to assist residents to access money management advice and ethical financial services to maximise their income.
- 3.18 The strategy will outline the council's approach to tackling financial exclusion amongst residents through initiatives that will have an impact on reducing poverty by providing access to a wide range of services.

Some of the likely outputs/outcomes

- 3.19 It is hoped that the strategy will have the following impact:

For our residents:

- easier access to bank accounts
- debt advice when they need it in the format that suits their needs
- improved knowledge/understanding of available financial products/services
- improved access to affordable credit and reduced reliance on doorstep lenders
- ability to maintain their tenancy by prioritising rent payments
- increased confidence to access/use financial products/services

For the organisation:

- reduced rent arrears levels
- reduced income collection costs
- increased use of more efficient collection methods
- reduced number of court actions/evictions due to rent arrears
- reduced number of abandoned properties/failed tenancies
- reduced tenancy turnover/reduced void costs
- increased levels of customer satisfaction

How the strategy will be developed

- 3.20 A financial inclusion project group has been established to inform the development of the strategy and oversee its implementation.
- 3.21 The overall success of the strategy will be dependent on establishing partnership agreements with key organisations active in the field of financial inclusion.
- 3.22 The project group will ensure that links are established with partner organisations so we are able to utilise their expertise and specialist knowledge to achieve our goals.
- 3.23 The ASSG (Advice Services Strategy Group) will be used to ensure strong links with the independent advice sector.

4. CONSULTATION

- 4.1 The project group will ensure that public views genuinely contribute to the development of the strategy by maximising opportunities for residents, staff and stakeholders to engage in the process.
- 4.2 Residents will also be involved in the development of the strategy through the Housing Income Management Monitoring Group.
- 4.3 To support the consultation a stakeholder event will be held to discuss and inform issues from the draft strategy. It is hoped the event will be attended by Members, officers, and community sector professionals.
- 4.4 Consultation will not end with the publication of the strategy, but will be part of an ongoing process, involving residents and stakeholders throughout the life of the strategy, helping us to monitor its implementation and review our services.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications: [Monica Brooks, Principal Accountant, 22 July 2009]

The costs of developing the Financial Inclusion Strategy will come from existing resources within the 2009/10 Housing Revenue Account budget. Once the Financial Inclusion Strategy is developed any financial implications arising will be reported to the appropriate committee prior to implementation.

5.2 Legal Implications: [Liz Woodley, Senior Lawyer, 22 July 2009]

The report provides details of proposals for the development of a Financial Inclusion Strategy. The consultation process should ensure that all parties/organisations likely to have an interest in or be affected by the proposed implementation of the strategy are included in that process, that there is ample time for responses and measures are in place to enable those under disability to participate fully and equally in providing their views. It is not considered at this stage that any individual's Human Rights are adversely affected by the proposal.

5.3 Equalities Implications:

The strategy will promote social housing as a platform for reducing inequality and creating opportunity. An equalities impact assessment will be undertaken on the draft Strategy.

5.4 Sustainability Implications:

Encouraging fuel efficiency and recycling and reducing the wasted resources that arise from tenancy abandonment will contribute to the UK's Sustainable Development Strategy.

5.5 Crime & Disorder Implications:

Tackling financial exclusion will help to reduce illegal money lending activities.

5.6 Risk and Opportunity Management Implications:

Financial exclusion affects communities and neighbourhoods and can be a significant barrier to employment and enterprise.

5.7 Corporate / Citywide Implications:

Increasing the economic viability of employment and enterprise will require a holistic approach to workforce integration that incorporates housing, childcare, education, health, employment and greater access to financial inclusion services.

SUPPORTING DOCUMENTATION

Appendices:

1. Financial Inclusion Strategy Project Plan

Documents In Members' Rooms

1. None

Background Documents

1. None

ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY COMMITTEE

Agenda Item 22

Brighton & Hove City Council

Appendix 1: Financial Inclusion Strategy Project Plan

Task no.	Task details	Lead officer/s	Start date	End date
1	Research existing financial inclusion strategies/initiatives/best practice	Yule/Baker/Williams	01//04/09	Completed
2	Meet with CIH FI Adviser	Yule/Williams	02/06/09	Completed
3	Consult with HIMG	Yule/Baker/Williams	29/06/09	Completed
4	Arrange initial project board meeting	Yule/Williams	In progress	24/07/09
5	Undertake scoping exercise	Yule/Williams	In progress	24/07/09
6	Complete and evaluate draft strategy	Yule/Baker/Williams	In progress	31/07/09
7	Complete equality impact assessment	Yule/Williams	01/08/09	01/09/09
8	Organise stakeholder event	Yule/Baker/Williams	01/08/09	01/09/09
9	ASCHOSC	Nick Hibberd		03/09/09
10	Hold stakeholder event	Yule/Baker/Williams		Sep 09
11	HMCC	Nick Hibberd		Sep 09
12	Review draft strategy with HIMG	Yule/Baker/Williams		28/09/09
13	Complete equality impact assessment	Yule/Williams	01/10/09	30/11/09
14	Amend strategy according to outcome of ASCHOSC/HMCC/HIMG/stakeholder event	Yule/Baker/Williams	01/10/09	30/11/09
15	Launch and implement strategy	Yule/Baker/Williams		Dec 09

ASC & Housing Overview & Scrutiny Committee

Agenda Item 23

Subject:	Reablement		
Date of Meeting:	3 September 2009		
Report of:	Director of Adult Social Care and Housing		
Contact Officer:	Name:	Karin Divall	Tel: 294478
	E-mail:	Karin.divall@brighton-hove.gov.uk	
Key Decision:	No		
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 In January, ASC & Housing Scrutiny Committee received a presentation about reablement and how it was being trialled within our homecare services. Scrutiny was updated about work that is happening nationally to implement re-abling homecare and the results of evaluation carried out across a number of authorities that showed very good outcomes for people who received re-abling homecare as opposed to traditional homecare.
- 1.2 Reablement is defined in Brighton & Hove as “Services for people with poor physical or mental health. To help them maximise their independence by learning or re-learning skills necessary for daily living.
- 1.3 Scrutiny asked for a further update and this report provides a summary of the progress made and outcomes achieved to date.

2. Recommendations

- 2.1 To note the progress made with rolling out Reablement.
- 2.2 To provide comments on any further developments that would provide improved service delivery.

3.0 RELEVANT BACKGROUND INFORMATION

- 3.1 Phased implementation of reablement took place with one team of about 20 Homecare worker volunteers, working alongside Care Managers and OTs. This joint assessment and provider team underwent a comprehensive training programme and work started in October 2008. This team took work from the Adult Social Care Access Point.
- 3.2 Building on this success plans are now underway to roll out reablement across the remaining in-house homecare service, and consultation with staff and unions is underway.

3.3 The success of this approach in Homecare then led to the strengthening and expansion of assessment for reablement and a proposal was developed to create a new team “Community Solutions” which included OTs, OT Assistants and Care Managers, and a Technician and a van. This team undertook a comprehensive training programme and on 30th March they started to take referrals from Access point. This new team carries out all the assessment work and provides equipment and enabling homecare for a period of up to six weeks.

4 PROGRESS UPDATE; HOMECARE- Independence at Home team.

- 4.1 For the period from 6th Oct 2008 to 6th April 2009, 57 referrals were received by the Independence at Home team, of these, 48 people received reabling care, 24 people also received equipment.
- 4.2 The average length of service for those who completed their reabling care programme was 6 weeks (this is consistent with other reablement sites nationally).
- 4.3 The majority of people (38%) took between 4 and 6 weeks to complete their reablement.
- 4.4 163 items of equipment were prescribed, 24 people received some type of equipment as part of their reablement programme. Staff reported that having easy access to equipment increased the effectiveness of the service.
- 4.5 The success rate for those 48 people who received reabling care has been very high. 17 people needed no further care package and 12 people reduced their care hours. This amounted to an overall reduction of 123.75 care hours per week with an estimated saving of £2065 per week.
- 4.6 Service user feedback gave a generally positive response with most people being “extremely” or “very” satisfied, and nobody being less than “quite satisfied” with the service overall.
- 4.7 Service users were asked about the different elements of reabling care and asked to rate what had made a real difference to their lives. The aspects that scored highest were:
- equipment that helped with personal care tasks and
 - care workers support with food preparation
- 4.8 Continuity levels were examined for a small sample of service users (7), this indicated that during the day, continuity was good. However evening calls were less consistent due to high staff vacancy levels on the evening service.
- 4.9 Five transitional care flats at New Larchwood were included in the pilot. 7 people were admitted during Phase 1, of these, 3 people with the intention of returning home, 4 with housing needs. Only 2 people needed the reabling care service. In both cases the level of care provided reduced significantly and remained at this lower level following reablement.
- 4.10 The service is entering a consultation phase with a view to transferring all staff to the reabling care service with new rotas that are designed to maximise continuity of care.

4.11 Some service user comments were:

- I couldn't do anything for myself (wash, dress) they were wonderful, I couldn't fault them. They gave me my confidence- I honestly thought I was finished as a person but they gave me that back. They showed me ways to do things despite being paralysed in one arm and hand. Positive feedback from carers was very important. I wouldn't be where I am now if it wasn't for them.
- They watched over me and just let me get on with it but that gave me the encouragement I needed.
- They explained what I should be able to do. Couldn't ask for anything better. Helped me to be able to cook on my own. Very very helpful

5. PROGRESS UPDATE COMMUNITY SOLUTIONS

- 5.1 The success of reablement in our homecare services then led us to trial reablement as a way of working for assessment staff, and the aim of the Community Solutions Team is to support people to maintain or increase their independence using resources such as Independence at Home Team re-abling care; Telecare; Carelink; Voluntary Organisations; Friends and Family etc
- 5.2 The Community Solutions Team is now established with a multi-disciplinary workforce consisting of ; 4 x Occupational Therapy Assistants (OTA), 3 x Care Managers (CM), 3 x Occupational Therapists(OT), 1 x Senior Practitioner and x1 Team Manager.
- 5.3 Since 31st March 2009 Community Solutions have been taking referrals from the Access Point for people who are new to Adult Social Care or whose case had been closed and they had returned for further services.
- 5.4 As of the 17th July 2009 the Community Solutions Team have taken approx 75% of all new cases referred through Access Point that required a Community Care Assessment i.e 276 cases out of a total of 350 cases. The other 25% being referred back to traditional services.
- 5.5 In June 2009 95% of all assessments were completed and services provided within a four week period with cases being allocated within one week from referral from Access Point.
- 5.6 Currently over 80% of clients receiving a package of care will have gone through the Independence at Home Team to receive re-abling care in order to maximise the person's independence prior to purchasing a service from an Independent Provider.
- 5.7 Care Managers within the Team have stated that previously where they may have set up a package of care to support a person whilst they waited for an Occupational Therapy Assessment they are now able to prescribe this equipment themselves or joint work alongside an OT within Community Solutions which often results in no package of care being set up at all.

- 5.8 The OTA's & Care Managers have undergone comprehensive training to provide a more responsive service which combines the skills of both the Care Manager & OTA with a focus on Outcomes for that person eg An assessor within the team has the tools to assess and provide re-ablement support plans which may include for example a Reablement Action Plan for meal preparation and personal care; for support to access the local shops and also the prescription of Daily Living Equipment to support the persons functional abilities ie Perching Stool.
- 5.9 This approach has proved very effective and has reduced the number of referrals to different teams for the same person. Previously this would have been referred to two different departments in Adult Social Care; Occupational Therapy Team for equipment needs and Older Peoples Community Assessment Team or Physical Disability Assessment Team for care needs.
- 5.10 All Community Solutions Staff are now trained as Enhanced Trusted Assessors (this includes Sensory Equipment).
- 5.11 As the combined skills of both OTA's and Care managers has been recognised as a more 'complete' role a new post of Independent Living Officer is being developed and has gone to Community Solutions Staff for consultation.
- 5.12 It is expected that the Community Solutions Team will expand proportionately to enable them to take 100% of all new cases coming through from Access Point and to provide a toolkit of resources to ensure more positive outcomes for people.

6. CONSULTATION

- 6.1 None

7. FINANCIAL & OTHER IMPLICATIONS:

7.1 Financial Implications:

Finance Officer Consulted: *Date:*

Legal Implications:

7.2

Lawyer Consulted: Date:

Equalities Implications:

- 7.3 Reablement services are working mainly with older people and the services have demonstrated improvements in people's well-being and independence.

Sustainability Implications:

- 7.4 The work of the team is for a period of up to six weeks and aims to increase people's independence and support people to live in their won homes.

Crime & Disorder Implications:

- 7.5 Reablement aims to improve people's confidence and independence and improve their access to social and community activities all of which improve people's feeling of security.

Risk and Opportunity Management Implications:

- 7.6 If we do not continue to develop reablement then we will not be in the best possible position in order to manage increased service demand and expectations in the future.
- 7.7 The local authority has received funding to implement "Personalisation" and a failure to roll out reablement will mean that we do not deliver the required transformation of services.

Corporate / Citywide Implications:

- 7.8 Reablement services work across the City

8. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 8.1 The alternative would be to continue to deliver traditional services, this would mean that we could not meet increasing demand and expectations.

OVERVIEW AND SCRUTINY COMMITTEE

Agenda Item 24

Brighton & Hove City Council

Subject:	Valuing People Now 2009		
Date of Meeting:	3rd September 2009		
Report of:	Director of Adult Social Care & Housing		
Contact Officer:	Name:	Diana Bernhardt	Tel: 292363
	E-mail:	diana.bernhardt@brighton-hove.gov.uk	
Key Decision:	No	Forward Plan No.	
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report provides information on the development of a local delivery plan for Valuing People Now 2009.

2. RECOMMENDATIONS:

- 2.1 That the draft Make it Happen Plan is noted and that Adult Social Care and Housing Scrutiny Committee comments be fed into the draft plan.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Valuing People Now Delivery Plan published in January 2009 sets, out the governance structures and actions that will be established to take forward the new 3 year government strategy for people with learning disabilities.
- 3.2 This cross government strategy provides an update to the previous government White Paper Valuing People 2001. The strategy found that while progress has been made across the country in improving the lives of people with learning disabilities, more needs to be done to ensure everyone is included for example people with complex needs, people from black and minority ethnic groups and newly arrived communities, people with autistic spectrum conditions, offenders in custody and in the community who have learning disabilities and family carers
- 3.3 Valuing People Now also contains the government response to the recommendations in the inquiry report 'Healthcare for All' 2008 that found that people with learning disabilities found it more difficult to access assessment and treatment, insufficient attention to making reasonable adjustment and examples of discrimination, abuse and neglect.

3.4 Valuing People Now sits within a wider strategic context including:

- Putting People First
- Carers' Strategy
- A Life Like Any Other?
- New Dementia Strategy
- The Independent Living Strategy
- Aiming High for Disabled Children
- World Class Commissioning

3.5 The guiding principles are Rights, Control, Independent Living and Inclusion.

The key priorities within the government plan are;

- To raise awareness across national and local government, private and voluntary sectors, and within wider society
- To have an effective Learning Disability Partnership Board operating within every local authority area
- To secure access to, and improvements in, healthcare, with Strategic Health Authorities and Primary Care Trusts responsible for and leading on this work
- To increase the range of housing options for people with learning disabilities and their families
- To ensure the Personalisation agenda is embedded within all local authority services and developments for people with learning disabilities and their family carers, and is underpinned by person centred planning
- To increase employment opportunities for people with learning disabilities

3.6 At a local level, the draft delivery plan has been developed by the Learning Disability Partnership Board. A copy of this draft plan is attached as Appendix 1

3.7 This plan will be further developed with the revised membership of the Partnership Board. Valuing People Now is due to provide further guidance regarding Partnership Boards as part of this membership of the local board will be reviewed once this guidance is received.

4. CONSULTATION

4.1 Consultation is being carried out through the Learning Disability Partnership Board. The Partnership Board includes representation of carers, service users, advocacy organisations, providers, Housing, Health, and the Children and Young People's Trust.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

The Valuing People Now delivery plan together with the local plan are key elements of the commissioning strategy funded through the pooled Learning Disabilities budget of approximately £30 million. The Learning Disability Partnership Board determines the allocation of the Learning Disabilities Development Fund (LDDF) of £0.2 million in 2009/10.

Finance Officer Consulted: Anne Silley

Date: 13/08/2009

5.2 Legal Implications:

The draft Plan accords with Central Government policy. Arrangements are in place for a consultation process that includes all interested and affected parties to ensure fairness. There are no other specific legal or Human Rights Act implications arising from this report.

Lawyer Consulted: Sandra O'Brien

Date: 23rd July 2009

5.3 Equalities Implications:

A full Equalities Impact Assessment will be carried out as part of the development of a local plan. .

5.4 Sustainability Implications:

The provision of housing and support services is in accordance with sustainability objectives and the housing objectives aim to reduce the reliance on resource heavy residential services.

5.5 Crime & Disorder Implications:

The provision of housing and support services is in accordance with the local objectives to prevent crime and disorder. Supporting people to access more independent, mainstream housing options encourages greater social inclusion and integration.

5.6 Risk & Opportunity Management Implications:

The draft local plan works towards the council's priorities in creating better homes for citizens and maximising value for money. It also supports national requirements to increase the amount of people in settled accommodation.

5.7 Corporate / Citywide Implications:

5.7.1 The draft local plan fits with the corporate objectives in aiming to reduce inequalities that people with learning disabilities face when accessing housing, by increasing people's choices and opportunities.

5.7.2 It also fits with directorate objectives; in aiming to develop informed choice of housing for people with learning disabilities so that housing

meets their needs, is personalised, high quality and value for money. Reducing inequality is integral to the aims of the strategy and is explicitly addressed in specific Equalities Impact objectives.

SUPPORTING DOCUMENTATION

Appendices:

Draft local Making it Happen Plan

Documents in Members' Rooms

None

Background Documents

Valuing People Now: The Delivery Plan 2009.

NI	Action	Which Sub Group	When	What we will measure	Data Source
Chapter 1: Including Everyone					
National Indicator 135					
Increase numbers of carers receiving assessment or review and a specific carer's service or advice and info					
NI135	Set up Learning Disability Register	Make It Happen	Oct 09	LD Register Established	Commissioning Team
NI135	Commissioning will have information sessions for providers and family carers	Make It Happen	4 per year	Number of commissioning and information sessions and feedback	Commissioning Team
NI135	Carers Gateway LDDF funded project	Chairs Planning group	2009/10	LDDF Reports	LDDF Reports
	Carers Link group LDDF project	Chairs planning group	Ongoing	LDDF reports	LDDF reports
	Review Membership of the Learning Disability Partnership Board	Make It Happen	Sep 09	LDPB membership 50% carers and people with LD	Membership list kept up to date by Sandy and Karen
	Equality Impact Assessment (EIA) of the Learning Disability Partnership Board	Make It Happen	Commence June – 6 months	The final EIA will be made public	EIA working group
	Create a communication and Advisory group	Make It Happen group	July 2009	Comm group will have terms of reference and webpage	LDPB Development Worker

	Develop a plan for people on Autism Spectrum	Person Centred Approaches Group	Start Jan 2010 finish Dec 2010	Plan consulted on and completed	Autism working group
	Tell the LDPB about the Mansell Report and develop a plan based on Mansell Report and our scoping of behaviour support and training on challenging behaviour	Person Centred Approaches Group	Jul 09	Presentation re Mansell Report given to LDPB and actions added to plan	Mansell Working group
Chapter 2 Personalisation					
(National Indicator 130) Increase Numbers Self Directing Support and direct payments					
N130	Deliver Training in Self Directed Support and Support Planning	Make It Happen group	May 09	Number of attendees at SDS training and their feedback	Commissioning Team
NI130	Information on services available on website – LDFF funded project	Person Centred Approaches	Start may 09 finish Feb 2010	Website operational, number of hits on site, feedback from Site users	Commissioning Team
NI130	Produce a Personalisation Postcard to inform and de jargonise Self Directed Support	Make It Happen group	Jul 09	Production of personalisation postcard	Commissioning Team
N113	Regular SDS new stories and	Make It Happen	April 09 then 3	Number of SDS	Commissioning

0	BHCC personalisation updates in the LD commissioning Newsletter	Group	monthly	stories in commissioning Newsletter	Team
	Provider Forum events for young people and work	Transitions forum	By March 2010	Number of People in work	Commissioning Team
	Forums for Learning on key areas of good practice in personalisation services	Person Centred Approaches Group	2009/10	Number of forums for learning held	PCA sub group
	Link group (people with LD) to visit homes and talk with residents about choice and control – LDDF funded	Person Centred Approaches Sub group	Summer of 2009	LDDF report – number of sessions held	Link Group
Chapter 3: Having a Life – Better Health					
	Health self Assessment with PCT to produce a 3 year plan	Health Lives Sub group	Sep 09	3 year action plan produce by PCT	Healthy Action project
	Evaluate impact of hospital liaison nurses using feedback from Patients and other stakeholders	Health Lives Sub group	Nov 09	Impact of hospital liaison nurses using feedback from stakeholders	Health Action Project
	Establish General Practitioners enhanced services for people with Learning Disabilities	Healthy Lives sub group	Ongoing	Percentage of GP practices delivering enhanced local service	Health action project
	Additional nursing post for people with Learning Disabilities created in mental	Healthy Lives Group	Recruit September 2009	Number of service users benefiting from MH nursing	Health action project

	health services			post	
	Scoping work for young people health for transitions	Transitions forum	By March 2010	Improved access to health	Health Lives
Chapter 3: Having a Life – A Home of your home					
(National Indicator 145) Increase in Numbers in Settled Accommodation					
N1145	Set up new Supported Living schemes <ul style="list-style-type: none"> - Westbourne – November - Out of Area – January - Wellington Road – April 	A Place to Live	November, January and April	Reduction of numbers in residential care	Commissioning team and ILDS
N1145	Improved information on housing available for people with LD and their carers <ul style="list-style-type: none"> - leaflets - local guide - on brightpart.org - information event 	A Place to Live	Sep 09 and ongoing	Number of people in settled accommodation	Place to Live Sub group
N1145	Review people in residential care and supported living to identify those who could move on	A Place to Live Group	Sep 09	Number of people supported to move on	Commissioning Team
N1145	Remodel Community Support Team to provide short term crisis response service	A Place to Live group	Oct 09	Number of people prevented from going into residential care	Commissioning Team
N1145	Scope the need for a service to prevent homelessness for	A Place to Live group	Sep 09	Report on need and make	Commissioning Team

	people with Learning Disabilities			recommendations for services	
Chapter 3: Having a Life – Work, education and getting a life & relationships and having a family					
(National Indicator 146) Increase Numbers in employment					
	Service led dating agency – develop plans to offer to everyone within the next 3 years	Make it Happen group	March of 2011	Plan for dating agency given to LDPB	Commissioning Team and Community Learning Disability Team
N1146	Establish network to coordinate initiatives in the city to improve pathways to employment – LDDF funded project	Work and Skills group	Start summer 09	Increase in numbers in work	LD Together Network
N1146	Engage adult learning services and agree joint actions	Work and Skills group	By March 09	Actions added to action plan	Work and Skills action plan
N1146	Develop current work initiatives to provide opportunities for social enterprise	Work and Skills group	By March 2010	Information will be available perhaps via or on website	Work and Skills
	Transitions work with schools and colleges	Transitions Forum	By March 2010	Numbers of young people in employment	Transitions forum
	Increase percentage of reviews carried out to 80% for the year	Make it Happen group	By March 2010	The percentage of statutory reviews completed during	Community Learning Disability Team

				the year	
	Workshops with Providers forum to encourage best practice June – Maximising Independence September – Housing Options October – Employment	Make it Happen group	2009/10	Provider workshops and feedback from attendees	Commissioning Team
N114 6	Create Day options team that supports people to access work, education, training and leisure	Taking part in the city group	Ongoing	Report day options progress to Co- Chairs regularly	In House day service
Chapter 4: People as Citizens- Advocacy					
	Link group- LDDF funded	Chairs Planning group	Ongoing	LDDF reports	Link group
	Speak out Advocacy groups network project – LDDF funded	Chairs Planning group	Ongoing	LDDF reports	Advocacy Network
	Find out details and amounts of local advocacy available and develop plan to increase and improve (scoping and actions planning project)	Make It Happen group	March 2010 or 2010/11	Amount spent on advocacy; number of people supported by advocacy services	Commissioning Team
Chapter 4: People as citizens – Transport & Access to leisure services and recreational activities					
	Continue to support development of the Travel buddy scheme	Taking part in the City group	Ongoing	Number of people using travel buddy	Taking part in the city group

				scheme	
Chapter 4: People as Citizens – Being safe at home and when you are out and Access to justice and redress					
	Information session on hate crime (to produce action plan)	Taking part in the City group	Jul 2009	Community safety actions added to Taking part in the city action plan	Taking part in the city group
	Partnership Community safety team LDDF funded project	Taking part in the City group	2009/10	LDDF reports	Partnership Community Safety team
Chapter 5: Making it Happen					
	Establish links to Local Strategic Partnership	Make It Happen group	September 2009	Review of membership of PB	Lead Commissioner
	Make the LDPB more efficient and effective by having a LDDF funded development worker	Chairs Planning Group	Ongoing	LDDF reports	LDPB development worker
	Develop the workforce development strategy with action plan	Workforce Development Group	August 2009	Work Plan produced and strategy circulated	Workforce Development Group

