



Notice of meeting of

Executive Member for Housing & Adult Social Services Advisory Panel

To: Councillors Bowgett (Vice-Chair), Sue Galloway (Executive Member), Horton, Morley, Simpson-Laing, Sunderland (Chair), Taylor, Wiseman

Mrs Mildred Grundy (Co-opted Non-Statutory Member)
Ms Pat Holmes (Co-opted Non-Statutory Member)

Date: Monday, 2 June 2008

Time: 5.00 pm

Venue: Guildhall

AGENDA

Notice to Members - Calling In:

Members are reminded that, should they wish to call in any item on this agenda, notice must be given to Democracy Support Group by:

10:00 am on Friday 30th May 2008 if an item is called in *before* a decision is taken, *or*

4:00 pm on Wednesday 4th June 2008, if an item is called in *after* a decision has been taken.

Items called in will be considered by the Scrutiny Management Committee.

1. **Declarations of Interest**

At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda.

2. Minutes (Pages 1 - 8)

To approve and sign the minutes of the meeting held on 17th March 2008.

3. Public Participation

At this point in the meeting members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Panel's remit can do so. Anyone who wishes to register or requires further information is requested to contact the Democracy Officer on the contact details listed at the foot of this agenda. The deadline for registering is 5pm on Friday 30th May 2008.

ITEMS FOR DECISION

4. Housing and Adult Social Services 2007/08 Service Plan Outturns (Pages 9 - 52)

The purpose of this report is to advise the Executive Member of the performance and financial outturns for housing and adult social care in 2007/8.

5. Outcome of the consultation on the Future Challenges for Social Care (Pages 53 - 100)

The report reports on the consultation agreed by the Executive Member in October 2007, and the progress in delivery of the initial commissioning plan for the Long Term Commissioning Strategy. It seeks agreement to undertake an option appraisal in respect of the Council's residential care homes, to consider the opportunities and costs to develop appropriate care choices for older people in York.

6. Housing and Social Services Capital Programme 2007/08 Outturn (Pages 101 - 112)

This report presents the out turn position of the 2007/08 Housing and Adult Social Services Capital Programmes and the resources available to support them.

7. Social Care Reform Grant (Pages 113 - 120)

The report introduces the recent policy paper 'Putting People First' from the Department of Health, and sets out plans for the use of a

new Social Care Reform Grant. The Executive Member is asked to note the importance of this policy agenda and to agree the plans it contains for the use of the Social Care Reform Grant for 2008-09.

8. Strategy for the commissioning of support to people with Physical and/or Sensory Impairment (Pages 121 - 162)

This report outlines the work undertaken to date to develop a Physical & Sensory Impairment Strategy for adult social care in York.

9. Review of Grants Policy (Pages 163 - 180)

The purpose of the report is to brief the Executive Member and outline the proposed changes to the Grants and Assistance Policy regarding the:

- Energy Efficiency Grant –amending the eligibility criteria to take account of the national changes to the priorities group and
- Disabled Facilities Grants Programme –to provide a brief summary of the Governments proposals to improving programme delivery, giving the York context and to request that a letter is sent to Government Office regarding the impact on the funding arrangements

10. Homeless Strategy 2008-13 (Pages 181 - 206)

To note the review of the homeless strategy and approve the contents of the strategy that will cover the period between 2008 and 2013. The strategy is required to be submitted to Communities and Local Government by the end of July 2008.

11. Any other business which the Chair considers urgent under the Local Government Act 1972

Democracy Officer:

Name: Tracy Wallis

Contact Details:

- Telephone – (01904) 552062
- E-mail – tracy.wallis@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above.

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- register by contacting the Democracy Officer (whose name and contact details can be found on the agenda for the meeting) **no later than 5.00 pm** on the last working day before the meeting;
- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
- find out about the rules for public speaking from the Democracy Officer.

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Further information about what's being discussed at this meeting

All the reports which Members will be considering are available for viewing online on the Council's website. Alternatively, copies of individual reports or the full agenda are available from Democratic Services. Contact the Democracy Officer whose name and contact details are given on the agenda for the meeting. **Please note a small charge may be made for full copies of the agenda requested to cover administration costs.**

Access Arrangements

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If you have any further access requirements such as parking close-by or a sign language interpreter then please let us know. Contact the Democracy Officer whose name and contact details are given on the order of business for the meeting.

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Holding the Executive to Account

The majority of councillors are not appointed to the Executive (38 out of 47). Any 3 non-Executive councillors can 'call-in' an item of business from a published Executive (or Executive Member Advisory Panel (EMAP)) agenda. The Executive will still discuss the 'called in' business on the published date and will set out its views for consideration by a specially convened Scrutiny Management Committee (SMC). That SMC meeting will then make its recommendations to the next scheduled Executive meeting in the following week, where a final decision on the 'called-in' business will be made.

Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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- Councillors get copies of all agenda and reports for the committees to which they are appointed by the Council;
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City of York Council

Committee Minutes

MEETING	EXECUTIVE MEMBERS FOR HOUSING & ADULT SOCIAL SERVICES AND ADVISORY PANEL
DATE	17 MARCH 2008
PRESENT	COUNCILLORS HOGG (CHAIR), SUE GALLOWAY (EXECUTIVE MEMBER), SUNDERLAND (EXECUTIVE MEMBER), BOWGETT, FRASER, HORTON, TAYLOR, WISEMAN, MRS MILDRED GRUNDY (CO-OPTED NON-STATUTORY MEMBER) AND MS PAT HOLMES (CO-OPTED NON-STATUTORY MEMBER)

56. DECLARATIONS OF INTEREST

Members were invited to declare, at this point in the meeting, any personal or prejudicial interests they might have in the business on the agenda.

Councillor Hogg declared a personal, non-prejudicial interest in agenda item 9 (Financial Support to the Voluntary Sector 2008/09) owing to his fathers contact with the Alzheimer's Society and a general interest, as his mother was a resident of Morrell House.

Councillor Fraser declared a personal, non-prejudicial interest in agenda item 7 (Gas Servicing Future Procurement) as a member of the retired section of UNISON.

57. EXCLUSION OF PRESS AND PUBLIC

RESOLVED: That the Press and public be excluded from the meeting during consideration of Annex A to agenda item 7 (Gas Servicing Future Procurement) on the grounds that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information), which is classed as exempt under Paragraph 3 of Schedule 12A to Section 100A of the Local Government (Access to Information) (Variation) Order 2006.

58. MINUTES

In response to an issue raised under Minute 48 (Minutes), Officers provided a further update on their enquiries concerning the rent position of tenants of Discus bungalows. Officers confirmed that they had now contacted all 15 residents to try and ascertain their position in relation to receipt of benefits. Of those 9 had not wished to share their details, 1 would be entitled to benefits, 1 may be entitled, 2 required further investigation and 2 were definitely not entitled to assistance. It was agreed to keep a watch on those tenants not in receipt of benefits and keep members updated on the final position.¹

RESOLVED: That the minutes of the last meeting of the Executive Members and Advisory Panel, held on 14 January 2008, be approved and signed by the Chair and Executive Members as a correct record.

Action Required

1. To update members on the final position in relation to the LE rent position of the Discus bungalow tenants.

59. PUBLIC PARTICIPATION

It was reported that nobody had registered to speak under the Council's Public Participation Scheme, on general issues within the remit of the Panel.

60. RESULTS OF THE 2007 ANNUAL HOUSING SATISFACTION SURVEY

Members considered a report, which provided the results of the Annual Housing Services Monitor (AHSM), a postal survey of City of York Council tenants undertaken during November 2007. Officers gave a presentation, which detailed the headline results from the survey:

- Overall satisfaction with the housing services had increased to 88%
- 88% of tenants described the council as a 'very good' or 'good' landlord
- 87% were very or fairly satisfied with the condition of their home
- 83% were satisfied with the repair and maintenance service
- 70% felt that the Council's housing service took account of their views when making decisions

Details of the results had been issued in a press release in January 2008 and a presentation was to be made to the York Federation on 20 March. It was reported that encouragingly there had been significant improvements in tenant satisfaction overall.

As the main area of concern to tenants appeared to be repairs an end-to-end review of the responsive repairs service, using systems thinking principles was now underway. Work was also to be undertaken on staff training together with the updating of procedures to ensure that staff were in a better position to deal with enquiries.

Members agreed that staff had worked hard to bring satisfaction levels back up to those of 2002/03, which it was felt had in part been due to the restructure of housing services.

Pat Holmes stated that the Federation were concerned that there were a number of areas, which did not have Residents Associations, causing difficulties in keeping tenants informed. Certain Members felt that there was now less support for tenants associations through neighbourhood management. The Executive Member for Housing confirmed that there was a need to provide assistance with resident's interaction, including the involvement of younger people and possible daytime meetings. The

Executive Member also congratulated all staff on the excellent results and on the 50% survey return rate.

Pat Holmes confirmed that she had now stood down from the Federation and that it would be last Panel meeting attended by the co-optees.

Advice of the Advisory Panel

- i) That the Executive Member be advised to note the results of the 2007 Annual Housing Services Monitor together with the proposed actions.
- ii) That Mrs Mildred Grundy and Ms Pat Holmes, the co-opted non-statutory members, be thanked for their attendance and valuable input into meetings of the Advisory Group.¹

Decision of the Executive Member

RESOLVED: That the advice of the Advisory Panel be accepted and endorsed.

REASON: To improve satisfaction levels of tenants with the Housing Service.

Action Required

1. Letter to thank the co-optees for their work on the Panel. LE

61. HOUSING CAPITAL PROGRAMME SPECIFICATION CHANGE

Members considered a report, which presented proposals regarding the adoption of a policy for the replacement of focal point fires to customer homes. Officers reported that the Authority had no direct policy in operation governing the choices available for customers when focal point fires were replaced.

It was reported that there were still specific requests for replacement gas fires but that the longer-term impacts of these installations often contradicted the Council's responsibilities to value for money and sustainability. In view of this members were asked to consider the following options:

- Option 1** - Do not fit any new focal point fires.
- Option 2** - Replace all fires with electric
- Option 3** - Give customer's choice

In answer to members questions Officers confirmed that tenants were able to choose their energy supplier and that they would examine bulk purchasing of energy for tenants. They also confirmed that tenants were offered 4 types of electric fires in a choice of colours.

The Executive Member confirmed that the Energy Advice Centre were able to advise tenants on fuel options, how to save money, energy and the environment.

Advice of the Advisory Panel

- i) That the Executive Member agree Option 2 to adopt a policy to replace all focal point fires with electric in customers homes as set out in paragraph 9 of the report.¹
- ii) That Officers investigate with suppliers bulk purchasing arrangements for energy, including any legal implications, and email members the results of their enquiries.²

Decision of the Executive Member

RESOLVED: That the advice of the Advisory Panel be accepted and endorsed.

REASON: As electric fires offer value for money, are efficient and reduce health and safety risks for customers.

Action Required

- 1. To implement the policy to replace all focal point fires with electric in customers homes. LE
- 2. Officers to investigate with suppliers the bulk purchasing of energy for tenants and email members the results of their enquiries. LE

62. GAS SERVICING FUTURE PROCUREMENT

Officers stated that it appeared that this procurement report, which recommended amendments to the Housing Repairs Partnership to include the whole of the gas servicing in the city, had to be considered by the Executive, under the Council's Constitution.

Members were asked to note that this report would be considered at the Executive meeting on 25 March 2008.

Advice of the Advisory Panel

The Executive Member to note that this report, detailing the procurement exercise for the future direction of the gas servicing and maintenance service for council dwellings, is to be considered at the Executive meeting on 25 March 2008.¹

Decision of the Executive Member

RESOLVED: That the advice of the Advisory Panel be accepted and endorsed.

REASON: To secure service quality and value for money on behalf of the council's tenants.

Action Required

1. This report will be considered at the Executive meeting on LE
25 March 2008.

63. FORMER TENANT ARREARS - WRITE OFF

Consideration was given to a report, which sought agreement to write off a number of former tenants arrears, as detailed in Annex A of the report.

Officers confirmed that the district auditor required existing balances to be examined and uncollectible debts to be written off each year. It was also reported that these arrears had a significant affect on the additional contribution made each year within the Housing Revenue Account towards bad debts.

Option 1: Maintain these Former Tenants Arrears on accounts. This would lead to an increase in the bad debt provision and would go against good practice as commented on in the Housing Inspectors report of October 2002.

Option 2: Write the debts off on the understanding that, if necessary, they can be reinstated at a later date.

Advice of the Advisory Panel

That the Executive Member agree Option 2 to write off former tenants arrears of £30,209.95 as detailed in Annex A of the report.¹

Decision of the Executive Member

RESOLVED: That the advice of the Advisory Panel be accepted and endorsed.

REASON: This is for financial reasons, in line with the recommendations of the audit report.

Action Required

1. To write off former tenants arrears of £30,209.95 as LE
detailed in Annex A of the report, on the understanding that
if necessary they can be reinstated at a later date.

64. FINANCIAL SUPPORT TO THE VOLUNTARY SECTOR (HOUSING & ADULT SOCIAL SERVICES) 2008/09

Consideration was given to a report which presented requests received from local organisations for financial support in 2008/09 together with the criteria for the awarding of financial support.

Officers reported that the budget for financial support for the voluntary sector had been set at £70,530 for social services and £8,630 for housing

related services. Applications had been received from the 7 social care organisations, outlined below, and 1 housing organisation, details of which were set out in the report.

Organisations (Social Services)	2008/9 Proposed Award OPTION 1	2008/9 Proposed Award OPTION 2
York Community Furniture Store	£10,000	£10,000
York Blind & Partially Sighted Society	£20,036	£20,036
York Deaf Society	£5,000	£5,000
York Mind	£8,660	£8,660
Alzheimer's Society	£3,580	£3,580
Remap	£300	£300
Independent Care Group (ICG)	£15,000	£15,000
Provision for small One-Off grants during financial year	£7,954	£7,954
TOTAL	£70,530	£70,530

Organisations (Housing)	2008/9 Proposed Award OPTION 1	2008/9 Proposed Award OPTION 2
Citizens Advice Bureau (Bond Guarantee Scheme)	£8,630	£8,630

Totals for Social Services & Housing	£79,160	£79,160
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Members were informed that over the next twelve months a review was to be undertaken of the strategic relevance and outcomes delivered by services funded through this financial support. This was with a view to integrating Financial Support Agreements within overall commissioning budgets.

Following further discussion members then considered the following options:

Option 1 – To award Financial Support as indicated in the table above to all organisations on one year Service Level Agreements

Option 2 – To award Financial Support to all organisations as detailed in the table above on one year Service Level Agreements with the exception of The Independent Care Group and the York Blind & Partially Sighted Society where it is proposed that Three Year Agreements are awarded.

Advice of the Advisory Panel

That the Executive Members agree Option 2 to award Financial Support, as outlined above.¹

Decision of the Executive Members

RESOLVED: That the advice of the Advisory Panel be accepted and endorsed.

REASON: To continue financial support to the voluntary sector.

Action Required

1. That financial support be awarded to the voluntary sector LE
as outlined in Option 2 of the report.

CLLR SUE SUNDERLAND
EXECUTIVE MEMBER FOR HOUSING

CLLR SUE GALLOWAY
EXECUTIVE MEMBER FOR ADULT SOCIAL SERVICES

CLLR CHRIS HOGG,
Chair of Advisory Panel
[The meeting started at 5.00 pm and finished at 5.50 pm].

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Executive Member for Housing and Adult Social Services and Advisory Panel

2nd June 2008

Report of the Director of Housing and Adult Social Services

Housing and Adult Social Services 2007/08 Service Plan Outturns

Purpose of Report

1. To advise the Executive Member of the performance and financial outturns for housing and adult social care in 2007/8.

Performance Overview

2. This report gives an overall summary of performance with the details for each service plan area set out in the annexes. These cover:
 - Housing Revenue Account (Landlord services)
 - Housing General Fund
 - Corporate Services
 - Older People and Physical Disability
 - Mental Health
 - Learning Disabilities
3. The annexes show progress in relation to the key objectives (Critical Success Factors) and the performance targets as well as a more detailed breakdown of expenditure. Some of the highlights are set out below in this summary report.
4. Performance on **Housing Landlord services** – for the second year running there has been continued improvement on letting empty homes beyond the target for this year with the average now less than 20 days; average times to complete urgent and non-urgent repairs have continued to reduce; rent arrears have continued to reduce. The tenants' survey showed markedly improved levels of satisfaction on a par with the highest levels achieved in the past.
5. In relation to **Housing General Fund activities** – 31 local households have been helped to get a foot on the property ladder through the Golden Triangle and Homebuy schemes; 338 households were prevented from becoming homeless – a 33% increase on the previous year; the scheme to

replace 100 Discus Bungalows with 60 new bungalows, 40 extra care sheltered homes, 49 other affordable homes and 49 homes for sale on the open market; the development of 19 'eco excellent' homes is underway on 5th Avenue and Victoria Way. The target to reduce the level of temporary accommodation by 2010 is proving very challenging and we are currently at a higher level than anticipated at this stage.

6. In terms of **Corporate Services** – there has been good progress on adopting the Health and Safety Executive's Stress Management Standards in our work on reducing staff absence; work on other issues has resulted in a 30% reduction in sickness absence – from 18.6 days to 12.5 days per full time employee; a Joint Strategic Integrated Commissioning Group has been formed with North Yorkshire and York Primary Care Trust which has already approved 4 joint projects; a Local Involvement Network (LINKs) has been set up to support local people to get involved in how local care services are planned and run.
7. In terms of **Adult Social Services** – the number of 'reimbursable' days associated with delayed discharges from acute hospital beds (i.e. delays attributable to the council's responsibilities) have continued to fall and have often been at 0; alternative personalised plans for customers using Huntington Road and Yearsley Bridge day centres were in place by the end of May with a small number of customers continuing to access the hydrotherapy pool; the number of customers with individual budgets has increased significantly; waiting time for assessments has dipped during the year which is a matter for concern but the waiting time for care packages has reduced in the same period; admissions to residential and nursing care have increased slightly but remain low in comparison to other councils. There have been recording issues related to carers services that have contributed to a disappointing outturn but the overall carers' strategy is expected to bring about significant improvements in the coming year.

Financial overview

8. **Housing Revenue Account** - The original 2007/08 budget reported to members on 11th December 2006 had a working balance of £5,453k. The latest monitoring report presented to the Executive Member meeting on 10th December 2007 predicted a working balance of £5,577k.
9. The working balance has increased by £916k to £6,546k at outturn and the main items making up this increase are included in the HRA Service Plan at Annex 1. Of this outturn balance, £351k is required to fund the capital programme in 2008/09 and a further £8k is required to fund the carry forward request in paragraph 19 below, leaving a net surplus of £6,187k on the HRA. Members are reminded that this surplus is required in future years to meet the decent homes standard in line with the approved business plan
10. **Housing General Fund** - The original budget estimate for Housing General Fund approved by Members was £1,202k. After approval of savings and growth and other approvals including insurance and recharge adjustments,

the approved Housing General Fund budget is now £1,400k. The draft outturn is £110k less than the approved budget and after carry forwards the net variation is an underspend of £92k. The reasons for the main variations are set out in the Housing General Fund service plan at Annex 2.

11. **Adult Social Services** - The original budget estimate for Adult Social Services approved by Members was £32.3m. After approval of savings and growth and other approvals including insurance and recharge adjustments, the approved budget is now £34.3m. The draft outturn is £941k less than the approved budget and after carry forwards the net variation is an underspend of £656k. The reasons for the main variations are set out in the Social Services service plans at Annexes 3 to 6
12. The Director has been given delegated authority to transfer available resources of up to £100k from one budget heading to another within the agreed delegation scheme. Individual budget holders use these virement rules so that any avoidable overspends can be met by identifying, or curtailing expenditure within other budget heads. Virements to report within this quarter are as follows:

	Description	Variation £'000
	Virements within HASS to reflect spending pressures <ul style="list-style-type: none"> • Transfers from other Departments • Corporate Services • Housing • Learning Disabilities • Older People and Phys Dis 	-213 -177 +48 +42 +300

13. The overall departmental draft general fund outturn is an under-spend of £748k. The second monitoring report presented to the Executive Member on 10th December 2007 reported that the department would outturn within the approved budget.
14. There was also an under spend of £50k in finance due to staff vacancies that has not been included in the corporate services service plan as the variation has been allocated across the HRA and individual services in line with the Best Value Accounting Code of Practice.
15. Members are asked to note the continued pressures in Learning Disabilities due to the increase in both the number of customers (young people coming into adult services and older people living longer) and the complexity of their needs. This trend is set to continue for the foreseeable future and is a part of a national pattern (an 11% increase in the number of adults in England with a learning disability is expected in the period 2001 to 2021). Ways of accessing income from alternative sources, e.g. Independent Living Fund and NHS Continuing Care, are currently being used with some success by

the learning disabilities team. However, it remains unlikely that this will bring the service back within it's overall approved budget.

16. The major area of under-spend is in Older People services and this is mainly due to the in house home care service. However, Members will recall that efficiency savings totalling £316k have been included in the 2008/09 approved budget so this is not expected to continue as an under-spend into the new financial year.
17. The overall position is a significant under-spend and therefore an improvement on the position in previous years but this has only been achieved by a number of key areas under spending and achieving 2008/09 savings earlier than expected.
18. As part of the 2007/08 budget report a possible contingency item for £280k was identified in respect of the repayment of customer contributions towards health care costs. It was expected that the formal request for contingency would be included in the second monitoring report however the final costs are still not yet known. Once all the work has been completed on the assessment of individual customers the additional cost and contingency request will be reported to the Executive.
19. In order to promote good management, and allow planned 2007/08 projects to proceed, it is proposed to continue the arrangements to permit under spending to be carried forward where the service under spends are due to genuine slippage. The carry forward requests which meet the criteria are as follows:-

£'000

Housing Revenue Account

- | | |
|--|-----|
| a) To fund work with Residents Associations delayed due to changes in the estate improvement grant process | 8.4 |
|--|-----|

Housing General Fund

- | | |
|---|-----|
| b) To fund the remaining work for the private sector stock condition survey | 1.9 |
| c) To fund remaining legal work involving a disputed s106 agreement | 5 |
| d) To fund licensing work delayed due to staff vacancies | 11 |

Social Services

- | | |
|---|----|
| e) IT project team due to slippage in implementing Phase 2 of the project | 60 |
|---|----|

f) Performance improvement work within Social Care teams not completed due to delays in recruitment	25
g) Consultancy work on CSCI inspection not completed due to delays in appointment	15
h) Fire protection work, installation of stair lifts and fire alarms at EPHs not completed	48
i) Delays in implementation of Advice & Information project	36
j) Customer and Expert Carer panel projects slipped into 2008/09	10
k) Energy Certificates in social care establishments not completed due to vacancies within HASS.	11
l) Older Peoples consultation exercise	5.3
m) Equalities work due to be completed in February but delayed due to other pressures	11
n) Project staff for day service modernisation	20
o) Individualised Budgets – delays in recruitment have resulted in this work not being completed as planned	26
p) Installation of equipment at Flaxman Avenue and Greenworks not completed due to contractor delays	17
Total Housing Revenue Account	8.4
Total General Fund	302.2
2007/08 contingency item still required in 2008/09	
Repayment of contributions to customers in mental health hospital	280

Consultation

20. There has not been any specific consultation on this report but elements of the service plans will have been consulted upon.

Options

21. Options are not part of this report.

Corporate Priorities

22. The service plan reflects many of the council objectives and priorities, and many of the actions related to council objectives and initiatives. Specific links can be made to the following:
- Improve the actual and perceived condition and appearance of city's streets, housing estates and publicly accessible spaces
 - Reduce the actual and perceived impact of violent, aggressive and nuisance behaviour on people in York
 - Improve the life chances of the most disadvantaged and disaffected children, young people and families in the city
 - Improve the quality and availability of decent affordable homes in the city
 - Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest."

Implications

Financial

23. These are set out in paragraphs 8 to 19 above. Financial regulations require a detailed explanation of any budget variation in excess of £50k and those above £10k where the variation is greater than 2% above the budget heading. A detailed financial analysis of each service plan is set out in the attached annexes to the report.

24. Other Implications

Human Resources (HR)

Members attention is drawn to the work on reducing sickness absence and on tackling stress.

Equalities

None arising specifically from this report.

Legal

There are no immediate implications to report.

Crime and Disorder

There are no immediate implications to report.

Information Technology (IT)

The phased implementation of Framework continues and there has been an impact on some performance indicators as staff are becoming accustomed to using the new system and as data is being assembled more comprehensively.

Property

Members will note that the closure of the day centres at Yearsley Bridge and Huntington Road took place in may as planned. The relocation of the hostel at Peasholme Green to Fishergate is still to be finalised

Other

None

Risk Management

- 25. In compliance with the Councils risk management strategy the main risks that have been identified in this report are those which could lead to the inability to meet business objectives (Strategic) and to deliver services (Operational), leading to financial loss (Financial), non-compliance with legislation (Legal & Regulatory), damage to the Council's image and reputation and failure to meet stakeholders' expectations (Governance). This risk assessment relates to those proposals put forward in this report as recommended to members for consideration.
- 26. Measured in terms of impact and likelihood, the risk score all risks has been assessed at less than 16, This means that at this point the risks need only to be monitored as they do not provide a real threat to the achievement of the objectives of this report.

Recommendation

- 27. That the Executive Member
 - note and comment on the content of this report and
 - agree the carry forwards set out in paragraph 19 and forward these to the Executive
 - agree the virements over £100k outlined in paragraph 12

Reason : So that the Executive Member is briefed on the 2007/8 performance and financial outturns for adult social services.

Author:

Bill Hodson
Director of Housing and Adult
Social Services
Tel. 554001.

Chief Officer Responsible for the report:

Bill Hodson
Director

Report Approved



Date 19th May 2007

Specialist Implications Officer(s)

Debbie Mitchell , Head of HASS Finance, Ext: 4161

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers: None

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HRA Service Plan 2007/2008 - Outturn

Analysis

Achievements during 2007/2008

1. Specific achievements during the period include:
 - The council Executive approved the Discus Board recommendation for the partnership of Tees Valley / Southdale Homes and York Housing Association to be the developer partners. The partnership is currently finalising designs for the submission of a planning application by end of June 2008, this is later than originally anticipated due to changes required to the extra care scheme to meet planning requirements. Temporary moves are being organised for residents that wish to move back into a new bungalow and further consultation is ongoing with residents and the wider community.
 - The council, as part of the North Yorkshire Housing Partnership, successfully bid for CLG funding to implement a sub regional choice based lettings scheme. A Board has been established and a Project Manager will be employed to deliver the scheme
 - The contract for the redevelopment of Peasholme has started on site and is due for completion in January 2009. The project will need to vacate the current Peasholme Green location by the end of August to allow for the Hungate redevelopment
 - A monitoring system to assess the mobile working pilot is in place and early indications are that the tablets have improved the quality of information given to customers in their own home or at remote access advice points
 - Protocol in place for working with prisons and probation regarding the housing of ex offenders
 - We have in place revised procurement arrangements for tenants choice- the contract for supplying materials (baths and kitchens) has been re tendered using a consortium approach to procurement – through a reverse e-auction whereby CYC post what want to buy and contractors compete to submit the lowest price
 - The Gas Servicing contract arrangements have been reviewed, resulting in NSO taking on the gas maintenance and servicing citywide as part of the repairs partnership.
 - A revised approach to re-letting of empty properties is commencing in May 2008 following the end to end review, with a dedicated void property repairs team in Neighbourhood services. A revised void standard is also in place giving customers clarity about what they can expect when they move in to a council new home.
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- All new lettings are being recorded using the national CORE system from April 2007.
 - The assessment of the impact of the 2006 changes to the Allocations Policy is underway however the scope and timetable of this work needs to take into account progressing the sub-regional choice based lettings project (CBL) with partners in North Yorkshire.
 - Removal of hard wire warden call from 'street sheltered properties' to allow for more flexibility in letting and optimise the ability of council stock to meet housing needs. Wider discussions are taking place across the directorate on the future management of extra care and other housing options for older people
 - Work started on self assessments against 2 further KLOEs – income management and tenancy services.
 - End to end review of the repairs service has been progressing with a core group of staff involved in the service. This Systems Thinking approach has been through a 'check' process and a pilot is due to start in June applying revised ways of working
 - Housing Services have recently accessed the Learning and Skills Council 'train to gain' funds to run Customer Service NVQ level 2. In cooperation with Yorkshire and Humberside Training based in York a pilot group of Customer Service assistants have been selected who are eligible for funding. Skills audits have been completed by all front line teams within housing operations
 - Housing Improvement Plan has been reviewed and reported to HSMT in November. Monitoring system now in place mirrors the Housing Strategy and reported on an exceptions basis. *(this achievement relates to both HRA & Hsg general fund service plans).*
 - A system has been established to improve the monitoring of nominations made to Registered Social Landlords for vacant properties. *(this achievement relates to both HRA & Hsg general fund service plans).*
 - A group has been established to develop a Value for Money (VFM) strategy. Work has started on a self assessment against the VFM Key Line of Enquiry, and a gap analysis of current practise. *(this achievement relates to both HRA & Hsg general fund service plans).*
 - HASS Project Management Toolkit has been launched in Strategy and Enabling and staff will review current projects in line with the principles of the tool kit. *(this achievement relates to both HRA & Hsg general fund service plans).*
 - Work continues on the Caring for Customers / Working with Colleagues standards which are being rolled out across Housing. A staff group is being established to monitor and evaluate progress. *(this achievement relates to both HRA & Hsg general fund service plans).*
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- A process has been established for revising procedure documents, and for updating staff when revisions occur. A system is also in place for staff to suggest changes and improvements. *(this achievement relates to both HRA & Hsg general fund service plans).*
 - A self assessment has been carried out against the Commission for Equalities Race Equality Standard for Housing and a gap analysis produced identifying areas for improvement and development, and team and project managers in housing have received training in carrying out Equality Impact Assessments *(this achievement relates to both HRA & Hsg general fund service plans).*
 - All staff attended the annual Staff Conferences held in October and the results of the staff satisfaction survey were fed back to staff. Themes of the day were customer care and staff involvement in development and improvement of the service. *(this achievement relates to both HRA & Hsg general fund service plans).*
 - The annual staff survey for 2006 showed an increase in overall satisfaction by housing staff with their present job and an increase of 21% on the 2005 result. In 2006 72% of staff were very or fairly satisfied. *(this achievement relates to both HRA & Hsg general fund service plans).*
 - All Group and Service Managers now booked on the 'Future Leadership' programme, which is specifically tailored, for local government *(this achievement relates to both HRA & Hsg general fund service plans).*
 - A training newsletter is now being published bi monthly and a staff forum has been established as a 'sounding board' for training and development in housing. The Training Plan for HASS including specific actions for housing. This is based on information from recent information from PDRs and skills – over 95% of PDR's have been completed across the service. *(this achievement relates to both HRA & Hsg general fund service plans).*
 - Some progress with sickness absence measures *(this achievement relates to both HRA & Hsg general fund service plans)*
 - Creation of the Customer Panel Coordinators post to develop tenant engagement in service improvement
 - Development of bi monthly surveying of responsive repairs as part of the Partnership commitment to service improvement

Critical Success Factors (CSFs)

Remain on Target to meet the Decent Homes Standard by 2010

2. Remain on track to meet decent Homes by 2010 with an annual review of the business plan costs.
-

Improved Performance across all landlord functions

3. The rent collected as a % of the actual debt has achieved the target of 97.86%. This is comparable with last years outturn of 97.46%.
4. Void management has continued to show an improvement in performance with the cumulative void turn around time down from 24 days in 06/07 to 19 days in 07/08. There are still some elements of the new voids process that need to be implemented and these will be rolled out in June.
5. 90% of urgent repairs were completed within government timescales in 07/08 compared with 83.56% in 06/07 showing an improvement in service to customers.

Improve tenant satisfaction and opportunities for participation

6. The Tenant Compact has been launched at the annual Federation event in October. This event was organised by the Federation which itself has been re launched following the recent capacity building work that has recently been completed. The results from the annual housing monitor carried out in Autumn 2007 show an increase in the proportion of tenants very or fairly satisfied with opportunities for participation in the Housing Service to 64% from 57% in 2006 and 55% in 2005
7. Delivery of the Neighbourhood Management Unit (NMU) work plan in relation to tenant involvement is monitored on a monthly basis. An audit of Resident Association (RA) activities has recently taken place and NMU are now working with resident groups on an action plan and training programme to address the findings of the audit and build capacity amongst the RAs

Sign up to the RESPECT standard for Housing Management

8. A gap analysis has been completed on the 6 commitments and work is starting around targeting estate improvement and using estate walkabouts to identify community priorities. The main gaps identified have been around a coordinated corporate approach and methods of consultation
9. The Anti Social Behaviour Steering Group is to be reconvened as a Task Group and the ASB strategy is to form part of the councils wider Sustainable Communities Strategy. Discussions are currently on going within the council and Safer York Partnership to consider options for improving joint working.

Roll out Customer Service and Working with Colleagues standards across housing, and embed in induction, training and monitoring

10. Work continues on embedding the standards into the culture of the service with a review of standard letters and having a standardised approach to email. A staff group is being established to monitor and evaluate progress with the working with colleagues standard. A member of staff has been seconded on
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the development of DMS (Document Management Systems) across the service.

Areas for Improvement

11. Further work still needs to be carried out to ensure that the repairs partnership results in eradicating duplication within the service. Repairs Review pilot to consider changed ways of working from June 2008 and evaluate progress in the autumn
12. The project to implement a revised rechargeable repairs process is underway, but an IT solution has not yet been agreed upon. Work on a corporate debt strategy has been delayed due to workloads, however it is an action to be taken forward as part of the homelessness strategy

Financial Summary

13. The table below sets out the variations in accordance with the financial regulations

	Approved Budget £'000	Variation £'000	Variation %
Repairs and Maintenance			
Jobs General – the overspend is mainly due to increase on repairs partnership works (+£382k) and gas maintenance due to high number of remedial works and additional contractor uplift for extension of contract (+£81k). These overspends are offset by savings due to delay in introducing scheme to release under occupied housing (-£46k), reduction in damp/condensation works due to better education of customers (£-21k) and delays in subsidence projects(-£28k)	4,465	+351	+7.86
Projects – due to a higher than expected increase in the cost of work carried out	923	+16	+1.73
Estate Improvements – lower than forecast requirements from residents	242	-43	-17.77

	Approved Budget £'000	Variation £'000	Variation %
Decoration Allowance – change in the purchasing of vouchers has resulted in a saving	102	-35	-34.31
Rechargeable Repairs – lower value of rechargeable repairs offset by reduction in accounts raised	47 -47	-26 +28	-55.32 +59.57
General Management			
Tenant Support and Information – mainly delays in work with RA's due the change in the EIG process(see carry forward request)	50	-12	-24.00
Job Evaluation contingency – not required in 07/08	159	-159	-100.00
Property Recharge – additional charges incurred for housing projects, mainly the discus bungalows project	178	+32	+17.98
Recharges – Underspends in several areas throughout HASS have resulted in a reduction in the amount charged	1,144	-103	-9.00
Housing Operations – saving mainly on staffing due to vacancies and lower expenditure on temporary staff (-£101k). In addition there are underspends on legal fees (-£30k), consultancy (-£17k), golden goodbye incentive scheme (-£15k) and IT/communication costs (-£12k)	2,493	-187	-7.50
Energy Costs – lower than forecast costs due to difficulties with forecasting whilst billing issues are resolved.	54	-11	-20.37
Peasholme Hostel – mainly savings on staffing costs due to a vacant post.	416	-13	-3.13

	Approved Budget £'000	Variation £'000	Variation %
Temporary Accommodation – mainly due to underspend on staffing (-£39k) offset by increased expenditure on repairs (+£27k)	647	-15	-2.32
Discus Bungalows – expenditure on disturbance/homeloss payments, to be repaid to the HRA from receipt generated from sale of site(s)	45	+176	+391.11
Grounds Maintenance – underspend due to lower demand for garden/day to day service	360	-18	-5.00
Caretaking - saving due to employee vacancy	204	-32	-15.69
Provision for Bad and Doubtful Debts – due to rent arrears levels for current tenants and write offs being lower than forecast in the budgeted provision (-£17k). In addition an increased provision for rechargeable repairs bad debt is required (+£7k).	152	-10	-6.58
Housing Subsidy Payment – Sum set aside for changes to grant claim after audit not required offset by decrease in subsidy receivable due to lower than forecast interest rate and reduction in rental constraint allowance	5,354	-10	-0.19
Debt Management Expenses – a change in allocation method has resulted in a reduced charge	25	-22	-88.00
Rents – Reduction in RTB sales (-£18k), increased income from Peasholme hostel (-£20k) due to high occupancy levels	-23,939	-38	-0.16
Non dwelling rents – higher than forecast income from garages and shops	-543	-21	-3.87

	Approved Budget £'000	Variation £'000	Variation %
Charges for Services and Facilities			
Legal fees – reduction in income from fees (offset by a reduction in expenditure, see housing operations)	-85	+17	+20.00
RSL management fee – fee recovered higher than forecast	-64	-12	-18.75
Sheltered Housing – mainly due to a reduction in HRA contribution for transitional SP customers	-456	-12	-2.63
Cookers – fewer cookers being rented than forecast	-111	+29	+26.13
Leaseholders – additional income recovered for repairs completed	-87	-12	-13.79
Supporting People – service reviews still being completed and implemented therefore effect of expected funding reductions not realised in 07/08.	-825	-60	-7.27
Loan interest – reduction in interest payable due to lower than forecast interest rate	1,131	-10	-0.88
Internal Interest – increase mainly due to higher balance brought forward from the previous financial year and higher average in year balance.	-212	-305	-143.87
Revenue Contribution to Capital programme – after financing the 2007/08 capital programme not all of the budgeted contribution is required. It will however be required in 2008/09 to support the capital programme	1,706	-351	-20.57
Other Minor Variations	842	-48	-5.70
Net change in working balance	-5,630	-916	-16.27

Balanced Scorecard

14. Details of performance against the targets set out in the balanced scorecard are set out below.

Customer Based Measures

Description	2006/7 Outturn	2007/8	
		Annual Target	Outturn
The proportion of non decent LA homes at start of the year	10.65	10.06	9.84
SAP ratings of LA dwellings	71	72	71
Urgent repairs completed within Government timescales	83.56%	98%	90
Average time taken to complete non-urgent repairs	9.68 days	8 days	7.97 days
Tenant satisfaction with the Housing Service	80%	89%	88%
Tenant satisfaction with the opportunities for participation in management and decision making	57%	76%	64%
% of external calls answered in 20 seconds	91.30%	100%	96%

Process Based Measures*

Description	2006/07 Outturn	2007/08	
		Annual Target	Outturn
Average time taken to re-let local authority housing.	24 days	21 days	19.37 days
% of minor adaptations installed within 20 days of assessment	67.27% (4 months data)	To be set once a full year data available	To be reported at the EMAP Meeting
% of major adaptation completed with 60 days of assessment	7.14% (4 months data)	To be set once a full year data available	To be reported at the EMAP Meeting

(*Local process measures are being developed by the Housing Services Management Team on gas servicing but quarterly data was not available in time for this report)

Finance Based Measures

Description	2006/07 Outturn	2007/08	
		Annual Target	Outturn
Rent collected by the authority as a proportion of rents owed on Housing Revenue Account (HRA) dwellings	97.46%	97.86%	97.86%
Rent arrears as a proportion of the rent roll	2.59%	2.05%	2.27%
Rent lost through voids	1.04%	0.90%	1.07%
Average weekly management costs	£13.43	£15.02	£14.59
Planned maintenance / responsive repair split	25.38%	26%	27.3%

Staff Based Improvements

Description	2006/07 Outturn	2007/08	
		Annual Target	Outturn
% of staff who have received full induction programme within 12 months of starting	95%	100%	82%
Staff appraisal in each functional area	46%	100%	95%
% of staff expressing satisfaction with their job	72%	92%	72% (CYC 72%, HASS68%)
Average staff sick days in each functional area meet standard (in days / FTE)	5.1 (Housing)	At or above the council average	.9 days (12.5 HASS 9.4 CYC)
Staff turnover	13.4%	At or above the council average	15%

Housing General Fund 2007/2008 - Outturn

Analysis

Achievements during 2007/2008

1. Specific achievements during the period include:
 - Following the Appointment of the Sub Regional Loans Officer to facilitate, market and promote the take up of Home Appreciation Loans across York and North Yorkshire, York's first HAL was sent to the regional loan service, based in Sheffield, for sanctioning during February
 - Golden Triangle Partnership Homebuy Plus scheme has included the purchase of 19 homes in York in 2007 /08 helping local households in to home ownership. The Housing Corporation funded Open Market Homebuy has helped a further 12 households onto the housing ladder
 - A Youth Homeless Prevention worker is being jointly funded from Supporting People and Communities and Local Government (CLG). This is a 1 year post based with Foundation Housing the key objectives being to reduce the numbers of 16 /17 year olds in Bed and Breakfast and offering intervention and support to both the young person and the family to enable them to remain at home.
 - The number of homeless prevention cases has risen from 253 in 2006/07 to 338 in 2007/08 with an increased focus on prevention work
 - A partnership with North Yorkshire and York PCT, and York Housing Association has developed 8 independent living flats for adults with mental health problems
 - The development of affordable 'eco excellent' (eco homes very good standard) homes is underway at 5th Avenue and Victoria Way. This will deliver 19 affordable homes.
 - The council Executive approved the Discus Board recommendation for the partnership of Tees Valley / Southdale Homes and York Housing Association to be the developer partners. The partnership is currently finalising designs for the submission of a planning application by end of June 2008, this is later than originally anticipated due to changes required to the extra care scheme to meet planning requirements. Temporary moves are being organised for residents that wish to move back into a new bungalow and further consultation is ongoing with residents and the wider community.
 - Gypsy and Traveller Accommodation Assessment has been commissioned on behalf of the North Yorkshire Housing Partnership. This is due to report in June 2008
 - Introduction of the Security Grant with Safer York Partnership and 57 referral were received in the first year and 18 full grants paid out
 - The eighth landlord conference was held on the 17th March with 165 delegates attending. When asked what they thought of the conference overall, 86% of delegates indicated that the event was excellent or good

- An audit of empty properties (those empty for more than 6 months) was carried out during February. The results of this audit are being evaluated and will be reported to Members at the July HASS Emap meeting, along with an update on the progress made with the Empty Property Grant and an assessment of the use of Empty Dwelling Management Orders (EDMOs)
- Housing Improvement Plan has been reviewed and reported to HSMT in November. Monitoring system now in place mirrors the Housing Strategy and reported on an exceptions basis. *(this achievement relates to both HRA & Hsg general fund service plans).*
- A system has been established to improve the monitoring of nominations made to Registered Social Landlords for vacant properties. *(this achievement relates to both HRA & Hsg general fund service plans).*
- A group has been established to develop a Value for Money (VFM) strategy. Work has started on a self assessment against the VFM Key Line of Enquiry, and a gap analysis of current practise. *(this achievement relates to both HRA & Hsg general fund service plans).*
- HASS Project Management Toolkit has been launched in Strategy and Enabling and staff will review current projects in line with the principles of the tool kit. *(this achievement relates to both HRA & Hsg general fund service plans).*
- Work continues on the Caring for Customers / Working with Colleagues standards which are being rolled out across Housing. A staff group is being established to monitor and evaluate progress. *(this achievement relates to both HRA & Hsg general fund service plans).*
- A customer satisfaction survey has been developed for homeless households in temporary accommodation, to identify areas for service improvement and future involvement.
- A process has been established for revising procedure documents, and for updating staff when revisions occur. A system is also in place for staff to suggest changes and improvements. *(this achievement relates to both HRA & Hsg general fund service plans).*
- A self assessment has been carried out against the Commission for Equalities Race Equality Standard for Housing and a gap analysis produced identifying areas for improvement and development, and team and project managers in housing have received training in carrying out Equality Impact Assessments *(this achievement relates to both HRA & Hsg general fund service plans).*
- All staff attended the annual Staff Conferences held in October and the results of the staff satisfaction survey were fed back to staff. Themes of the day were customer care and staff involvement in development and improvement of the service. *(this achievement relates to both HRA & Hsg general fund service plans).*
- The annual staff survey for 2006 showed an increase in overall satisfaction by housing staff with their present job and an increase of 21%

on the 2005 result. In 2006 72% of staff were very or fairly satisfied. *(this achievement relates to both HRA & Hsg general fund service plans).*

- Managers now booked on the 'Future Leadership ' programme, which is specifically tailored, for local government *(this achievement relates to both HRA & Hsg general fund service plans).*
- A training newsletter is now being published bi monthly and a staff forum has been established as a 'sounding board' for training and development in housing. The Training Plan for HASS including specific actions for housing. This is based on information from recent information from PDRs and skills – audits *(this achievement relates to both HRA & Hsg general fund service plans*
- Some progress with sickness absence measures *(this achievement relates to both HRA & Hsg general fund service plans).*

Critical Success Factors (CSFs)

Successful development and completion of Peasholme and Arc Light Resettlement Projects

2. The new Arc Light is due to be completed in July 2008 and has secured an additional £200k funding from CLG. The council has secured £3k worth of training through the Chartered Institute of Housing 'Leadership for Places of Change' programme funded from CLG as a result of our successful partnership approach to this project.
3. The contract for the redevelopment of Peasholme has started on site and is due for completion in January 2009. The project will need to vacate the current Peasholme Green location by the end of August to allow for the Hungate redevelopment.

Maximise affordable housing on planning gain sites (target 50%)

4. Negotiations with developers regarding delivery of the 50% target are ongoing; however there have been recent successes at negotiating a higher % than initial financial appraisals indicated. Work continues assessing the impact of introducing social housing grant to increase both the numbers of homes and the quality

Respond to the findings of the Housing Market Assessment

- 5 A report to the December 2007 EMAP detailed the findings and policy implications of the SHMA. This will guide future priorities for affordable housing types, numbers and tenure. This provides an essential evidence base for negotiation with private developers and in securing Regional Housing Board and Housing Corporation funding for affordable homes. Additional focus groups will target the housing needs of specific groups that may be too small statistically to provide accurate information with in the main survey e.g. migrant workers, BME

Identify resources, commission and analysis results of Private Sector Stock Condition Survey

6. The work has been awarded to David Adamson Associates and the final report is due in June 2008 and will provide the evidence base for the Private Sector Renewal Strategy due for completion in September 2008.

Development of a new Homelessness Strategy

7. Extensive consultation is ongoing with service users, staff and stakeholders. An Executive Steering Group has been established with representation from all the key areas of homelessness and the final document will need to be ready for submission to Government Office in July

Areas for Improvement

8. The 50% affordable housing target remains a challenge however it is essential that work continues to maximise all opportunities to meet this target. The outturn figure of number of affordable homes developed is low as this reflects delays in the progress of major schemes at Germany Beck and Derwenthorpe, Housing Corporation funded sites, and still reflects the transition from 25% to 50% planning policy
9. The reduction in temporary accommodation targets to 110 by 2011 remains a challenge for the council as this will require a reduction of 100 in 3 years. Past reductions show a reduction of 30 over a similar 3 year period. Although there has been an increased focus and resources into prevention work which will contribute to this work, an increasing % of presentations are in priority need and accepted as homeless. This has resulted in a slight increase in the number of people in temporary accommodation in 07/08.
10. Revisions to the induction process have stalled due to Training co-ordinator vacancy recruitment to which post has been delayed due to internal discussions on the best way to deliver training across the directorate and job evaluation

Financial Summary

11. The table below sets out the variations in accordance with the financial regulations.

	Budget £'000	Variance £'000	Variance %
<u>Private Sector Grant Fee Income</u>	-94	-17	-18.09
Increased income due to providing a higher number of grants than forecast			

	Budget £'000	Variance £'000	Variance %
<u>Private Sector Housing</u> Mainly due to employee vacancies (see carry forward request below)	208	-11	-5.29
<u>Homelessness – Howe Hill Hostel</u> Increased expenditure on utilities (+£10k) and equipment (+£4k) offset by savings on repairs (-£15k), increased income due to higher occupancy rates (-£41k) and supporting people income (-£11k)	64	-53	-82.81
<u>Bed and Breakfast</u> Lower than forecast number of customers Offset by reduction in income	379	-162	-42.74
	<u>-328</u> 51	<u>+154</u> -8	+46.95 -15.69
<u>Housing Strategy</u> Saving mainly due to lower expenditure on consultancy (-£14k) and legal fees (-£6k) (see carry forward request below)	177	-21	-11.86
<u>Travellers Sites</u> Increased repairs expenditure across all sites(+£58k), retraction of supporting people income(+£22k) offset by savings on equipment(-£6k), grounds maintenance (-£7k), higher than forecast rental/fees and charges income (-£10k) and various other minor savings (-£7k)	2	+50	+2500
<u>Recharges</u> Under spends in several areas throughout HASS, have resulted in a reduction in the amount charged.	255	-43	-16.86
<u>Other minor variations</u>	737	-7	-0.95
Total	1,400	-110	-7.86
Net after carry forward requests		-92	

Balanced Scorecard

12. Details of performance against the targets set out in the balanced scorecard are set out below.

Customer Based Measures

Description	2006/07 Outturn	2007/08	
		Annual Target	Outturn
Number of Affordable Homes Developed by size and type	56	200	51
Number of households in temporary accommodation	207	180	209
Rough sleeping	4	4	2
% of customers satisfied with grants service	98%	95%	100%
70% of vulnerable people living in private housing to have decent homes by 2010		84%	To be reported at the EMAP Meeting
% of landlords satisfied with housing regulation enforcement	76%	80%	81%
% of service requests first response within 3 working days	99.9%	95%	99.3%
% of minor adaptations installed within 7 days from assessment BVPI	96%	96%	96.56%

Process Based Measures

Description	2006/07 Outturn	2007/08	
		Annual Target	Outturn
% of affordable homes secured on new housing developments n.b. this relates to S106 sites only * (defined as gaining planning permission)	N/A	50%	40%*
Numbers of households presenting as homeless where case work involved	287	200	278
Number of private sector homes made decent	38	35	35
Private dwellings returned to use	21	22	24
% of private sector homes vacant for more than 6 months	0.82%	1.12%	0.68%
Number of households assisted to purchase a property in York by Golden Triangle Homebuy Plus scheme (completed sales)	17	10	19
Average (3 year) annual numbers of affordable dwelling completions	133	200	85
Average 3 year annual number of affordable dwelling planning permissions	N/A	450	343

Finance Based Measures

Description	2006/07 Outturn	2007/08	
		Annual Target	Outturn
Take up of Home Appreciation Loans	0	6	0
Private Sector Take up of Energy Efficiency Schemes and Grant	N/A	800	1235

Staff Based Improvement

Description	2006/07 Outturn	2007/08	
		Annual Target	Outturn
% of staff who have received full induction programme within 12 months of starting	95%	100%	82%
Staff appraisal in each functional area	46%	100%	95%
% of staff expressing satisfaction with their job	72%	92%	72% (CYC 72%, HASS68%)
Average staff sick days in each functional area meet standard (in days / FTE)	5.1 (Housing)	At or above the Council average	9.9 days (12.5 HASS 9.4 CYC)
Staff turnover	13.4%	At or above the Council average	15%

Service Plan outturn 2007/08

Corporate Services

Achievements

- The customer finance team has secured £990k In benefits for their customers.
- Achieved a 30% reduction in the level of the fte days lost in absence in HASS following investment in dedicated HR time within an overall attendance management project. 2008/09 outturn = 12.5 days compared to 18.6 in 2007/08.

Critical Success factors

- **Replacement of social care IT system:** Phase 1 was delivered on time and to budget; Phase 2 has been delayed because of issues around capacity and staffing but is now on course for a July 2008 implementation.
- **Improved partnerships with internal and external stakeholders:** Joint priorities for action have been agreed with PCT, and a Joint Strategic Integrated Commissioning Group established. All four agreed projects have been initiated and are underway with engagement from voluntary sector and older peoples' representatives.

Quarterly meetings with Independent Care Group, which represents social care providers in York and has been established, to share information on strategic agenda. A Forum to inform the shared training programme has also been established with Independent Providers.

- **Supporting People Programme:** The programme is currently on track, with service reviews completed as planned and with the budget projected to remain in balance for next three years. Reduced funding expected for next 6 years, so further work is needed to plan for the continuing reduction in funding. From 2009 the grant will be funded through the Area Based grant. Work has begun to ensure clearer links between the programme and the LAA priorities and targets
- **White paper implementation:** The joint projects with PCT will contribute to the implementation of White paper requirements. Proposals for the use of the Social Care Reform Grant have been developed to support the 'transformation of adult social care services'
- **Workforce development:** Delays in producing a HASS Workforce Development Plan due to a lack of capacity are now being addressed. Continued to provide a range of NVQ courses for staff to achieve a target of 50% of staff attaining this.

Budget

The table below sets out the major variations from the approved budget

CORPORATE SERVICES	Budget £'000	Variation £'000	Variation %
Customer Finance Team – staffing vacancies held whilst impact of process improvement work was known	334	-21	-6.3
Staff advertising – recruitment lower than anticipated plus using alternative methods such as 'job fair' at the job centre	124	-59	-47.6
IT staffing – significant amount of staff movement during this phase of the social care system replacement project resulted in vacancies throughout the financial year	281	-94	-33.4
Grants to Voluntary Organisations – Disability Information and Advice Centre closed during the year resulting in small saving	99	-14	-14.1
Miscellaneous savings across the department held back to offset overspends in Learning Disability Services	-422	-206	-48.8
Other minor variations	1,812	34	1.9
Total Corporate Services	2,228	-360	-16.2

Performance monitoring 2007/8

Customer based improvements	07/08 outturn	2006/7 outturn	2007/8 Target	2008/9 Target	2009/10 Target
All: % of visitors seen by an officers within 10 minutes	89%	90%	92%	95%	95%
% of visitors referred to the correct officer within a further 10 minutes	90%	90%	92%	95%	95%
(All) answer external calls in 20 seconds or less	97.7%	96.5%	97%	97%	97%
(All) respond to external emails and correspondence within 10 working days	99.3%	96%	97%	97%	97%
(Complaints) Increased number of customer complaints dealt with within time	80.73%	75%	93%	95%	95%
(SP) Service users who are supported to establish and maintain independent living	97.58%	Average 98.%	98%	98%	98%
(SP) Service users who have moved on in a planned way from temporary living arrangements * req'd by GOYH to change target	59.08%	Average 72.8%	73% *67.5%	68.5% new GOYH target	70% new GOYH target

Process Based improvements	2007/8 outturn	06/07 outturn	2007/8 Target	2008/9 Target	2009/10 Target
(IT)System available to all existing users of ISIS	Achieved	On target for 30/6/07	2 July 07	-	-
(IT)Longer-term support arrangements for system in place	Achieved	On target for 30/6/07	2 July 07	-	-
Social care IT system rolled out to non ISIS users				√	
Management information requirements from new systems reviewed and outputs adjusted				√	
Delivery of training sessions on Information Security	4 delivered		8 sessions during the year		
Staff based improvements	07/08 outturn	06/07 outturn	2007/8 Target	2008/9 Target	2009/10 Target
Staff days lost per FTE due to absence/sickness, compared to Council average	HASS 12.5 (9.3 for CYC)	HASS 18.6 (12.9 for CYC)	HASS 16	HASS 10	HASS 9
Level of turnover of staff is comparable to other similar authorities with a target over the next five years to achieve the level of best practice authorities	15.7%	15.17%	10%	13%	11%

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Service Plan outturn 2007/08

Older Peoples' & Physical Disability/Sensory Impairment services

Achievements

In addition to the progress with the critical success factors listed below, the following has been achieved within the service during the 2007/08 period:

- The delayed discharges from York District Hospital has been reduced from a high level at the beginning of the year to a minimal level during the final quarter.
- The inclusion of a social care manager within the non-acute hospital sector has also been successful in reducing discharge delays.
- A low vision pilot scheme has commenced in partnership with the Wilberforce Trust and York & District Blind & Partially Blind Society.
- The delivery of equipment for daily living has remained within the highest national quartile.

Areas for Improvement

There are a number of areas for improvement that have been identified during the year:

- **Home care Efficiencies**

The home care service structure and working practices will be adjusted to achieve efficiencies and budget reduction within 2008/09. This will be achieved without any reduction in service of customers

- **Support to people who are self-funding**

The national annual report by the Commission for Social care has highlighted the position of people who are likely to need to fund their own care as a result of means tested discretionary charging systems. Local authorities are urged to ensure that they fulfil their statutory responsibilities with the assessment and support of such individuals to help them make appropriate choices. Whilst all people in York do receive some support regardless of their income, further work is required to identify any improvements that could be made.

- **Direct Payments and Individual budgets.** Whilst more older people and people with a disability have joined the Direct payment scheme there will need to be more emphasis within the assessment process on ensuring people do have the information to make an informed choice on whether to take up an individualised payment scheme.

Critical Success factors

ESCR- electronic record keeping

The new data system was successfully implemented in July 2007. The introduction of the new system was accompanied with a complete change in working practice for social care staff within the Assessment & Purchasing Division, to one of working entirely electronically.

This was a considerable challenge to traditional working practices and one which has been taken on remarkably well by the staff. Congratulations are appropriate to those who

planned and implemented the programme, those who supported the frontline staff through the change and the frontline staff themselves.

Inevitably there has been some decline in performance and further adjustments are required to the processes and tools used with the new data system in order to fully achieve the potential efficiencies that can be delivered.

Planning for modernization of Disability day services & development of strategy for Long-term conditions

The planning for the Physical Disability and Sensory Impairment Strategy started in November with an event at New Earswick involving approx 50 people. Since then there have been follow up activities with focus groups involving people who use services and people who are responsible for services. The outcome of this consultation and an early draft of the strategy is being presented to members at this EMAP in June.

Links have been made between this activity and other work-streams underway at present:

- The joint commissioning project planning for support to people with long-term conditions currently planned with the Primary care Trust
- Action being undertaken within City Strategy supported by the Equalities officer to develop a strong representative forum for people with a disability. From this it is hoped there will be the opportunity for a suitable partnership arrangement between the council and people with disabilities to develop a Centre for Independent Living
- The closure of Huntingdon Road day Centre is on target for May 2008 as planned. The programme has led to an increased use of community facilities by ex-centre users. New community facilitator posts have been created to develop further these opportunities. Day activity Organiser and support posts have been created to support people to take up opportunities in mainstream community settings.

The development and implementation of the first part of 3-year section of long-term commissioning plan, related to:

- **accommodation & support**
- **prevention & diversion from intensive support**
- **implementation of telecare**
- **support to carers**

The long term –commissioning plan and outcomes from the most recent consultation will be reported to the June EMAP meeting. This consultation has concentrated on the use of resources for future investment. From this plan the use of council resources and development of additional extra care will be highlighted.

The development of a prevention strategy is one of the four key work-streams jointly undertaken between the Primary care Trust and Local authority. This work when completed will be used to produce a social care prevention strategy. The actual development of prevention services has centred more on the

implementation of telecare, which now has approx 130 customers, and further expansion of warden services. Links between the telecare service and all three emergency services have been made for promoting the initiative. Work has also started with colleagues from the Community safety steering group.

The carers strategy has progressed through:

- planned implementation of the emergency carer contingency card, which is to be launched in May and will initially operate through warden call and at a later point the carers centre
- the carers centre is being re-commissioned as a voluntary sector organisation which will enable it to gain access to independent resources and, being based with the CVS will allow a much stronger link with other voluntary sector partners to develop.
- The flexible breaks scheme has been very popular with a doubling of the budget from the carer grant being required during the year.
- With a relatively low performance in offering assessments to carers earlier in the year additional resources have been allocated to ensure this is rectified.
- Additional resources have also been made available to extend the capacity of the Carer Strategy Manager to support the development and implementation of the revised carer strategy
- Work with national change agents and the local forum has increased considerably the number of carers actively involved in local planning.

Implementation of Mental Capacity Act

The Mental capacity Act was implemented in October 2007. The council achieved the commissioning, jointly with North Yorkshire Council, of the Independent Mental capacity Act Advocacy organisation ahead of that date and implementation has been regularly monitored through the inter-agency Local Implementation Network.

All necessary guidance was issued and follow up action is now planned to ensure that all relevant professionals are aware of the Act . Planning is also underway for the amendment to the Act that relates to people who can be defined as having been deprived of their liberty. This amendment will need to be implemented from April 2009.

Budget

The table below sets out the major variations from the approved budget

OLDER PEOPLE & PHYSICAL DISABILITIES	Budget £'000	Variation £'000	Variation %
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OLDER PEOPLE & PHYSICAL DISABILITIES	Budget £'000	Variation £'000	Variation %
Community Support – Continued effect of overspend from previous years	758	+125	+16.5
In House Home Care-continued underspend as teams within the service have been unable to recruit to their full establishment and efficiencies originally supposed to be effective from 2008/09 onwards have been achieved early.	4,179	-450	-10.8
Direct payments – customer base has remained at 06/07 levels. Virement has been done to bolster this budget but still small overspend	636	+56	+8.8
Residential & nursing – Customer numbers not as great as expected in 07/08.	4,675	-291	-6.2
Hospital and Locality Social Care teams - use of agency staff in teams to assist as new electronic social care record system is implemented and deal with backlog of work.	1,948	+25	+1.3
Out of Hours Service - Renegotiation of out of hours service contract has resulted in a saving	186	-21	-11.2
Elderly Persons Homes –overspend on pay (£156k) due to levels of sickness plus continued pressure of staffing to minimum CSCI standards. An exercise will be undertaken in 08/09 to realign staffing budgets. This is offset by overachievement of income (£290k) and reduction in Departmental recharges (£15k). Income levels have risen due to more challenging needs of customers allowing CYC to take higher proportion of the attendant benefits.	2,515	-149	-5.9
Repairs and maintenance – overspend representative of previous year's position and the effect of the Repairs partnership. Also some homes are having to upgrade outdated equipment (e.g. Oakhaven's alarm system, £15k).	260	+154	+59.2
Meals Service – additional one off staffing costs.	9	+39	+434.2
Mobile Wardens and Warden Call – £20k staffing overspend offset by equipment underspend (£10k) and overachievement of income (£55k).	316	-45	-14.2
Yorkcraft – budget overall under spending due to combination of staffing vacancies held until effect of closing Huntington Road DC was known, increased WORKSTEP income and savings on materials and equipment.	744	-103	-13.8
Huntington Road day Centre (HRDC) – service due to stop in its current guise in May 2008 and vacancies were not filled plus reduction in cost of transporting customers in to the day service.	415	-56	-13.5
Adult Transport – proportion of fleet cost reduced as better utilisation and greater percentage of total fleet cost passed on to Learning Disabilities	94	-54	-57.0
YPO dividend – not being paid in 07/08	16	+16	+100.0
Disability Services – staffing vacancies	454	-14	-3.1
Business Support Manager – Post only filled from Mar 08.	45	-22	-48.9
Group managers Provider – small saving on NI (£6k) and saving on equipment budget not used (£14k)	93	-20	-21.5

OLDER PEOPLE & PHYSICAL DISABILITIES	Budget £'000	Variation £'000	Variation %
Other minor variations	3460	-8	-0.2
Total Older people & Physical Disabilities	20,770	-818	-3.9

Customer based improvement

Measure	Current	2007/08 Target	2008/09 Target	2009/10 Target
Number of people over 65 receiving direct payments	59	49	68	82
Local: reported numbers of delayed discharges which attract reimbursement	0.5	2	2	2
BV 54, C32 (PAF) – number of people aged 65+ whom authority helps to live at home, per 1,000 adults aged 65+ N.B. indicator changes from 08/09	87.82	92	90	90
C29 (PAF): numbers of people (18-64) with physical/sensory impairments help to live at home. N.B. indicator changes from 08/09	4.13	4.3	4.6	4.6
BV53, C28 (PAF) - households receiving intensive home care per 1,000 pop 65+ N.B. indicator changes from 08/09	7.36	9.7	N/A	N/A
HCOP8.3 Older People aged 65 or over with supported admissions on a permanent basis in the year to residential or nursing care per 10,000 of the population aged 65	69.52	62	70	70
HCOP8.5 Number of people on warden call.	2,812	2700	2900	3100
HCOP8.6 Number of users aged 65 and over who have 1 or more items of telecare equipment in addition to community alarms. N.B. indicator changes from 08/09	165	390	N/A	N/A
HCOP10.1 Number of separate carers assessments completed (including self assessments). All adult customer groups	267	507	519	552
HCOP10.2 % of clients of community services whose carers receive a specific carers service (PAF C62). All adult customer groups	3.61%	6%	9.00%	9.68%
Integration of LA/NHS resources for support of people with long-term conditions	Project planning underway	April 2008		
<u>Process based improvement</u>	Current	2007/08 Target	2008/09 Target	2009/10 Target
Measure				
BV 195, D55 (PAF) - % people aged 65+ receiving assessment within specified time scale (2 days)	71.5	76.5	80	80
BV 196, D56 (PAF) % of new customers aged 65+ receiving package of care within specified time scale (28 days)	92	85	92	93
BV56 – D54 (PAF)% items of equipment and adaptations delivered with 7 working days	96.5	96	96	96
BV58 (PAF D39) %age of people receiving a statement of their need and how they will be met (all customer groups)	94	92	93	94
%age of adult users assessed and/or reviewed in the year that had ethnic origin missing or not stated	5.5	Less than 10%	Less than 10%	Less than 10%
New or revised local policies and protocols required by Mental Capacity Act			As per Act	N/A

Service Plan outturn 2007/08

Mental Health services

Achievements

- The Partnership arrangements and agreement have been revised and will be signed off by the Primary Care Trust/City of York Mental Health Partnership Board at its next meeting.
- Budgets were under-spent. However there remain risks in respect of increased Council contributions that may be required to support placements of people currently supported within one specific establishment.

Critical Success factors

Development of Joint Health & Social care Mental Health Strategy

This strategy has been developed and is currently being finalised to be signed off by the Primary Care Trust/City of York Mental Health Partnership Board at its next meeting. The strategy is one that cuts across all ages and sectors.

Improve staff retention and workforce planning in terms of Approved Social Workers (ASWs) and Approved Mental Health professionals (AMHPs) from 1 April 2008

There has been little turnover and need for recruitment of Approved Social workers during 2007/08. The planning for the development of the Approved Mental Health professional role has been undertaken through the joint arrangements with the Primary care Trust. Training is currently being planned. The Primary care Trust is considering the implications of the recruitment to this role of NHS staff.

Implement the requirements of the Mental Capacity Act from 1 April 2007 (1st stage) and from 1 October 2007 (2nd stage), in terms of IMCA service,

All preparatory work was undertaken & completed prior to the implementation dates.

The IMCA service has been commissioned jointly with North Yorkshire Council and is being provided by 'Cloverleaf'.

Staff have had the relevant training in awareness, capacity and Best Interests determination.

Prepare for the mental Health Act Amendment Bill

The Local Mental capacity Act Implementation network is now planning for the implementation of amendments that cover Deprivation of Liberty and are monitoring implementation of the act.

ESCR- electronic record keeping

The new data system was successfully implemented from July 2007 through to the autumn. The training for Frameworki was delayed for CMHT staff, due to pressures on time and availability of all concerned, including the trainers, and it also took time to gain a complete understanding of how mental health practitioners would use the system compared to other parts of HAAS. There remain issues about people's levels of

confidence with the system. The delay will have had an impact on the Performance Indicator figures as there has been a decline. However, the system has enabled front line staff to take much more ownership of data entry and in be more streamlined in how they manage their records, which in itself in the longer run should improve performance outcomes.

The introduction of the new system to one of working entirely electronically was a considerable challenge to traditional working practices and one which has been taken on remarkably well by the staff. Congratulations are appropriate to those who planned and implemented the programme, those who supported the frontline staff through the change and the frontline staff themselves.

In respect of expenditure there is a small (at present) increase in the number of more expensive placements required where customers have more complex needs. This will be monitored in case of any future budget pressure.

Budget

The table below sets out the major variations from the approved budget

MENTAL HEALTH	Budget £'000	Variation £'000	Variation %
Community Support – Increase in costs due to more customers receiving community based support	26	+23	+88.4
Residential & nursing – Fewer placements made. Potential financial impact of changes in one establishment - not reflected in these figures.	1,281	-177	-13.7
Drug and Alcohol Rehabilitation – no placements made against this budget 2007/08	18	-18	-100.0
Social Work Team and Rehab and Recovery Team – posts still remain vacant as difficulty in recruiting staff within certain teams continues.	417	-83	-19.9
Mental Health Manager – money held back for use on matters arising from implementation of Mental Capacity Act not used	62	-24	-38.7
Sycamore house – underspend due to staff vacancies	319	-24	-23.9
Other minor variations	146	+14	+9.6
Total Mental Health	2,269	-289	-12.7

Customer based improvement

Measure	Current	2007/08 Target	2008/09 Target	2009/10 Target
Number of people under 65 with MH problems receiving direct payments	0	1	2	3
HCOP 8.1 number of people 18-64 with MH problems whom authority helps to live at home, per 1,000 adults Care & non-care managed	1.97	2.3	2.2	2.3
HCOP8.3 People 18-64 with supported admissions to registered care	1.04	1	1	1
HCOP10.1 Number of separate carers assessments completed (including self assessments). All adult customer groups	267	507	519	552
HCOP10.2 % of people under 65 with MH problems whose carers receive a specific carers service (PAF C62). All adult customer groups	3.61%	6%	9.00%	9.68%
HCOP 8.7 Customers receiving housing support with mental health problems	236	80	To be revised	To be revised

Process based improvement

Measure	Current	2007/08 Target	2008/09 Target	2009/10 Target
BV 195, D55 (PAF) - % under 65 with MH problems receiving assessment within specified time scale (2 days) All adult customer groups	71.5	76.5	80	80
BV 196, D56 (PAF) % of new customers under 65 with MH problems receiving package of care within specified time scale (28 days) All adult customer groups	92	85	92	93
BV58 (PAF D39) %age of people receiving a statement of their need and how they will be met (all customer groups)	94	92	93	94
%age of adult users assessed and/or reviewed in the year that had ethnic origin missing or not stated	5.5	Less than 10%	Less than 10%	Less than 10%
New or revised local policies and protocols required by Mental Capacity Act		As per timetable for Act		

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HASS72- June 08

Learning Disabilities

Achievements

The following areas should be noted:

Income from Continuing Health Care and Independent Living Fund has been pursued vigorously, using the new care management post in the team dedicated to this role.

Joint working with health members of the integrated team, to put together robust applications and the development of a close and constructive relationship with the Primary Care trust officers responsible for Continuing Health Care, has allowed the fair application of the policy. The outcome of this is an increasing allocation of funds, some of which will offset some costs associated with care packages.

We have recruited a Social Care Manager specifically to review and support carers of people with learning disabilities. This post has had a positive impact in the number of carers assessments being offered.

We are working jointly with families and people with learning disabilities to improve the review process, and are closer to piloting a new approach within the team.

We have had some success in applying the ordinary residence rules relating to people outside of area. There is now a protocol agreed by Directors of Adult Social Services across the region, which should strengthen our position to apply this to gain further income.

We have increased the amount of self-advocacy support that is available for people within the York area, by supporting through the Learning Disability Development Fund (LDDF) the work of a group new to the area called "Talkback". This is in addition to existing self-advocacy group York People First who were also awarded a grant from the LDDF.

The new structure put into place to meet the efficiency savings at Flaxman Avenue short break support unit, has been reviewed and has had a favorable reaction from staff. This alongside a revised booking system for customers to ensure equity of availability for customers, who need to use the intensive service that it offers, has improved customer access to support.

Critical Success Factors (CSF)

The discharge of in-patients on the long-stay units in Health

The last phase of closure remains within the project planned time-scale and outcomes for those people to be discharged from NHS in-patient care by 2009/10.

Robust plans have been developed for all individuals and we have discharged 1 person in April 08 with firm commitments for discharge of a further 3 by the end of the summer.

We have agreement from North Yorkshire and York Primary Care Trust to underwrite any capital expenditure that may be needed to facilitate the housing moves up to a total of £2million.

Increase the number of people using individualized budgets or direct payments

We have worked with a number of individuals through to the completion of a pilot project called “New Partnerships”. This was trying differing options for those families through the transitions phase of planning. The individualized budgets approach has worked for some of those families and we have learned lessons from the process, which will be valuable in the future, personalization agenda.

We have worked through the care management team and have increased the number of individuals receiving a direct payment or individualized budget.

In addition we have worked with 54 of customers in supported tenancies who now have an individualized budget for their support within their tenancy. The team has developed an easy read guide to individualized budgets in tenancies.

Closure of large day centres

Yearsley Bridge will be closed at the end of May with 15 people remaining in a new service running for a short period from the centre. This is to ensure that there is continuity in access to the hydrotherapy pool that operates out of Yearsley Bridge, until such a time as the new pool (in Oakland’s new sports complex) is opened. This is anticipated as June 09. For all other customers of Yearsley Bridge, differing individualised solutions have been found.

Areas for Improvement

Continued management of the budgetary pressures relating to:

- People in the transition customer group
- People with learning disability who have dementia
- People with high support needs living in community based settings

To increase the number of direct payments and individualized budgets year on year.

If successful after pilot, to roll out the new “review” process within the team.

Improve the number of carers assessments that are offered through the team

To update the housing strategy for the learning disability service to take into account new developments in legislation and market forces and to respond to the personalization agenda.

Customer Measures		
Measure	Current	2008/09 Target
Number of learning disabled people helped to live at home	2.72	2.5
Number of people with a learning disability with a direct payment or individualised budget	72	50

Budget

The table below sets out the major variations from the approved budget

LEARNING DISABILITIES	Budget £'000	Variation £'000	Variation %
Community Support – an increase in the number of customers with more complex care needs receiving intensive support in their own homes. Also, not all customers affected by combining of New Horizons and Community Base have been absorbed within in house services and the associated costs of providing replacement services is met from this budget. Over spend has been reduced by securing more Continuing Health care funding for customers with large care packages.	445	+493	+110.7
Residential & nursing –small overspend due to greater number of complex cases than anticipated and budgeted for. The nature of this customer group is that the base generally increases as new placements are not matched by a similar volume of discharges.	4,328	+62	+1.4
Contracted Services – Underspend due to an expensive placement not starting and increased Independent Living Fund (ILF) income	1,445	-100	-6.9
Transportation of clients – underlying overspend has come down due to moving customers from taxis to fleet. Any savings, however, have been used to pay the consultants fee in 07/08 and will be again in 08/09.	217	+228	+105.1
SW team – small underspend due to staffing vacancies	442	-18	-4.1
Small Day Services – Staff retention issues resulting in underspend (£224k) offset by increase in transport costs (£48k) and other minor overspends (£30k)	1,909	-140	-7.3
In control project manager – post never filled in 07/08,hence underspend	19	0	-100.0
Business Support Officer – post only filled from Jan 08	18	-14	-72.2
Other minor variations	262	+33	+12.7
Total Learning Disabilities	9,077	+526	+5.8



Meeting of the Executive Members for Housing
and Adult Social Services and Advisory Panel

2 June 2008

Report of the Head of Corporate Services

Outcome of the Consultation on the Future Challenges for Social Care.

Summary

1. The report reports on the consultation agreed by Executive Member in October 2007, and the progress in delivery of the initial commissioning plan for the Long Term Commissioning Strategy. It seeks agreement to undertake an option appraisal in respect of the Council's residential care homes, to consider the opportunities and costs to develop appropriate care choices for older people in York.

Background

2. In January 2007 Members agreed a Long Term Commissioning Strategy for Older People. The strategy identified that the needs of older people were changing and that the numbers of older people in the city were increasing. The strategy highlighted the need to do more to develop housing choice, ensuring that 24 hour support and care is available, as well as the need to develop services which will help older people stay more independent for longer, by promoting health and well being, and by ensuring access to practical help within the community. The strategy was clear that both services and the strategy need to be developed jointly with health commissioners and providers.
3. In October 2007 members received a report outlining the potential impact of demographic changes. It was agreed that a wide consultation process should be undertaken to explore views on some challenging options which the council has to address, given the demographic pressures of a growing older population, and the changing aspirations of this population. These options were:
 - Focus effort on increasing the budget for adult social care, through Government and Council funding
 - Seek to reduce demand for social care services, either by increasing investment in preventive and early intervention services, or by increasing the eligibility levels at which the Council would fund care
 - Consider ways to deliver greater efficiencies in service delivery, reviewing the Council's own role as a provider of home care and residential care services.

4. The report in October explained that it is essential to consider these options because it is not sustainable to continue to provide services for older people in the current service models. If we continue using the same approach the growing numbers of older people who might be expected to need social care support could mean an increase in costs of around £10m per year by 2020.

Consultation

5. The consultation has been undertaken with two events for stakeholders, one at the beginning of the process and one at the end. The first event used an 'Ask the Audience' style approach to exploring initial reactions to the key questions and options. The second event allowed feedback from the rest of the consultation and reflection on the proposals contained within this report.
6. A survey of over 50's in the city was undertaken for a 4-week period in March – April 2008. This was available on line through the Council's website and was posted to around 3,000 people, who are on the mailing lists of the following voluntary organisations:
 - York Older People's Assembly
 - Age Concern
 - Alzheimer's Society
 - York Blind and Partially Sighted Society
 - OCAY
7. The postal surveys were undertaken with the help of all of these organisations, and were co-ordinated by the Older People's Assembly.
8. Four focus groups were conducted, one each for staff, customers and carers, stakeholder organisations and representatives from the Council's Talkabout panel. These took place during April/May, with an independent facilitator, and each group had between 9 and 13 attendees.
9. The first stakeholder event was intended to give an initial reaction to the options presented. Those present commented on the complexity of the issues and the difficulties, but generally there was agreement that no one option was likely to provide an answer.
10. Approximately 3,000 people aged over 50 were invited to take part in the postal survey. 725 people responded to the consultation: 638 by postal survey and 87 online. Advice from Marketing and Communications is that this represents a very good response rate of 24%, and that based on an estimated over 50s population of 62,000, the results are accurate to within a +/-3.6% at a 95% level of confidence. Just under two thirds of respondents to the consultation were aged over 70 years, half have a disability, two thirds are female and respondents live in all areas of York. 93.7% of respondent belong to the White British ethnic group. A summary of the results is attached as Annex 1.

11. The survey indicates that three fifths of respondents would consider moving into housing with care, of which a quarter would consider buying. Four fifths of respondents feel that residential care should focus on providing specialist care for people with high dependency / dementia (and 60% favour this in both council run and independently provided homes). In order to address the growing number of older people and the funding shortfall there is strong support for the council to work with housing associations and the independent sector, providing older people with "Telecare" and looking at ways council staff can work differently to deliver more care, although only a small number would want to see us reduce the number of care homes run by the council.
12. Although only just over a third of respondents considered we should be trying to reduce demand for more formal care services by providing more low level support, more than two thirds believe the following services should be more widely available: Handyperson services; one point of contact for information and advice; footcare/podiatry services; support for people diagnosed with dementia; gardening and shopping.
13. The focus group responses indicated that the most favoured option was to lobby for additional funding. Older people are thought to be relatively low on the list of Government and council priorities, and it is believed that an increasing population means that funding needs to increase.
14. There was support for the Council working to increase low level preventive services but not at the expense of reducing formal care services. There was a very strong theme emerging from all of the discussions on the importance of more holistic and human care – someone to listen and understand. However there was also a strong sense that there will always be a point when a much higher level of care is needed, and so we should not be aiming to reduce the level or amount of formal care available in home care or residential care.
15. Most participants initially disagreed with suggestions to deliver efficiencies within Council run services, although as the issues were discussed it emerged that a number of the participants had experience of good quality care in the independent sector. There was some recognition that if we can ensure quality within the independent sector we may be able to make the resources available go further. The key concerns about the independent sector providing care instead of the Council were that it would be less clear that the Council is responsible for providing care; that the Council is more accountable than independent providers and not focussed on profits and so it is thought that the Council is more likely to provide better quality care. There was also a concern that if someone is cared for within the independent sector they may be asked to move if their funding runs out
16. The second stakeholder group was held in mid May and was an opportunity for our partners to hear the key messages from the survey and focus groups and reflect on them together. There was much support for the Council trying to influence the development of housing with care within the city. There was also support for the Council working jointly with the Primary Care Trust to develop more preventative services and provide better, and more targeted, access to information. There was a recognition of the importance to develop

neighbourliness, especially if more technology, such as telecare, is to be promoted. There was general agreement that a combination of all three options will be needed to address the challenges we face.

Options

17. The options available to Members are presented in line with the original options within the October 2007 report on The Future Challenges.
18. **Option 1.** Increasing the funding available for older people's services:
- To lobby for increasing funding for older people's services from Government
 - To increase Council Tax to fund additional services for older people
 - To seek redirection of current funding from other council services
19. **Option 2.** Reducing demand for services:
- Raise the eligibility level from moderate to substantial or critical
 - Develop new preventive low level and preventive services to increase health and well being.
 - Provide older people with the resources to choose their own support arrangements through personalised budgets.
20. **Option 3.** Delivering services more efficiently, including reviewing the Council's role as a provider:
- To note that some action has already been taken as a result of the budget proposals to reduce inefficiencies within the in house home care service. To agree that consideration of further savings targets within home care services will only be within the context of the review process of the current 3 year contracts and Service Level Agreements (currently scheduled for December 2009)
 - To agree that an option appraisal be undertaken to explore the opportunities to develop more appropriate specialist residential care and housing choices for older people in partnership with other providers, and to consider the options for development of Council run homes to provide more specialist care

Analysis

Increasing the funding available for older people's services

21. There has been general agreement amongst stakeholders and the focus groups that additional funding should be sought, to reflect the growing numbers of older people. However there is an understanding that relying on this option alone is not the answer.
22. The Government announced on 12 May a review of the funding arrangements for the care of older people. It is recommended that any opportunities to lobby government regarding the funding requirements should be used, such as through the Association of Directors for Adult Social Services, or the Local Government Association.

23. Any future bids for additional funding from the Council budget will need to be considered as part of the budget proposals, and so no recommendations are made in respect of this option at present.

Reducing demand for services

24. Eligibility criteria. The consultation on the Council budget proposals for 2008/9 included an option to change the eligibility criteria for social care services. The response to the consultation was very clear that this was a savings option that was not supported within the city.

25. The results from the survey support this view with just over a quarter of respondents suggesting that we should focus our efforts to meet the challenges we face by reducing the number of people we support and focusing on those who without our help would lose their ability to stay at home independently

26. There is evidence from other authorities that increasing eligibility criteria does not provide a sustainable impact on the level of demand for services. Discussions with our stakeholders confirm that there would be concern that if we were to try to manage demand by changing the eligibility criteria; that this would be unpopular and ineffective.

27. Since the report to members in October, it has become clear that the current guidance on eligibility criteria provided by the Government (Fair Access to Care Services – FACS) is likely to be changed. The Commission for Social Care Inspection (CSCI) published its annual report The State of Social Care in England on 28 January 2008. The report includes new research that shows that who does or doesn't get help varies not only between but also within the same council. As a result the Government has announced a review of the FACS guidance, which is due to report later this year.

28. Consideration of the eligibility criteria as a way to manage demand for services is therefore not recommended as a long term option. However whilst the current Guidance continues to be active there is an obligation on the Council to consider each year whether the eligibility level should be adjusted, and that this should be undertaken following consultation with service users.

29. Provision of more low level preventive services. 50% of the survey respondents would want us to be using telecare more widely. Just over a third of the survey respondents believe we should seek to reduce the need for personal care services by working to improve older people's health and well being (eg through exercise, social contact, providing peace of mind through better contingency plans).

30. Respondents would like to see a wide range of services available, but more than 60% of respondents would like to see the following services more widely available:

- handyperson support,
- one point of contact for information and advice,

- footcare,
- support for those diagnosed with dementia,
- gardening and
- shopping

31. In general, the focus group participants were highly supportive of an increase in lower-level services as carefully targeted early interventions, and of developing more holistic and human care. The importance of a consistent caring relationship, as opposed to multiple brief visits from a large number of relative strangers, was stressed by all groups. A link was made between the absence of someone to really listen and understand, and an escalation of the older person's physical care needs. However, they did not wish to see these low level services developed as an alternative to higher level services. It was felt that, however successful the provision of low level services and personalised services, there would always come a point at which a much higher level of care was needed. The idea that one could replace the other was not accepted.
32. The White Paper, 'Our Health, Our Care, Our Say' and the Government's concordat with key partners, 'Putting People First', both emphasise the need to develop earlier interventions and more prevention services. There is a growing, but still limited, body of evidence, including the evaluation of the first POPPs sites (Partnerships with Older People Pilots) that suggests that a combination of 'casefinding and signposting' (actively seeking out older people who may be vulnerable to health problems or social exclusion, and helping them to access support), good, joined up information and practical support services can lead to a reduction in the cost of hospital admissions.
33. One of the Joint Projects now underway with the Primary Care Trust is focussed on developing new preventive services and will enable us to develop a 'menu' of prevention services we would want to see in York. Another of the projects is looking at how to provide more community based support for older people with mental health needs and includes a review of the diagnosis and early support available to people with memory problems.
34. The Social Care Reform Grant (which is dealt with in a separate report to Members) is intended to allow initial pump priming for prevention services, as well as the delivery of more personalised care. It is recommended that this option be pursued through these routes.
35. If the prevention services are to be sustainable however it will be necessary to change the balance of current investment in services, for example redirecting some of the funding currently spent on hospital or residential care. There is still a need to agree with all partners how prevention services could be funded in the longer term.
36. Use of more personalised budgets to support greater use of informal support arrangements. This is another area where the Government has made it clear they expect to see significant changes in the next few years. Feedback from the first stakeholder event is that there is an interest in this approach, but also a caution

about how it could be delivered for older people with sufficient supports in place to help customers with the practicalities of organising their care.

37. The feedback from the focus groups is that there is much sympathy with the principles of personalised care and individual budgets but concern that older people will need to be supported to make this work, especially where there are issues of mental capacity. It was felt that adequate protection needs to be in place to avoid the risk of exploitation or abuse, and to make sure that necessary care is not removed because money has been spent on something that is not essential.
38. This is also an area where the Social Care Reform Grant will help us to bring changes to the way we assess and provide care for people, and provide independent support and advice but again we will need to make changes in the way we use current budgets if this is to be sustainable in the longer term. It is recommended that this option be pursued through the Transformation Agenda, with due regard taken of the concerns that have been expressed.

Delivering services more efficiently, including reviewing the Council's role as a provider

39. There is clearly support for a mixed economy of care in York, with the Council being perceived as an important player in ensuring quality. There is a strong message about the importance of accountability, and about the Council's role in ensuring quality as both a provider and a commissioner. Most people want to see the Council continue as a provider of services. Within the focus groups many did have experience of well-run, high quality private residential homes and of good agency home carers. They agreed that properly regulated and monitored, independent care could be made as good as Council care, and there was also an understanding that it may be possible to provide more care for the same money in the private sector.
40. Home Care Services It was agreed as part of the budget proposals that in 2008/9 efficiencies of £316k could be found from the in house home care services. This will have a full year effect of £950k. It will be achieved by reducing the capacity within the teams to better reflect current demand for services and by introducing new management arrangements. It will not however release resources for investment in other services.
41. Making more changes to home care would be potentially unpopular, if it meant that customers again had to change their care provider. This has been the main concern that has been picked up; both from the feedback from current home care customers in the quality checks made on all service providers, and from the focus group feedback.
42. Current contracts and service level agreements for home care are due to be reviewed in December 2009. It would be helpful to maintain stability within the system until the planned review is undertaken and so it is recommended that any consideration of setting further efficiency targets for the commissioning of home care should be only be undertaken within the context of this review.

43. Residential Care. The Council currently manages nine residential care homes within the city. This is considerably higher than many authorities, which have either outsourced the homes, or have moved to new models of provision, such as in North Yorkshire, where a programme of replacement of residential care homes with Extra Care housing is under way.
44. There are clear pressures within the city on the availability of residential care homes for older people with significant memory problems, and dementia. Two of the Council's homes have been adapted to provide the environment and the staffing levels to better care for people with dementia, and there is evidence that the demand for places in these homes could justify more of the Councils homes being adapted.
45. However the cost to achieve these changes, both to the buildings and to the staffing levels, would raise issues of value for money. It would mean that the cost of care in these homes could be more expensive than care that can be purchased within the independent sector. Information on this was outlined in the report to members in October 2007, and is summarised in the background information provided to the focus groups (Annex 2)
46. Feedback from the consultation suggests that there is support for the Council continuing to provide residential care, but that there is also an interest in considering whether there are ways that specialist care and housing with care can be provided in partnership with other providers. There is a concern that the current capacity should not be reduced.
47. More work would be needed to understand both the opportunities and costs of the different options for the future use of Council residential homes. An option appraisal would need to consider the suitability of homes for adaptation, the capital cost of any feasible adaptation and the implications for staffing and other budgets. It would also need to market test the opportunities for development of our resources in partnership with others, and would take account of the joint project work with the Primary Care Trust around reshaping mental health services and support within the City. This work would need additional capacity, but it is considered that the initial stage of the work, to produce an option appraisal, could be undertaken within current resources, by use of the Social Care Reform Grant, through the proposed additional commissioning capacity.

Corporate Priorities

48. Ensuring that resources are used to best effect to meet the needs of a growing older population in York will help to 'Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest'

Implications

49. **Financial** There are no immediate financial implications to the recommendations in this report. Proposals to utilise the Social Care Reform Grant are contained

within a separate report. An option appraisal will provide the detail of financial implications of any possible changes to the Council's Residential Care Homes.

50. The report to members in October outlined the potential financial impact for the Council of the growing numbers of Older People if services are not changed.

51. **Human Resources (HR)** There are no human resources implications to this report.

52. **Equalities** There are no recommendations within the report that have immediate equalities implications. The development of new preventive services, the development of a personalised approach to services and the review of the future of the Council's residential care homes will all need to include Equality Impact Assessments.

53. **Legal.** There are no legal implications

54. **Crime and Disorder** There are no crime and disorder implications

55. **Information Technology** There are no IT implications

56. **Property** There are no immediate property implications in the recommendations of this report. An option appraisal on the future use of residential care homes will need to consider the property implications

57. **Other** There is no other implications.

Risk Management

58. There are existing financial and operational risks of the Council being unable to provide for the needs of a growing older population if action is not taken to address the growing level of demand and the changing aspirations and expectations of older people.

59. The options considered in this report, and through the consultation, have been identified as the means to mitigate and reduce this risk, based on an assumption that any savings will be reinvested in new preventive services or in providing additional packages of care to the growing number of older people

60. New risks associated with the proposals within this report include:

- Sustainability of new prevention services
- Possible concerns within staff and customer groups regarding potential change

61. The risks associated with the recommendations within the report are assessed at a net level below 16.

Recommendations

62. It is recommended that

- (1) Any opportunities to lobby government regarding the funding requirements should be used
- (2) Work to develop new preventive low level and preventive services to increase health and well being should continue through the joint project with the Primary Care Trust
- (3) . Work to develop personalised budgets for older people should be undertaken as part of the Transforming Social Care Agenda
- (4) To agree that any consideration of further savings targets within home care services will only be within the context of the review process of the current 3 year contracts and Service Level Agreements (currently December 2009)
- (5) To agree that an option appraisal be undertaken to explore the opportunities to develop more appropriate specialist residential care and housing choices for older people in partnership with other providers and to consider the options for development of Council run homes to provide more specialist care.

Reason: To begin to address the challenges that face social care for older people and to take account of the feedback from the consultation.

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Report Approved **Date** 19th May 2008

Bill Hodson
Director of Housing and Adult Social Services

Report Approved **Date** 19th May 2008

Specialist Implications Officer(s)

None

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers:

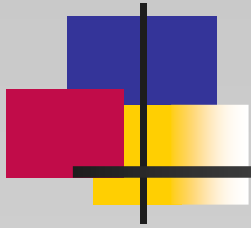
Long Term Commissioning Strategy for Older People (available on the Councils website at http://www.york.gov.uk/health/Services_for_older_people/)

Challenges for the future delivery of social care for older people: Report to Executive Member and Advisory Panel

Annexes

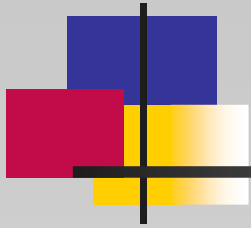
1. Findings from the postal and online survey
2. Background information provided for the Focus Groups (attached below)
3. Focus group report – summary and conclusions

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Future challenges facing older people's care Findings from the postal and online survey May 2008

[Click here for contents](#)



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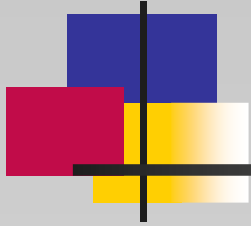
1.0 Background & methodology

- In April 2008, the council's Housing and Adult Social Services Team commissioned a consultation project into the future challenges facing older people's care services in York. With an anticipated growth in the number of older people in York over the next 15 to 20 years, with an expected 30 percent increase in the number of over 65s and a 60 percent increase in the number of over 85s, it is expected to cost the council an additional £10m a year to provide social care services in York, if it continues to provide services in the way it does now.
- Underlying the consultation was a number of suggested options to meet the challenges that a changing population brings and ensure residents can access services, which meet both their needs and aspirations. With guidance from the council's market research team, the team carried out a quantitative piece of research with York residents aged 50 years or more via a postal and online survey. This report reflects the findings from this piece of research.
- This survey was extremely important for gathering the views of older people and their carers - their views will help the council develop plans to make best use of the resources available to support older people in York.
- In April 2008 several organisations working with older people distributed the postal survey to 3,000 York residents through their mailing lists. A parallel survey was also available on the council's website and promoted through the media.
- In addition to the quantitative research, the council also ran four focus groups with staff, stakeholders, customers and carers and talkabout panellists. The discussion guides were written by the market research team in conjunction with HASS – these results are reported separately.
- A total of 725 residents completed a survey (638 by post; 87 online) which represents a good response rate of 24%. The results are accurate to within +/- 3.6% with 95% confidence.
- Where percentages do not sum to 100%, this is either due to multiple responses or decimal rounding. The figures for each question have been calculated after the respondents who did not answer the questions have been removed from the bases.



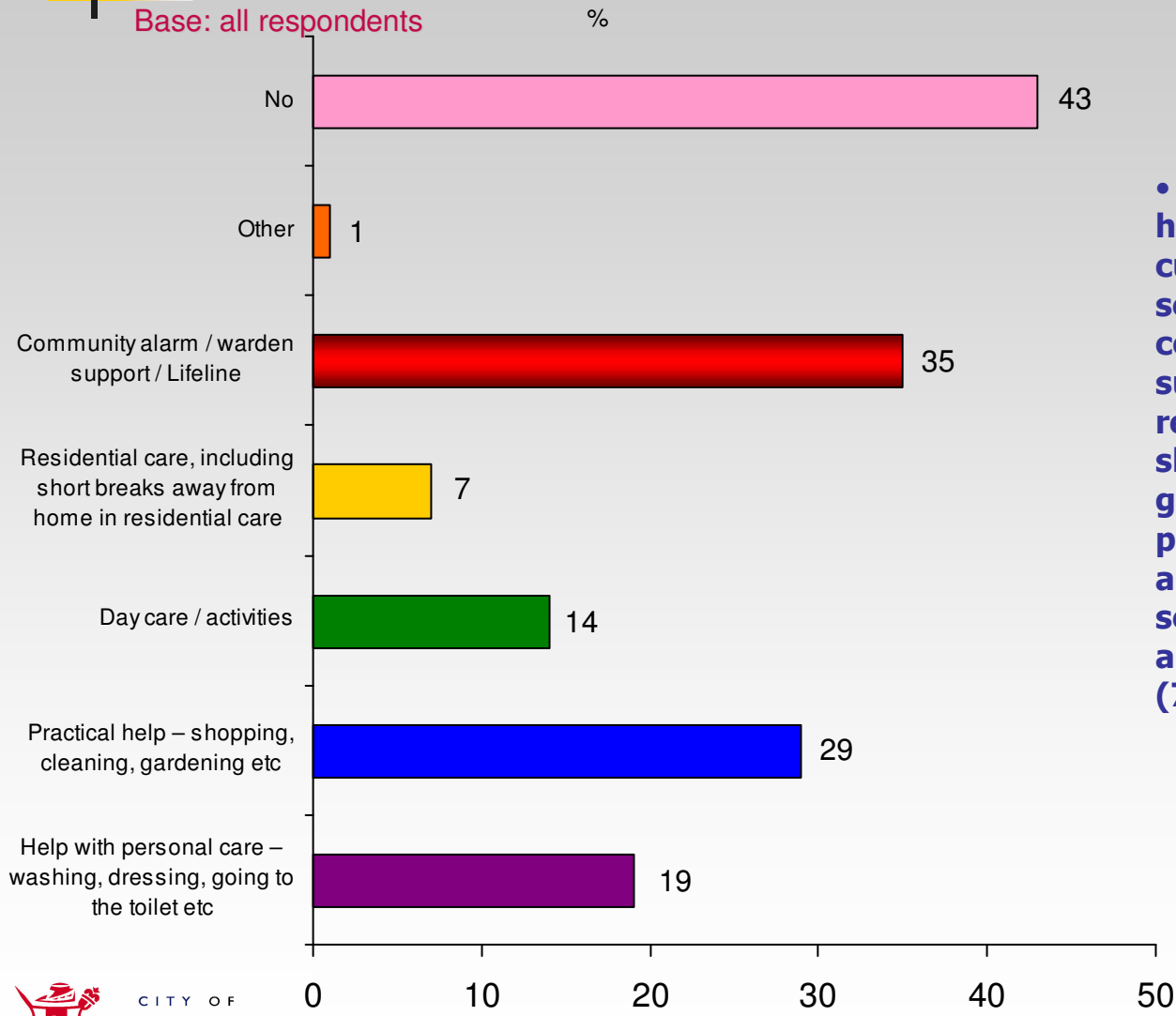
2.0 Overview

- 27% of survey respondents currently care for an older person and 57% of survey respondents currently use care services for older people in York. Popular services are the Community Alarm / Warden Call / Lifeline facility and help with shopping and cleaning.
- 65% of customers have some or all of their services arranged or provided for them by the council. In addition, three quarters or carers also receive support from Age Concern, the Alzheimer's Society or another voluntary organisation.
- Home adaptations, receiving help with the practicalities of running a home and help with personal care are considered the three most important aspects for helping people live in their own homes for longer.
- To help older people live more independently respondents would like to see handyman services, one point of contact for advice and information and the footcare and toenail cutting service more widely available. There is also a need for better support for those diagnosed with dementia, assistance with gardening and help with shopping.
- Around half of respondents feel they would move into residential care if they experienced severe confusion or had significant physical care needs.
- 58% of respondents would consider moving into housing with care as opposed to a residential care home. A quarter of these respondents would look to buy the property.
- 81% of respondents support the suggestion for residential care homes to focus on providing care for those with high dependency or dementia. 61% of these respondents think this should be applied to both council run and independently provided homes.
- With the need to use resources more effectively given the needs of an increasing older population, respondents think it is important for the council to work with Housing Associations and other housing providers to enable people to stay in their own homes for longer, to provide more people with the Telecare sensors and to work with the independent sector to provide alternative residential care if this could be provided to the same standard but at a lower price.



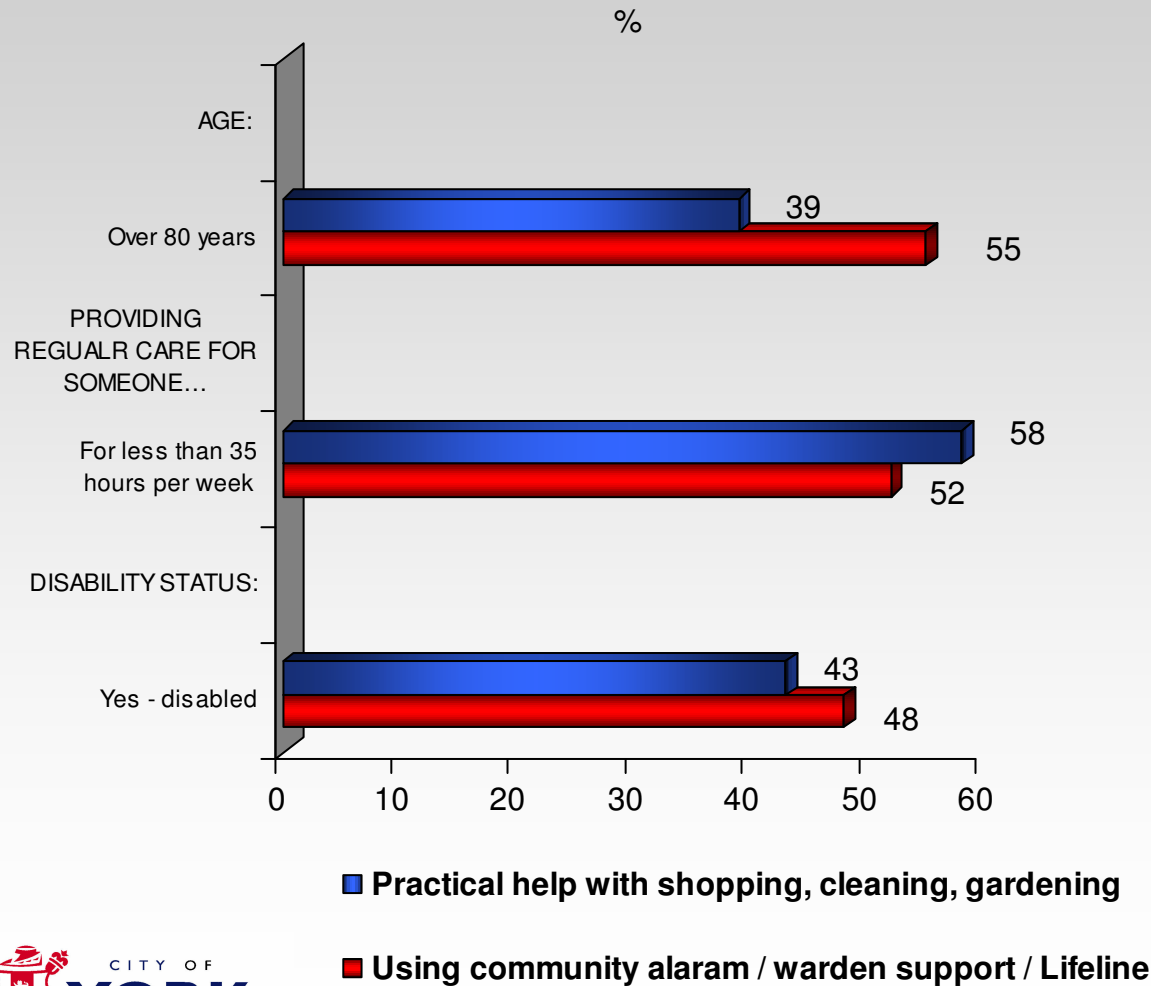
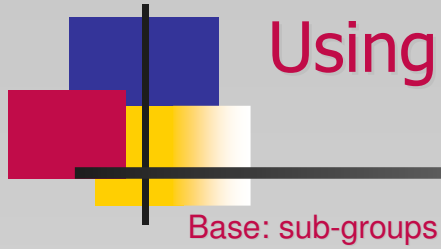
3.0 Using care services / providing care for older people

Current use of care services



• As shown in the chart, over half of respondents are customers of older people's care services. Respondents use the community alarm / warden support / Lifeline facility (35%), receive practical help, such as shopping, cleaning and gardening (29%) and help with personal care, such as washing and dressing (19%). Other services include day care (14%) and residential care services (7%).

Using the two main services by sub-group

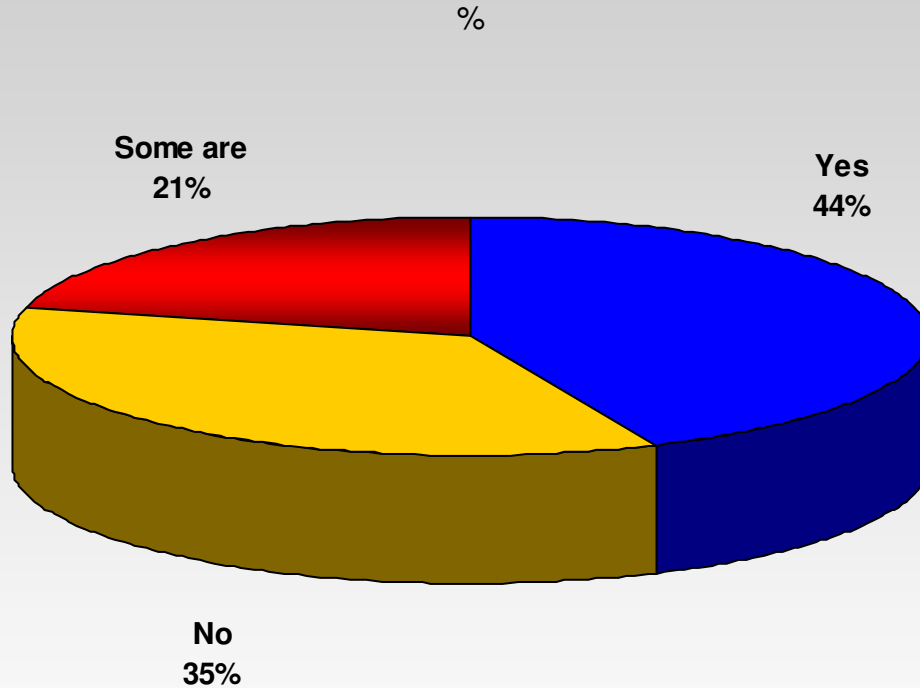


• Respondents over the age of 80 years (55%), respondents providing regular care for someone for less than 35 hours a week (52%) and disabled respondents (48%) are significantly more likely to use the community alarm service than respondents overall.

• These groups are also significantly more likely to receive practical help (39%, 58%, 43%) than respondents overall.

Provision / arrangement of care services

Base: all respondents

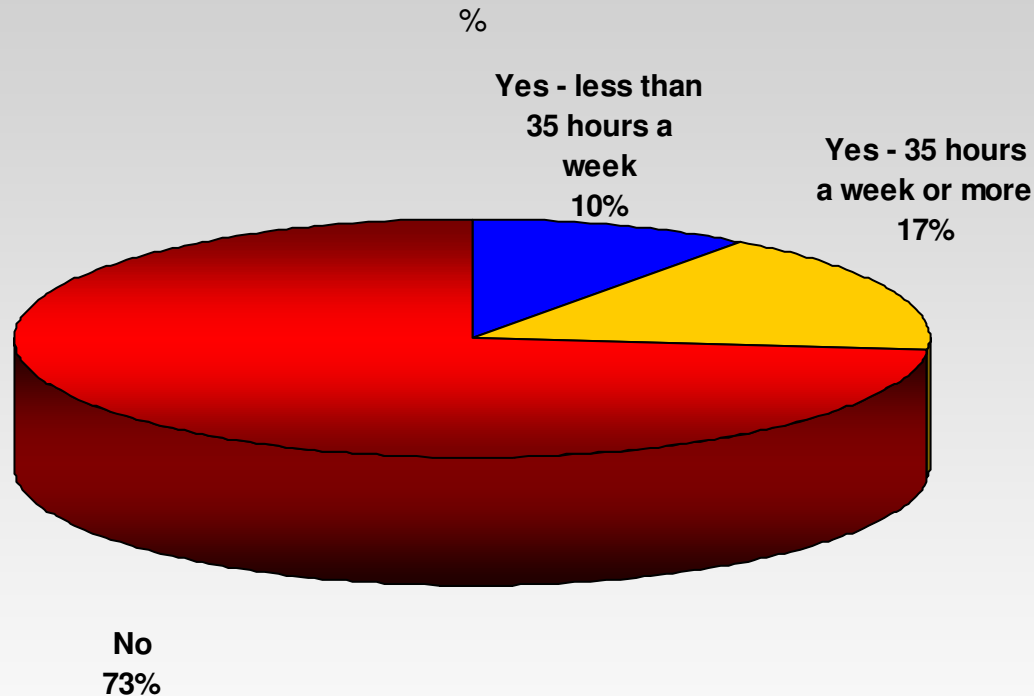


• Still thinking about the services respondents use for themselves or someone they care for, two-thirds have all or some of the care provided / arranged by the council (44% all; 21% some). One in three respondents receive care arranged / provided by themselves or an independent provider.

• Analysis by sub-group does not reveal any significant differences over the provision / arrangement of care services.

Providing regular care for someone over the age of 50 years

Base: all respondents

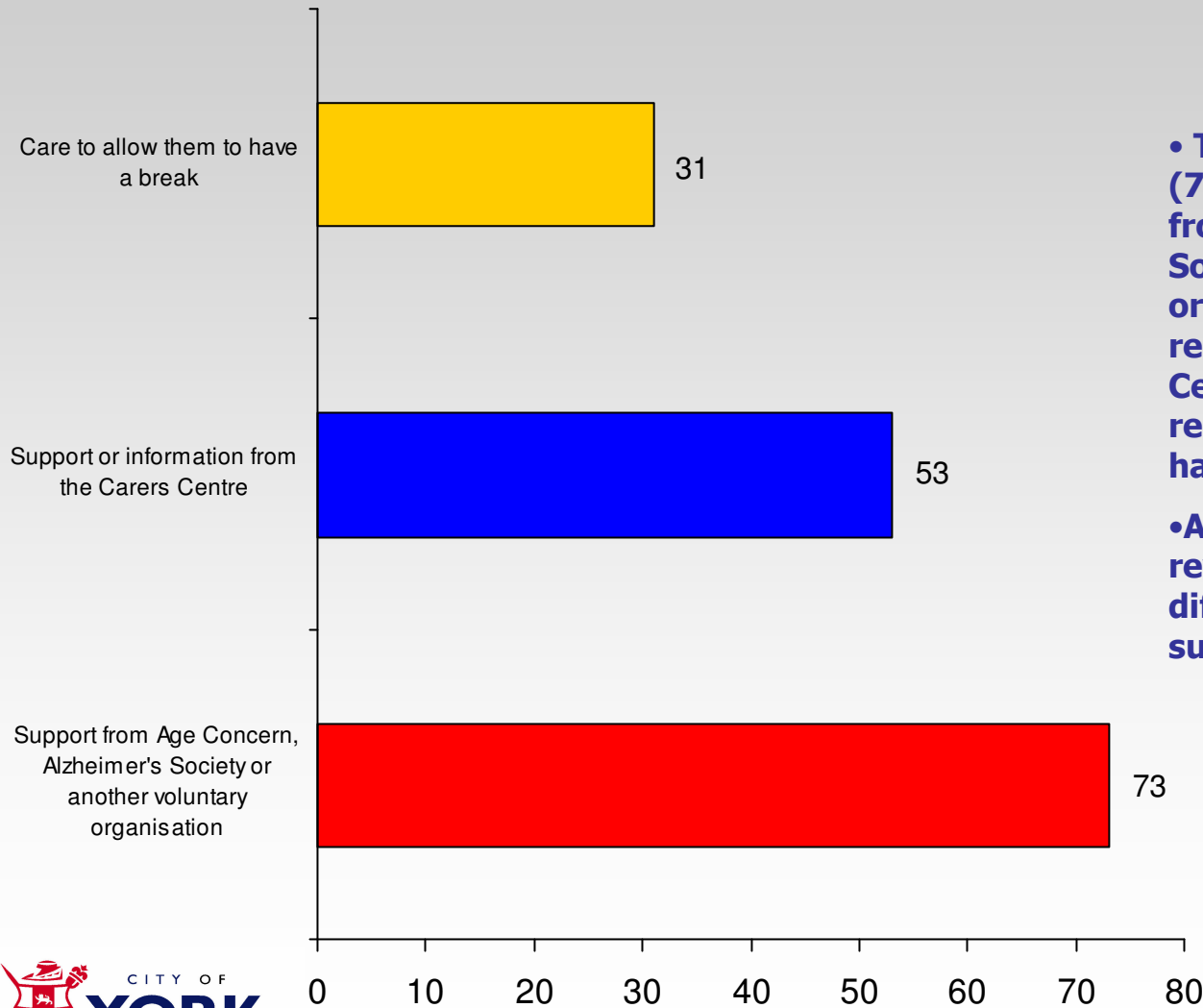


- Over a quarter (27%) of survey respondents provide regular care for someone over the age of 50 years, whereas 73% do not.

- Analysis by sub-group does not reveal any significant differences.

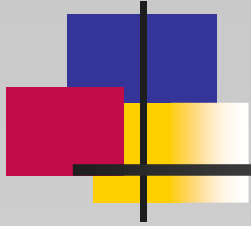
Receiving support as a carer

Base: regular carers only



• Three quarters of carers (73%) receive regular support from Age Concern, Alzheimer's Society or another voluntary organisation. Over half (53%) receive support from the Carers Centre, and one in three (31%) receive care to allow them to have a break.

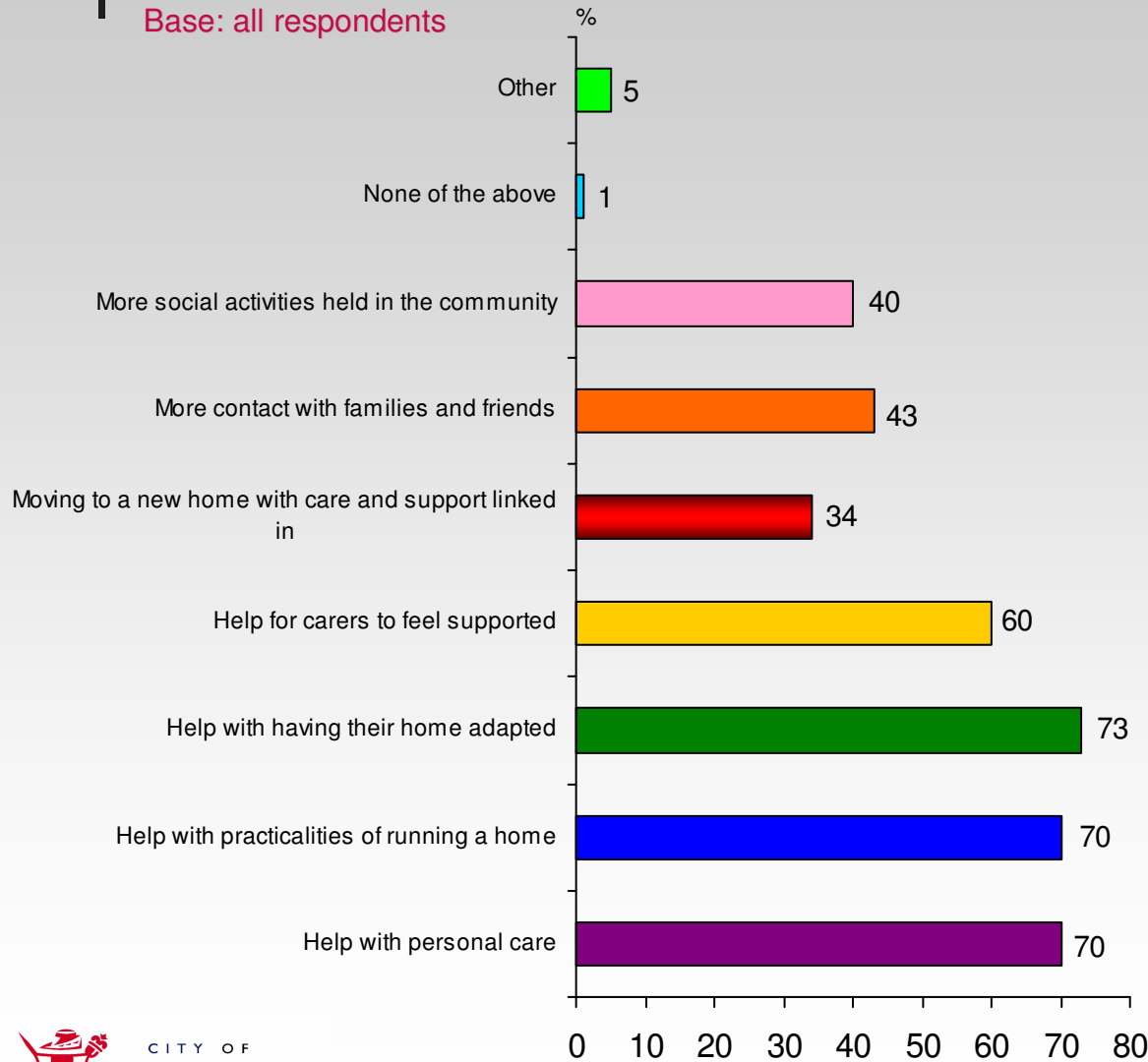
• Analysis by sub-group does not reveal any significant differences over receiving support as a carer.



4.0 Helping older people to live independently

Services which would help people live in their own homes for longer

Base: all respondents



• Respondents were asked what services are important to increase peoples' independence, helping them to live in their own homes for longer.

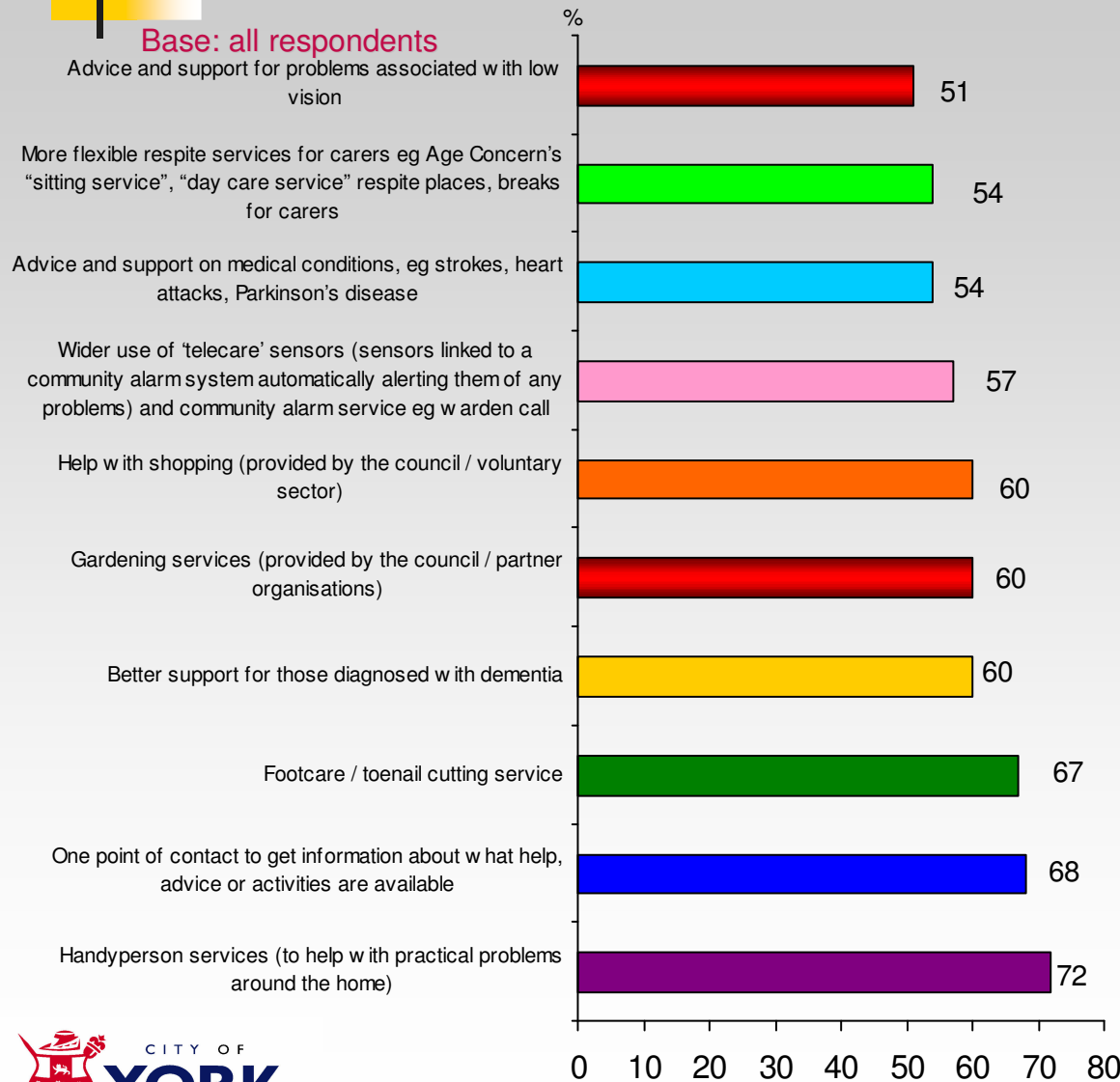
• Overall, over seven out of ten think that having adaptations fitted in their own homes (73%), help with the practicalities of running a home (70%) and help with personal care (70%) are the three most important things to help achieve independence. Help for carers to support them in their role is also considered important (60%).

• Respondents who currently care for someone for less than 35 hours a week are significantly more likely to agree that older people should have help with personal care (87%) and help with the practicalities of running a home (83%) than respondents overall. Those caring for someone (for less and more than 35 hours) are more likely to support help for carers (79% and 78% respectively) than respondents who don't currently care for someone.

Services which should be more widely available for older people to live independently (1)



Base: all respondents



• Respondents were asked what services should be more widely available to help people live independently.

• Over three quarters of respondents think that handyperson services (72%), one point of contact to get information about what help / advice / activities are available (68%), a footcare / toenail cutting service (67%) are the most important to make more widely available.

• Six out of ten respondents also think better support for those diagnosed with dementia is needed (60%), as well as gardening services (60%) and help with shopping (60%).

• The wider user of telecare sensors (57%), advice and support on medical conditions (54%), more flexible respite services for carers (54%) and advice and support for problems associated with low vision (51%) are also considered important by over half of respondents.

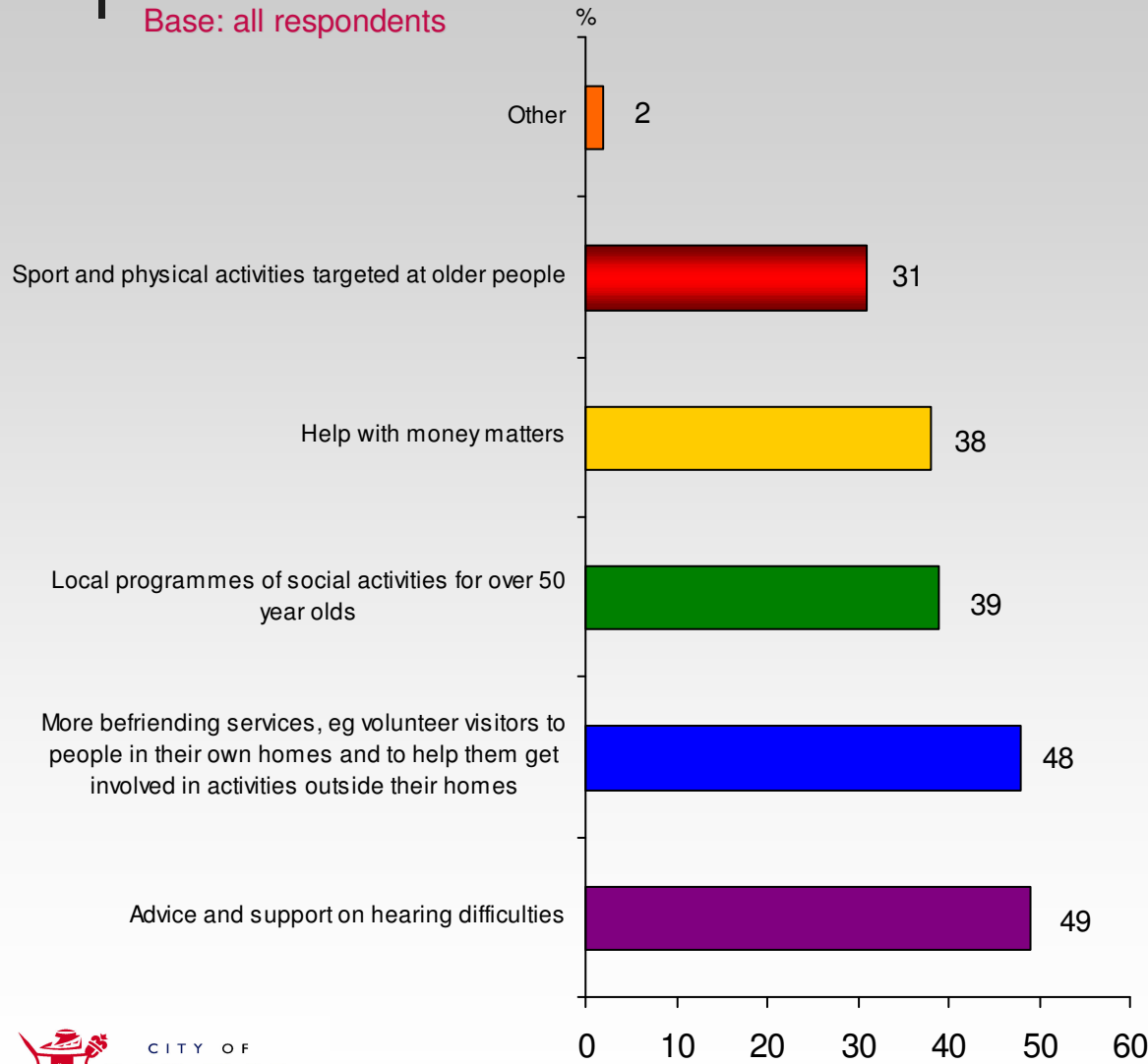
• Handyperson services are particularly welcomed by 50-59 year olds (81%), 60-69 year olds and respondents living in Area E of the city. This area covers Bishopthorpe, Wheldrake, Fishergate, Fulford and Heslington wards.

• Having one point of contact for advice would be particularly welcomed by respondents providing care for someone for less than 35 hours a week (81%) and 50-59 year olds (79%).

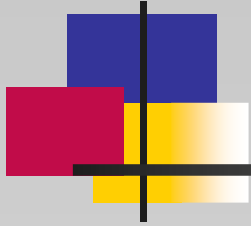
Services which should be more widely available for older people to live independently (2)



Base: all respondents



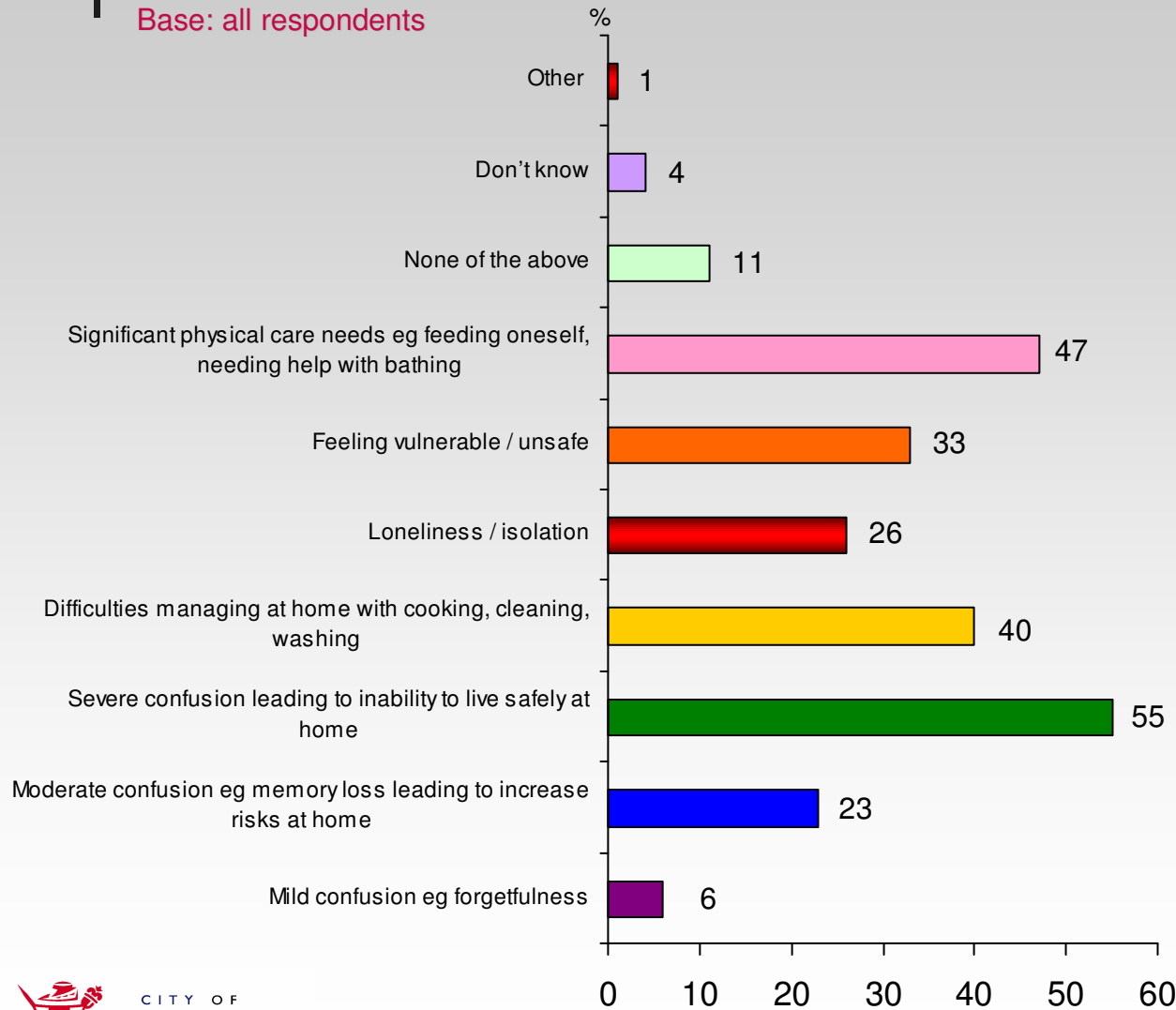
• Other services respondents would like to see more widely available include advice and support on hearing difficulties (49%) and more befriending services (48%).



5.0 Residential care

Circumstances that would trigger respondents to move into residential care

Base: all respondents

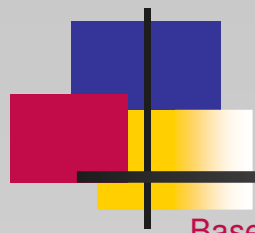


• When asked what did or would prompt respondents to move into residential care, around half cited severe confusion leading to an inability to live safely at home (55%) and having significant physical care needs, such as feeding oneself (47%).

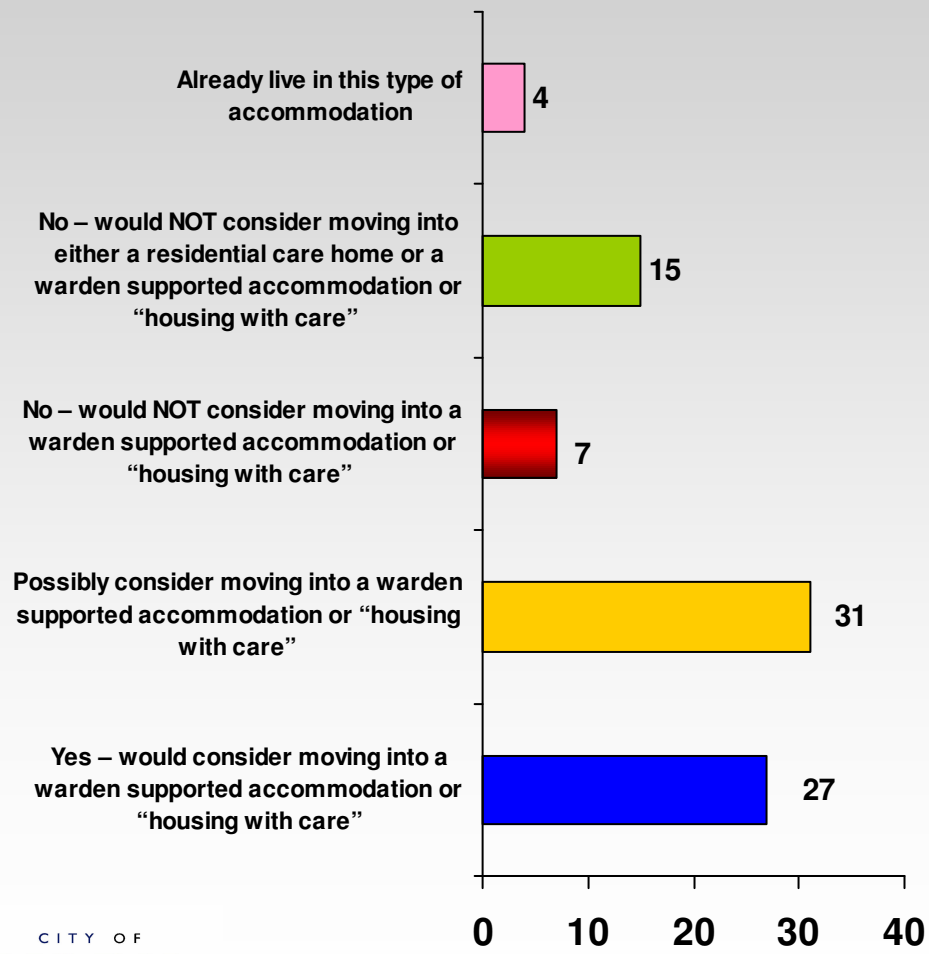
• However, all different stages of need were chosen to varying degrees, suggesting a move into residential care is specific to the "individual".

• Respondents significantly more likely to cite severe confusion as the trigger to moving into residential care include those aged 50-59 years (70%), 60-69 year olds (67%), and respondents who do not currently use any care services for older people (68%).

Housing with care v. residential care home



Base: all respondents %



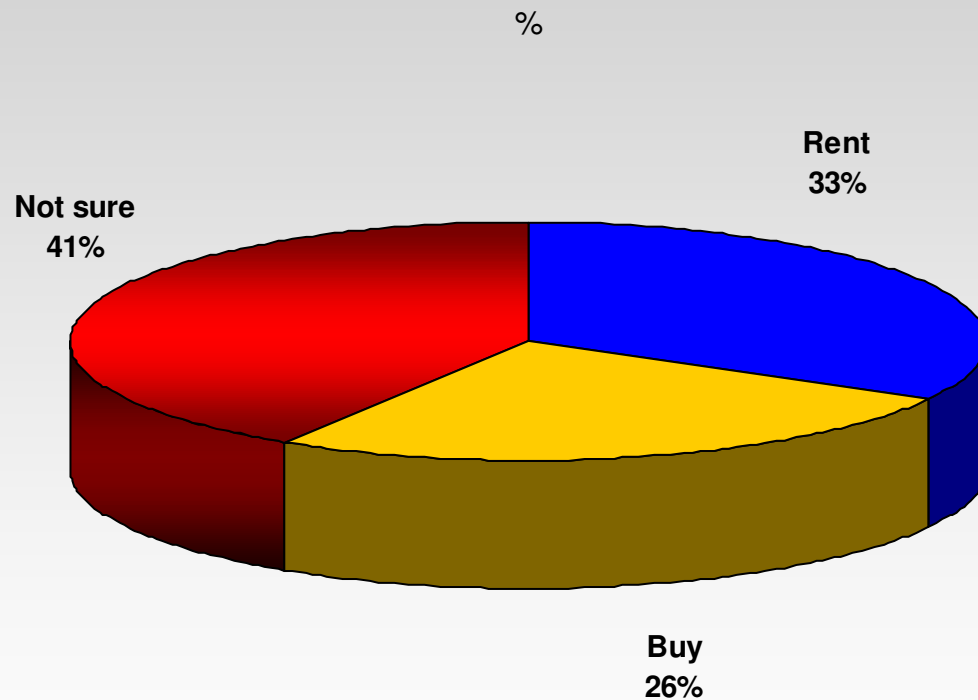
• Housing with care is purpose built housing which provides easier access to care services. Respondents were asked whether or not in the next ten years they would consider moving into housing with care as opposed to a residential care home.

• Overall, three fifths would consider moving into housing with care: 27% would consider it and 31% would possibly consider it.

• Only 7% would not consider moving into housing with care and a further 15% would not consider either option.

Preference for renting or buying housing with care

Base: respondents interested in moving into housing with care

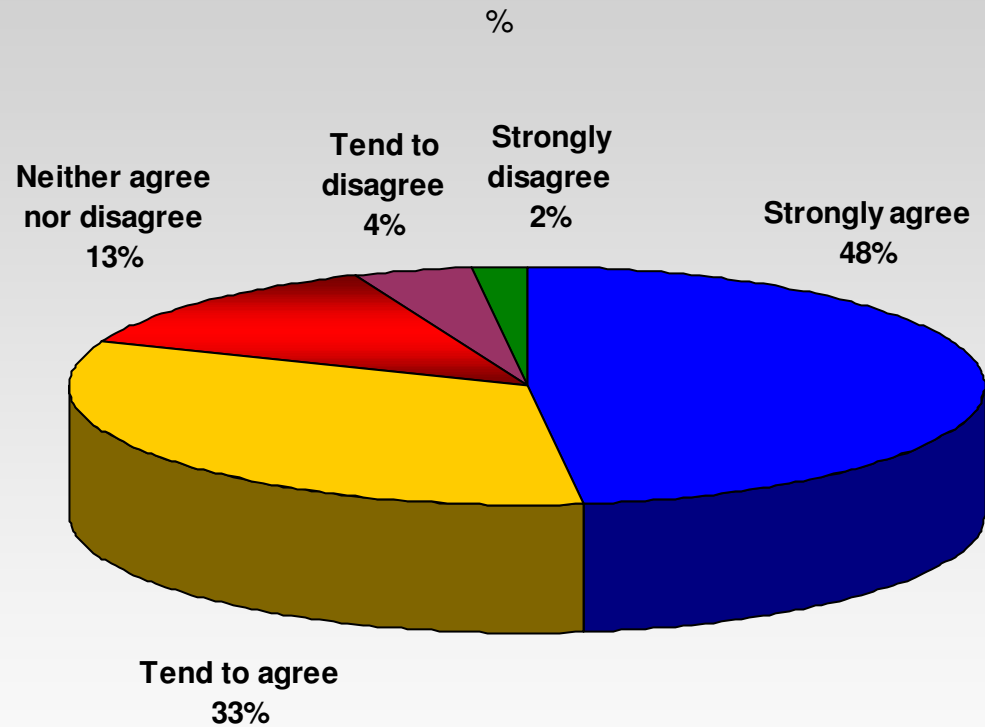


• A third of respondents who would consider moving into housing with care would prefer to rent the accommodation, whereas a quarter would prefer to buy. Around two fifths (41%) were unsure whether they would prefer to rent or buy.

• Analysis by sub-group reveals that 60-69 year olds are significantly more likely to want to buy the accommodation (37%) than respondents overall.

Residential homes – general care or care for people with specialist needs

Base: all respondents



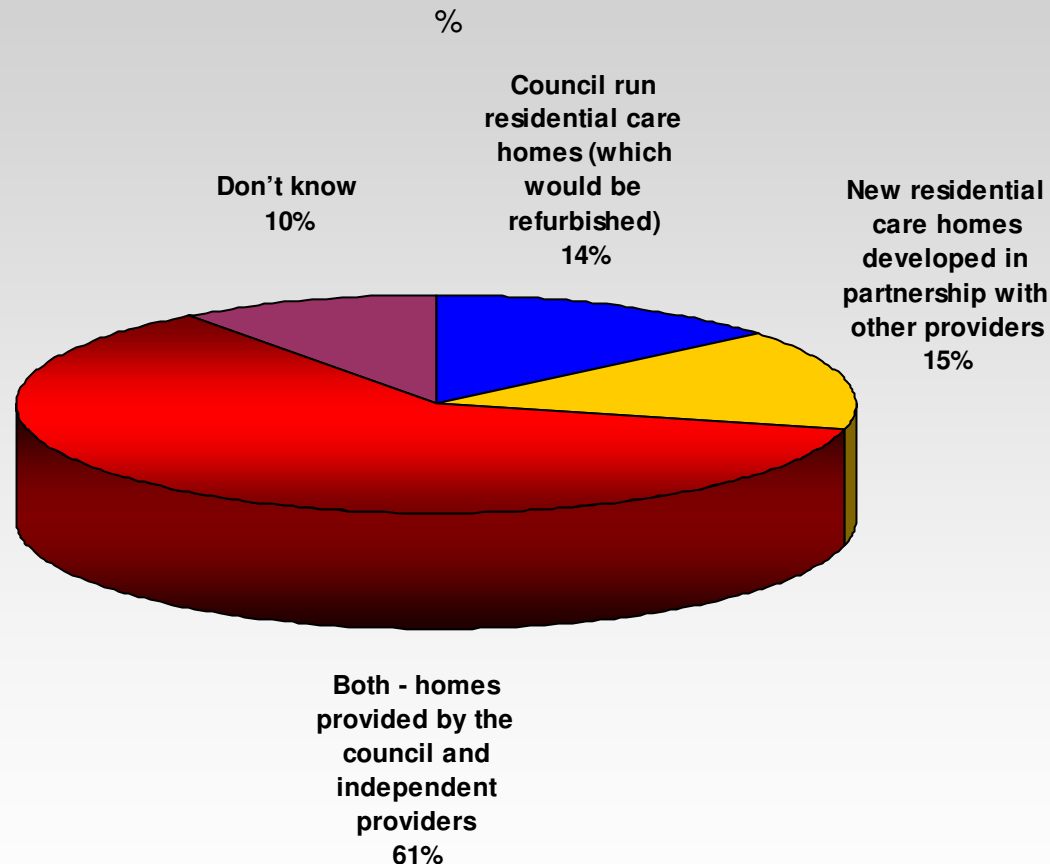
•Research with older people suggests that in the next 15 years fewer people will want to live in residential care homes, but that those who do will have more specialist care needs. One option would be to provide high level specialist care in residential care homes rather than providing general care for older people with different care levels.

• Overall, four fifths of respondents agree that residential homes should focus on providing specialist care for people with high dependency or dementia; 48% strongly agree and 33% tend to agree. Six per cent disagree with this option.

•Analysis by sub-group reveals no significant differences.

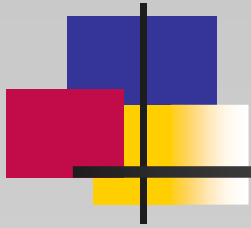
Preference for providing specialist care in council or independent residential homes

Base: respondents who would like to see residential homes focus on providing specialist care



• Overall, three fifths of respondents in favour of specialist care would like to see it offered in both council-run and independently run residential homes (61%). Around one in six support this approach in existing council run homes (14%) and a similar proportion in new residential care homes developed in partnership with other providers (15%). A tenth remain undecided.

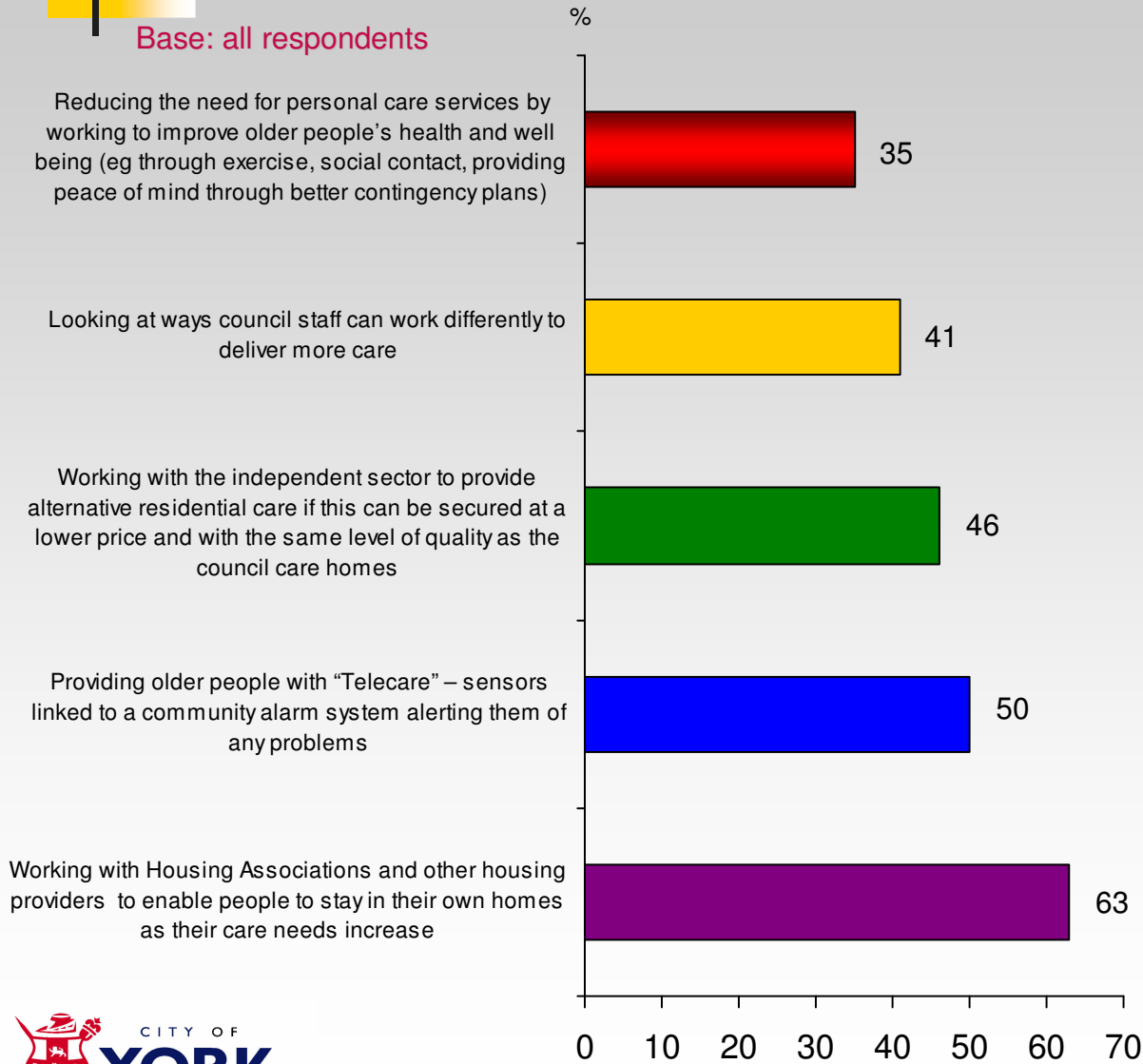
• Analysis by sub-group reveals no significant differences.



6.0 Using our resources more effectively to meet the growing number of older people

The most important issues for the council to consider (1)

Base: all respondents



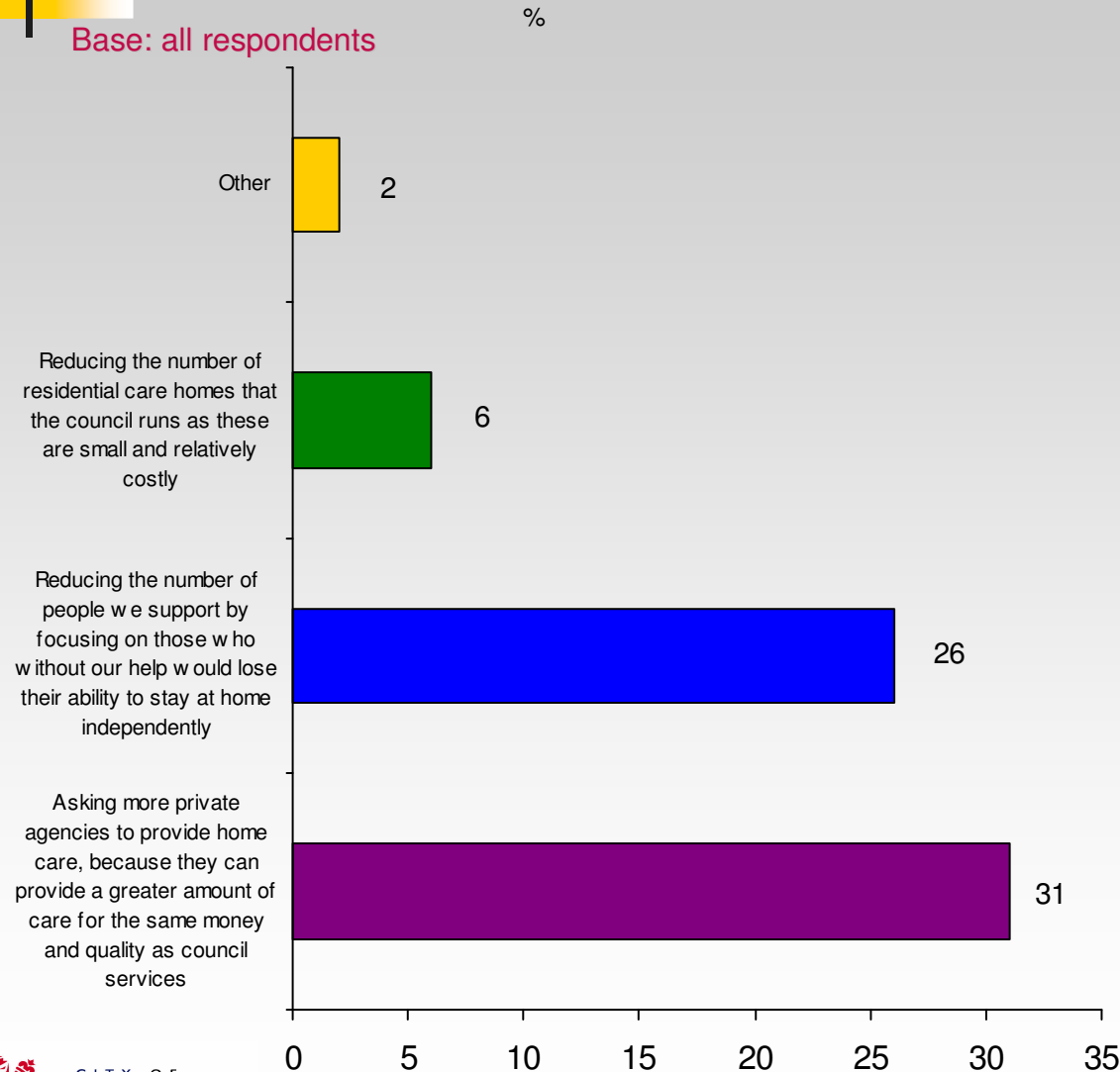
• With the need to use resources differently and meet the care needs of a growing number of older people in York, respondents were asked what is most important for the council to consider.

• Over half of respondents think that working with Housing Associations and other housing providers to enable people to stay in their own homes as their care needs increase (63%) and providing people with Telecare sensors (50%) are the most important issues for the council to address.

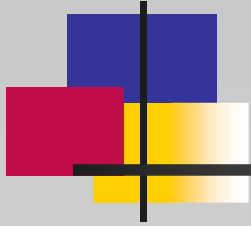
• Other important issues include working with the independent sector to provide alternative residential care if this can be secured at a lower price but the same level of quality as council run care homes (46%) as well as looking at ways council staff can work differently to deliver more care (41%). A third of respondents think that reducing the need for care services by working to improve older people's health and well being is important (35%) given the resources issue and growing elderly population.

Other issues for the council to consider (2)

Base: all respondents



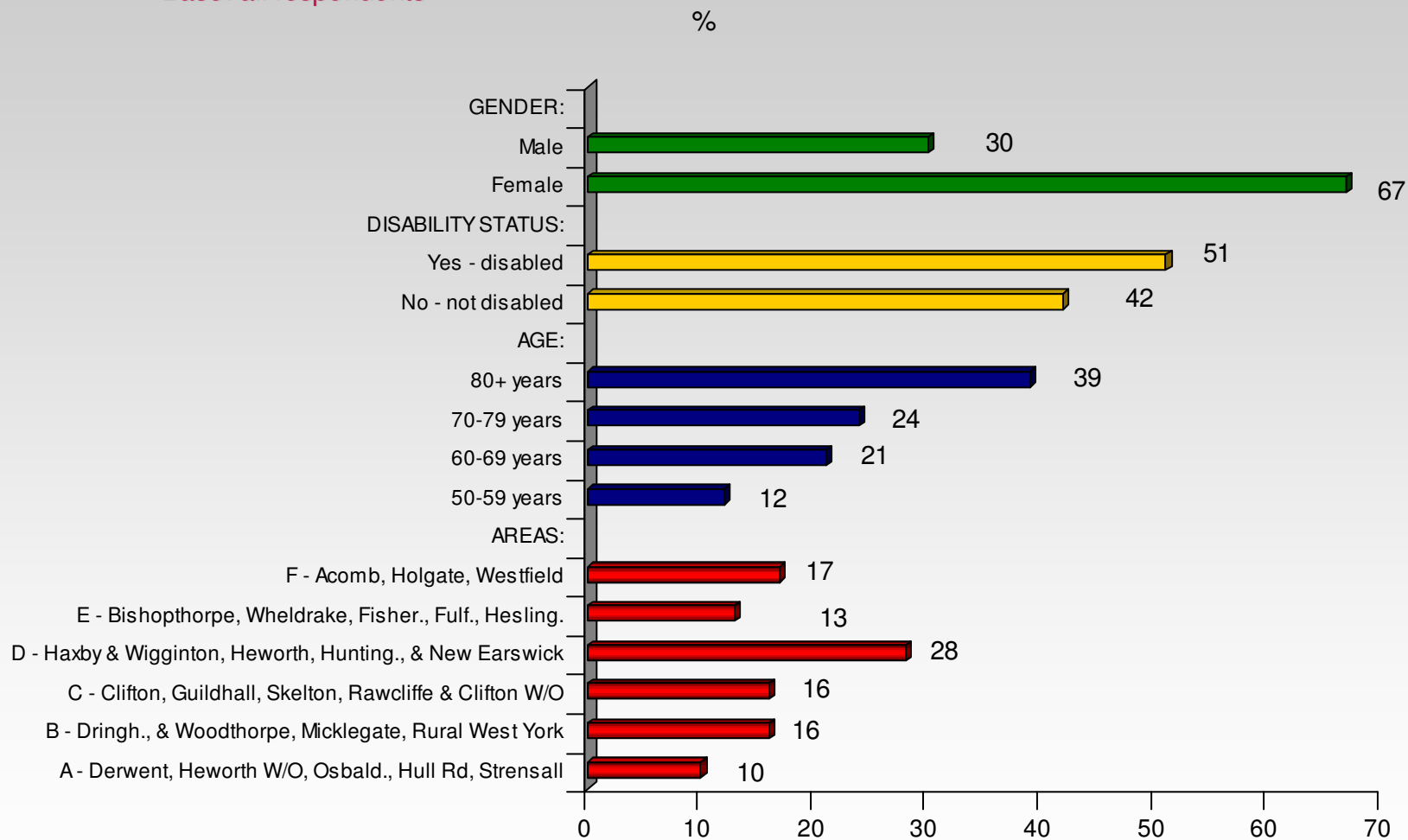
• Other, but less important issues, for the council to consider include asking more private agencies to provide home care (31%), followed by reducing the number of people the council supports by focusing on those who would lose their ability to live independently (26%). Only six per cent think the council should reduce the number of residential care homes it runs.



7.0 Survey profile

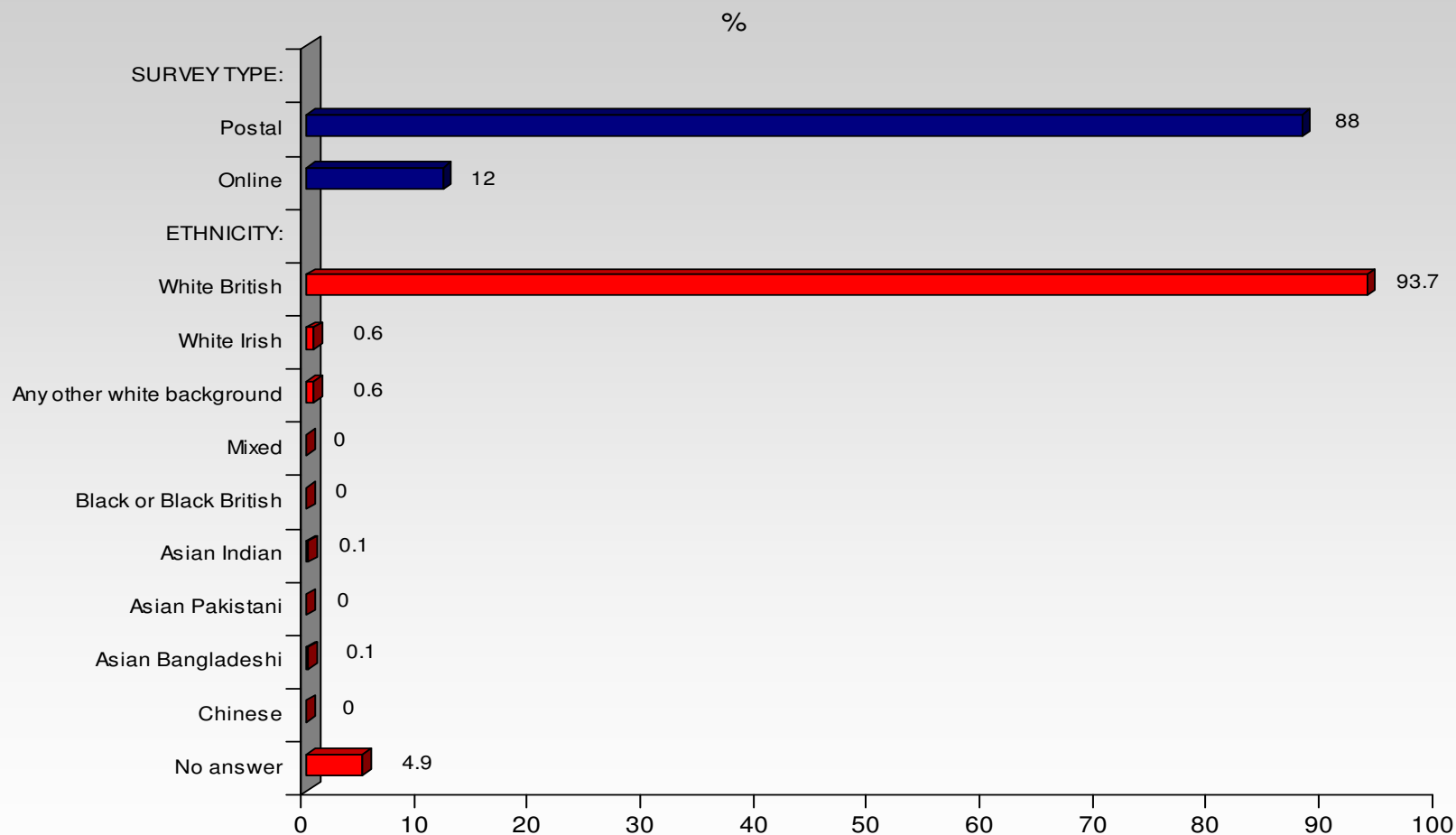
Survey respondents (1)

Base: all respondents



Survey respondents (2)

Base: all respondents



Annex 2



Future challenges facing older people's care – background information provided for the focus groups.

Growing older brings opportunities and challenges, and we need to ensure that residents can access services that meet their needs and aspirations.

We know that - nationally and locally - the proportion of the population aged over 65 will increase dramatically during the next 15 years. Older people are living longer and staying active for longer. With an even greater increase in the number of older people aged 85 years and above, we can expect that more people will need care and support as they become frail. However, funding for care services is unlikely to increase at the same rate.

People's aspirations about the way they want to receive help are already changing; future services need to be flexible and responsive to individual choice. Older people will expect to take more control and that services will support them to remain independent, healthy and active in their community. This, combined with the pressures that a growing population will put on the public purse, means that we must find the most efficient and effective ways to deliver care and support. Projections show that, if we continue to provide services in the way we do now, it could cost us an additional £10m a year to provide social care services in York.

We are asking small groups of people in York for their views and ideas on three key issues that will help to shape the way that services are provided to older people in the future, and the way we respond to the challenges of funding that care and support.

- o Should we be looking to increase the amount of funding available for older people's services in York?
- o Should we be exploring ways of reducing the need for formal care services, and supporting services that make this possible?
- o Should we be rethinking the council's role as a direct provider of services?

To receive services funded by the council, a person has to receive an assessment of their needs. This is currently done by a social worker or care manager following guidance set down by the government.

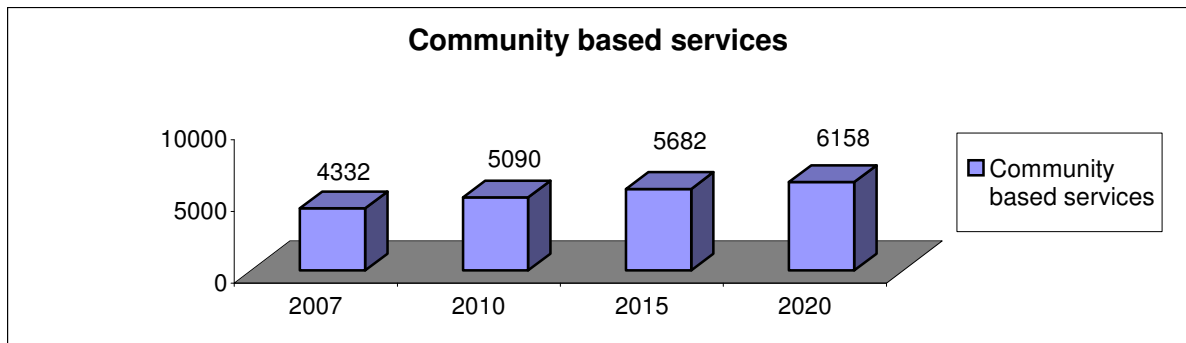
In York we have decided that we will provide services to people with needs classed as 'moderate' or above (as defined by the government). If someone is eligible, we carry out a further assessment to see if they can afford to pay for or contribute towards the cost of the services that they need, which could include equipment; help with personal care; day-time activities or care; residential care; nursing care; or respite care. It is possible for an older person to receive money to arrange their own care and support in the form of a 'direct payment', although not many people use this option yet. We also provide funding to voluntary sector services that offer help and support to people who may not meet the 'eligibility criteria'.

The table below sets out the projected increase in the number of over 65s in York (the figures come from the National Statistics Office):

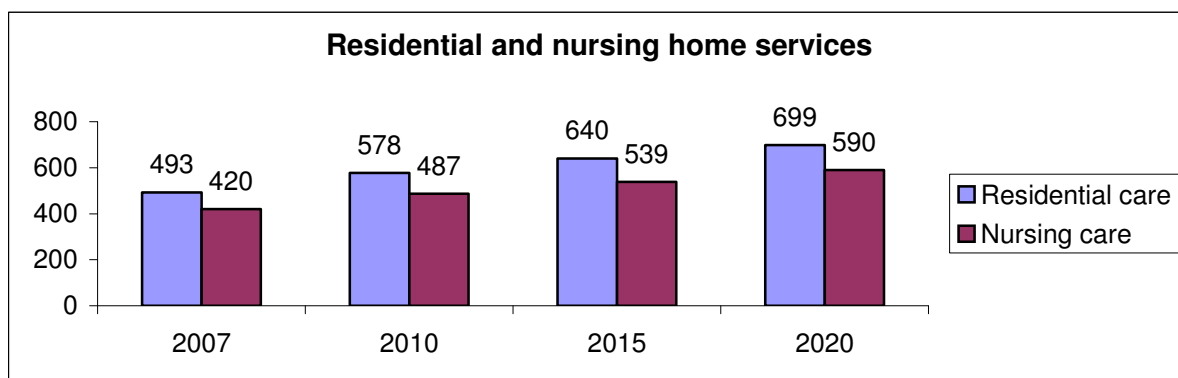
AGE GROUP	2007	2010	2015	2020
65-69	8300	8800	11200	10100
70-74	7600	7900	8300	10500
75-79	6500	6600	7100	7500
80-84	5000	5100	5400	5900
85+	4300	4700	5300	6000
Totals	31,700	33,100	37,100	40,000

The following graphs use information about the level of service provided in 2005-06 to show how the projected increase in the number of over 65s will lead to increased demand for services.

a) Projected increase in demand for community-based services



b) Projected increase in demand for residential and nursing home care

**Community-based care costs**

The independent sector currently provides long-term care to all but those with specialist needs, such as dementia or a very high level of physical care needs. The council provides care to those with specialist needs; to everyone for an initial period of up to six weeks, with the aim of increasing independence; and to those with very low care needs who still need regular support. Council services cost, on average, £4 more than the hourly rate paid to the independent sector.

Residential care costs

Although many councils do not manage residential care homes, City of York Council manages nine that provide around 30 beds each. Two of these homes have been adapted to provide specialist care for older people with mental health needs. The weekly cost per bed in the council-run homes ranges from £350 to £559 a week (the cost is higher in specialist homes). Fees paid to the independent sector range from £350 or £360 for residential home beds (with the higher fee paid for dementia care) to £470 or 480 for nursing home beds.

If we were to develop more homes to provide specialist care, either for people with dementia; mental health needs; or for people with a high level of physical care needs, we would probably need to make structural changes to buildings. This could cost between £350,000 and £750,000 per home. Staffing costs would also increase by an estimated £100,000 per home per year.

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Annex 3 Focus Group Report - SUMMARY & CONCLUSIONS

Current provision of care

- Whilst many feel that older people are not a priority for the Council (or for the Government) services for older people which are provided by the Council are generally viewed as being of good quality and are trusted. Participants in this research felt that the Council are accountable and visible to a wider range of bodies than private providers, and furthermore that older people themselves feel more secure and satisfied with Council provision; that someone is overseeing their care, and that their care will be sustained.
- In relation to home care, care staff regret the move away from the old home care teams, and respondents across all groups were critical of the number of different carers who may call on an old person in any given week, too pressed for time to deliver the quality of service they would like to deliver, or to develop the much needed relationship with the older person.
- Ideas for additional support to improve customer independence included:
 - More resources for specialist teams, such as the specialist mental health team, and the high dependency team
 - More respite care, particularly for the carer
 - More consistency of home care staff, enabling more time to be spent / relationships to be developed
 - Doing more to identify the vulnerable older people in society
 - More individualised care packages
 - Better monitoring of customers to ensure they are receiving the right kind of care / are satisfied with their care
 - Etc. (See Section 3.1 for a comprehensive list).
- However, the overarching theme emerging in the research was the need to **treat the whole person**; physically, emotionally and psychologically. Many links were drawn between an older person's sense of isolation, loneliness and helplessness and a related physical regression and escalation of care needs. Hence the importance of identifying vulnerable old people in society, and providing real social contact and real relationships.

'An older person might ring the Council and say they need a cleaner. But basically that isn't what they need. It's winter, they've holed themselves into the one room, they're desperate and think 'if it was just tidy I would feel better.' So they ring the Council and get knocked back straight away cos there's no cleaning ... and you'll go out and .. they don't need a cleaner really. They need someone to befriend them, to sort out their mail, sort out their debts, they need to be seen and listened to.'

Personalisation

- Respondents were presented with the concept of 'personalisation' – where the customer is assessed and then asked how they want to spend their money based on their individual care needs.
- All groups had mixed responses to this idea, recognising potential benefits, but also highlighting a wide range of both practical and ethical factors which would

need to be considered. Most felt that they would like to know more, and to be reassured that individual assessments and ongoing monitoring would be sufficiently effective to ensure that:

- Vulnerable people would not be open to abuse from unscrupulous family members or neighbours
- That only those with the capability to make sensible choices about their care would be empowered to do so
- That the older person, and possibly their carer(s), would be properly supported in making choices and accessing services, rather than being left to become stressed and possibly overwhelmed by the process of employing staff etc.
- That money would not be wasted on expensive holidays, depriving others of essential care services
- That older people might not spend the money in their best interest, and would then be left without essential care.

Council provision versus independent provision of residential homes

- Respondents were asked whether they felt it mattered who provided residential homes for older people.
- Responses were mixed, although some initially felt that Council provision was better, seeing the Council as more accountable, trustworthy and secure.
- After some discussion, however, most agreed that it did not matter greatly who provided the home provided it was properly management and monitored.
- Some emphasised the fact that, at present, Council run homes are more geared towards high-dependency and specialist needs than private homes, and that this should be considered.
- Also highlighted was the perceived difficulty of independent homes in recruiting and retaining appropriately qualified staff.

The meaning and measurement of quality care

- When asked the meaning of quality care key responses included:
 - Taking enough time / building a real relationship with the older person
 - Providing choice (e.g. of meal, timing of appointments, bedtimes, bath or shower)
 - Continuity and consistency of staff
 - Individualised service and individual attention
 - Reliable, quality provision of basic services (cleaning, feeding, toilet, medical needs)
- When asked how quality of care should be measured all agreed that the primary tool for evaluation should be feedback from the older person themselves, rather than by externally agreed assessments decided upon by the agency or the Council.

Improving partnership working

- Representatives of the voluntary sector generally felt that they would like to be a more recognised and integral part of the care system, and for their skills and knowledge to be properly valued.

Housing with care

- Once the concept was explained everyone understood what 'Housing with Care' meant and responses were very positive across all groups. Many saw it as enabling older people to retain some independence (and hence avoid regressing / becoming unnecessarily dependent) whilst at the same time providing an opportunity for essential social contact, and to have someone available to attend to any problems which might escalate if not dealt with (necessitating a higher level of care).

'Loneliness can be about the worst thing. It drives them down and down.'

- All felt that this kind of service would grow, and should grow.

Using existing council homes to provide 'Housing with Care' & specialist care

- Most did not see this as a solution, believing that demand for residential homes was already very high. They felt that more homes were needed – including homes providing specialist care.

Stopping provision of council residential homes to fund specialist care or 'housing with care'

- This proposal was met with dismay or disbelief by most participants. Most felt that there was a basic flaw in the idea that low-level care could be developed in place of higher-level care.

'No way!' 'We don't think the Council should be doing this.'

'With these great demographic increases, how can they justify shutting them?'

- They believed that, even if the Council was successful in their strategy to help older people remain independent for longer, they would eventually require residential care, and possibly at a higher level of need.

'You can't substitute one for the other.'

Timescale for stopping provision of residential care in the Council's homes

- All respondents felt that, if provision of residential care in the Council's homes was going to be stopped, then it had to be phased. This was seen as being better for staff and for customers, allowing time for the private sector to make the necessary expansion to meet the additional demand.

Staff morale

- Care staff suggested that morale was already low following substantial changes, with the loss of good members of staff from the profession. Suggestions for reassuring staff that they are needed and valued were not proposed.

Finding additional funding

- All groups were strongly in agreement that the Council should be working to secure additional funding for older people's care, and most were supportive of all of the three means suggested of obtaining it:
 - Central Government
 - Council Tax
 - Redirecting Council funding from other services

Considering the options

- Finally, respondents were asked to consider which of three options they would prefer the Council to take in order to shape future services for older people bearing in mind the challenges faced in funding that care and support. Respondents were asked whether the council should be:

1. *Looking to increase the amount of funding available for older people's services in York?*

- Respondents in all four groups voted unanimously for this option, particularly in light of the fact that they consider older people are not generally made a high priority, and the significant increases forecast for the older population.

2. Exploring ways of reducing the demand for formal care services, and supporting low level services or personalised services that would make this possible?

- Many felt caught by this question, as it combined the idea of supporting low level services (which all greatly endorsed, particularly as a way of developing more holistic and person-centred care) with reducing formal care services (which most did not endorse). Respondents believed that however successful the low level interventions there would always come a time when a person required a much higher level care.

'No, that's a trick question. We don't want one at the expense of the other.'

'Certainly not instead of formal care! For goodness sake!'

3. Rethinking its role as a direct provider of residential and home care services and encouraging more care to be provided through the independent sector?

- Most (though not all) initially disagreed with this as an option, believing that Council-run services were preferable over independent provision for a variety of reasons. These included perceptions of the Council's relative

(perceived) accountability, security, obligation to provide care and lack of profit motive.

- However, many arrived at the view there was no reason why the private sector could not provide equally good care if properly regulated and monitored.
- The final consensus was that private provision should be balanced by Council provision, and it was noted that the proportion of Council versus independent homes was likely to fall anyway as a result of increased demand which most felt would be met by the private sector.

'We need a healthy mixture.'

Nick McNamara
Physis Research & Consulting
May 2008

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**Meeting of the Executive Members for
Housing and Adult Social Services and
Advisory Panel**

2nd June 2008

Report of the Director of Housing and Adult Social Services

**Housing and Adults Social Services Capital Programme – Outturn
Report 2007/08**

Summary

1. This report presents the out turn position of the 2007/08 Housing and Adult Social Services Capital Programmes and the resources available to support them.

Background

2. During the year the Executive Member has received reviews of the Capital Programme at first and second monitor, highlighting any major changes in the agreed programme or the resources available to fund it.
3. Officers have reviewed the progress of investment projects during the final 4 months of 2007/08 and the resources needed to fund them. Minor variations have been agreed under officers delegated authority and slippage into 2008/09 identified. Detailed schedules are attached as Annex 1 and 2.
4. The value of the approved Housing Capital Programme is £9,453k with £4,712k funded through the MRA. There is a total of £165k slippage on the capital funded element of the programme into 2008/09 and an overspend of £468k, there is an underspend of £222k on the MRA funded element. These are set out in Tables 1 to 6 in paragraphs 8 to 24 for the Executive Member's approval and information.
5. The value of the approved Social Services Capital Programme is £646k of which £311k is grant funded. There is a total of £77k slippage of which £51k will be grant funded and a net overspend of £2k. This is set out in table 7 paragraphs 25 to 28.

Consultation

6. There is no consultation required to complete this report.

Options

7. There are no options included in this report.

Analysis - Housing

8. **Table 1 – Modernisation of Local Authority Homes (Capital Scheme)**

Scheme	Approved Budget 2007/08 £'000	Revised Costs 2007/08 £'000	(Under)/Over spend 2007/08 £'000	Slippage into 2008/09 £'000
Scooter Stores at sheltered schemes	108	40	(48)	20

9. The above project is drawing to a close and has resulted in an underspend of £48k over the number of years it has run. The final scooter store is programmed to be fitted at Lincoln Court during 2008/9 following the re-designation of difficult to let ground floor bed-sit. The freeing up of this space has resulted in reduced construction costs therefore slippage of £20k is requested to complete this work.
10. There have been minor variations within officers delegation on various schemes resulting in a combined underspend of £27k. This is made up of overspends of £1k on both Communal Entrance Security Doors and the Sheds & Garages projects and underspends of £7k on Burglar Alarms, £16k on Window Replacement and £6k on Asbestos.

11. **Table 2 – Repairs to Local Authority Properties**

Scheme	Approved Budget 2007/08 £'000	Revised Costs 2007/08 £'000	(Under)/Over spend 2007/08 £'000	Slippage into 2008/09 £'000
Structural Works	50	0	(50)	
Installation and Replacement of Heating Systems	2079	2662	583	
Non-Trads Feasibility	15	0	0	15

12. There have been no major structural works schemes undertaken in 2007/08 and hence no call upon this budget was required leaving a £50k underspend. Pressures on the Heating Programme were also reported at first and second monitor, there has been a dramatic increase in numbers of boilers requiring immediate replacement due to recommendations arising from the annual services over and above officers initial projections. This has resulted in the number of boilers being replaced increasing from a projected 444 to 752. This is work the Authority was planning to undertake over the coming years and was budgeted for within the HRA Business Plan. It is therefore an acceleration of the approved programme and not additional to the programme, this acceleration of the programme will result in a pro-rata reduction over the next 3 years as indicated in table 3 below. The Non-Trads Feasibility works was due to be carried out towards the end of the financial year. This work was not carried out due to staff shortages and shall be carried out in the summer of 2008 resulting in the slippage into 2008/9.

13. **Table 3 – Reduction in future years of Installation and Replacement of Heating Systems Budget.**

	2008/09 £'000	2009/10 £'000	2010/11 £'000
Approved Budget	1,526	1,575	1,622
Revised Budget	1,406	1,344	1,390

14. There have been minor variations within officers delegation on various schemes resulting in an overspend of £3k. This is made up of overspends of £10k on Communal Access Flooring, and £2k on Internal Communal Security Lighting with underspends of £6k on Re-roofing Works and £3k on Stairlifts.
15. **Assistance to Older & Disabled People**, There have been minor variations within officers delegation on various schemes resulting in an overspend of £13k. This is made up of overspends of £7K on Council Adaptations and £7k on Discus Bungalows and a £1k underspend on Capitalised Salaries.

16. **Table 4 – Housing Grants & Associated Investment**

Scheme	Approved Budget 2007/08 £'000	Revised Costs 2007/08 £'000	(Under)/Overspend 2007/08 £'000
York Repair Grant	487	578	91
Landlords Housing Grant	80	20	(60)

17. The over spend on the York Repair Grant is due to increase demand by vulnerable customers . The underspend on the Landlords Housing Grant is due to lack of uptake. Both these budgets were wholly funded by the Regional Housing allocation, which was fully spent in 2007/2008.

18. There have also been minor variations within officers delegation on various schemes resulting in an underspend of £27k. This is made up of a £4k overspend on Mandatory DFG's and underspends of £2k on Decent Homes Grants, £6k on Energy Efficiency Grants and £23k on Security Grants.

19. **Table 5 – Miscellaneous**

Scheme	Approved Budget 2007/08 £'000	Revised Costs 2007/08 £'000	(Under)/Over spend 2007/08 £'000	Slippage into 2008/09 £'000
Homeless Hostel	287	147	(10)	130

20. There is slippage on the Homeless Hostel scheme predominantly regarding the planned replacement of significant parts of the heating system, which will be carried out in the summer months to ensure there is no disruption to service and customers.
21. There is also an overspend of £1k on the travellers project and an underspend of £1k on the Bungalow Buy Back

22. **Table 6 – Modernisation of Local Authority Homes (MRA)**

Scheme	Approved Budget 2007/08 £'000	Revised Costs 2007/08 £'000	(Under)/Overspend 2007/08 £'000
Miscellaneous Backfills	1,122	1,375	253
Tang Hall Tenants Choice	2,211	2,026	(185)
Clifton/Delwood	209	(19)	(228)

23. The overspend in the Miscellaneous Backfills was due to an increase in properties modernised, 19 properties in Foxwood that could not be undertaken in the 2006/07 programme due to delays of United Utilities in connecting to the gas network resulted in their reprogramming into 2008/09. The Tang Hall Tenants Choice underspend is due to a slight reduction in the average unit cost per property.
24. At the end of the 2006/07 financial year the reserves made for the Clifton project were too large and as a result the budget available for the works within 2008/09 was more than was required. The project has now been completed and this has resulted in an amount of £228k underspend on the budget.
25. There have also been minor variations within officers delegation on various schemes resulting in an underspend of £62k. This is made up of an overspend of £8k on Nether Poppleton and underspends of £15k on Capitalised Salaries, £48k on Walmgate and £7k on Kitchens.

Analysis – Adult Social Services

26. 25. Officers have reviewed the progress of investment projects during the final 4 months of 2007/08 and the resources needed to fund them. Minor variations have been agreed under officers delegated authority and slippage into 2008/09 identified. A detailed schedule is attached as Annex 2.

27. Table 7 – Social Services

Scheme	Approved Budget 2007/08 £'000	Revised Costs 2007/08 £'000	(Under)/Over spend 2007/08 £'000	Slippage into 2008/09 £'000
Information Management Improvements Project	91	40	0	51
22 The Avenue Improvements Project	94	68	0	26

28. There are overspends of £5k on the Community Equipment Loan Service – Purchase of Equipment – project and £2k on the Disability Support Programme. There is a £5k underspend on the Modernisation to Windsor House project.
29. There are 2 elements of slippage into 2008/09, £51k from the Information Management Improvements project due to delays in implementation of IT projects and £26k on the 22 The Avenue Improvements Project.

Corporate Priorities

30. *The completion of the Capital Programme contributes to 2 of the Councils Corporate Priorities, namely 'Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are poorest' and 'Improve the quality and availability of decent, affordable homes in the city'*

Implications

Financial - Housing

31. The final outturn position of the Housing Capital Programme is £9,534k compared to the approved programme of £9,453. The variation of £81k is due to slippage of £165k and a net overspend of £246k.
32. The number of homes sold under Right to Buy was 28. The average valuation was £122k and the average sales price after discount was £98k. The useable capital receipt totalled £708k. Although the number of sales was fewer than budgeted, the increase in the average value ensured the level of capital

receipts received was maintained. However, the number of Right To Buy sales and applications are continuing to fall. Any reduction in the level of receipts received will result in the need to either reduce the overall capital programme or increase the contribution to the capital programme from revenue.

Financial – Adult Social Services

- 33. The final outturn position on the Social Services Capital Programme is £571k gross compared to the approved programme of £646k gross. The variation of £75k is due to slippage of £77k and an overall overspend of £2k.

Other implications

- 34. There are no HR, Equality, Legal, Crime and Disorder, IT or Property implications

Risk Management

- 35. This report follows due process and presents the current out turn position and does not request decisions from a number of options hence does not contain risk.

Recommendations

- 36. The Executive Member is requested to
 - Note the outturn position of the Housing and Adult Social Services Capital Programme as set out in the report.
 - Refer the slippage of £165k on Housing and £77k on Social Services to the Executive for approval
 - Reason: to inform the Executive Member on progress on the capital programme.

Contact Details

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Chief Officer Responsible for the report:
Steve Waddington
Head of Housing Services

Report Approved **Date** 19th May 2008

Specialist Implications Officer(s)

Debbie Mitchell
Head of HASS Finance
Ext: 4161

Wards Affected: *List wards or tick box to indicate all*

All *all*

For further information please contact the author of the report

Background Papers:

None

Annexes:

Annex 1. Housing Capital Scheme Details

Annex 2. Adult Social Services Capital Scheme Details.

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HOUSING CAPITAL PROGRAMME 2007/08 TO 2010/2011

CAPITAL SCHEME DETAILS													
	COST CENTRE	START YEAR	RO	TOTAL UNITS	IN YEAR UNITS	REVISED IN YEAR UNITS	TOTAL SCHEME COST £'000	TOTAL SPEND 2007/08 £'000	BAL OF ESTIMATE £'000	LATEST ESTIMATE 2007/2008 £'000	LATEST ESTIMATE 2008/2009 £'000	LATEST ESTIMATE 2009/2010 £'000	LATEST ESTIMATE 2010/2011 £'000
A MODERNISATION OF LOCAL AUTHORITY HOMES													
1 Safety and Security													
a)	F777	04/05	MH	154	37		184	61	-1	60	25	33	29
b)	F702	05/06	MH	3	3		123	40	48	88	20	0	0
c)	F704	05/06	MH	189	43		90	9	7	16	18	19	21
d)	F705	05/06	MH				94	6	16	22	0	0	0
e)	F786	04/05	MH	183	42		125	26	-1	25	23	27	33
f)	F735	06/07	MH				22	16	6	22	0	0	0
g)	F790	06/07	MH				19	5	0	5	0	0	0
h)	F706	08/09	MH				386	0	0	0	190	196	0
							1,043	163	75	238	276	275	83
B REPAIRS TO LOCAL AUTHORITY PROPERTIES													
3 Re-roofing Works													
	F771	RP	MH	596	149		2,252	186	6	192	651	550	404
4 Structural works													
	F701	07/08	MH	43	10		260	0	50	50	68	70	72
5 Installation and Replacement of Heating Systems													
	F772	RP	MH	1,947	444		7,164	2,662	-1,091	1,571	1,406	1,344	1,390
6 Insulation													
	F734	07/08	MH	248	62		111	26	0	26	28	28	29
7 Communal Access Flooring													
	F782	04/05	MH	825	250		418	72	-10	62	98	80	111
8 Internal Communal Security Lighting													
	F787	04/05	MH	828	250		402	74	-2	72	83	64	78
9 External Communal Areas													
	F727	06/07	MH				216	40	0	40	46	38	
10 Stairlifts													
	F716	07/08	MH	11	5		34	11	3	14	20	0	
11 Non trades feasibility													
	F739	07/08	MH	0			15	0	0	0	15	0	
12 Re-rendering													
	TBA	09/10	MH	110	50		480	0	0	0	0	214	
							11,352	3,071	-1,044	2,027	2,415	2,388	
C ASSISTANCE TO OLDER & DISABLED PEOPLE													
13 Adaptations for the Disabled													
Council Adaptions													
	F760	RP	RA			550	1,250	267	-7	260	250	250	
Discus Bungalows													
	F761	06/07	RA				47	17	-7	10	27	0	
14 Occupational Therapy Capitalised Salaries - Community Services													
	F736	RP	AT				369	70	1	71	73	75	77
							1,666	354	-13	341	350	325	327
D HOUSING GRANTS & ASSOCIATED INVESTMENT													
15 Grants													
a)	E702	RP	RA			110	3,140	617	-4	613	625	625	625
b)	E720	RP	RA			140	2,558	578	-91	487	474	502	530
c)	E713	RP	RA			4	310	20	60	80	70	70	70
d)	E707	04/05	RA			60	365	68	2	70	80	80	80
e)	E714	RP	RA				437	78	0	78	90	92	94
f)	E701	06/07	RA			150	637	104	6	110	120	140	160
g)	E712		RA			40	160	17	23	40	40	40	40
							7,607	1,482	-4	1,478	1,499	1,549	1,599
E MISCELLANEOUS													
16 Homeless Hostel													
	E730	04/05	TS				426	147	10	157	130	0	0
17 Travellers													
	E703	06/07	BW				402	198	-1	197	0	0	0
18 Contribution to Affordable Housing													
	E733	07/08	DJ				38	38	0	38	0	0	0
19 Bungalow Buy Back													
	F710	07/08	MG				38	99	1	100			0
							904	482	10	492	130	0	0
HOUSING CAPITAL PROGRAMME													
							22,572	5,552	-976	4,576	4,670	4,537	4,402

HOUSING CAPITAL PROGRAMME 2007/08 TO 2010/2011

	COST CENTRE	START YEAR	RO	TOTAL UNITS	IN YEAR UNITS	REVISED IN YEAR UNITS	TOTAL SCHEME COST £'000	TOTAL SPEND 2007/08 £'000	BAL OF ESTIMATE £'000	LATEST ESTIMATE 2007/2008 £'000	LATEST ESTIMATE 2008/2009 £'000	LATEST ESTIMATE 2009/2010 £'000	LATEST ESTIMATE 2010/2011 £'000
MAJOR REPAIRS ALLOWANCE SCHEMES													
A MODERNISATION OF LOCAL AUTHORITY HOMES													
1 Tenants Choice Modernisation													
a) Miscellaneous Backfills	F700	RP	MH	500	125		2,351	1,375	-253	1,122	381	355	337
b) Capitalised Salaries - Housing	F793	RP	MH				1,606	300	15	315	324	332	341
c) Tang Hall	F765	RP	MH	566	237		8,652	2,026	185	2,211	2,964	1,190	0
d) Foxwood	F720	06/07	MH				0	0	0	0			0
e) Horsman Avenue	TBA	08/09	MH	0	21		331	0	0	0	331	0	0
f) Clifton/Delwood	F732/F730	06/07	MH	82	8		876	-19	228	209	0	0	0
g) Askham Richard	TBA	08/09	MH	25			0	0	0	0	0	0	0
h) Nether Poppleton	F740	07/08	MH	20	20		126	134	-8	126	0	0	0
i) Miscellaneous	TBA	09/10	MH	51			551	0	0	0	0	551	0
j) Walmgate	F741	07/08	MH	21	21		190	142	48	190	0	0	0
k) Acomb	TBA	09/10	MH	57			613	0	0	0	0	0	613
l) Villages	TBA	09/10	MH	30			459	0	0	0	0	459	0
m) Clementhorpe	TBA	09/10	MH	43			475	0	0	0	0	475	0
n) Holgate	TBA	09/10	MH	22			248	0	0	0	0	248	0
o) City	TBA	10/11	MH	26			396	0	0	0	0	0	396
p) Lowfield	TBA	10/11	MH	135			1,889	0	0	0	0	222	1,667
q) Electrical Upgrades	F707	08/09	MH				194	0	0	0	62	65	
r) Rowntree Avenue	TBA	08/09	MH	0			778	0	0	0	0	0	
							19,735	3,958	215	4,173	4,062	3,897	
2 Other Modernisation													
a) Kitchens	F769	04/05	MH	20	5	0	132	24	7	31	17	17	
b) Installation and Replacement of Heating Systems	F772	RP	MH	753	231		508	0	508	508	0	0	
c) Windows Foxwood	F709	08/09	MH				204	0	0	0	204	0	
							844	24	515	539	221	17	
TOTAL MAJOR REPAIRS ALLOWANCE SCHEMES							20,579	3,982	730	4,712	4,283	3,914	4,217
GRAND TOTAL CAPITAL & MRA							43,151	9,534	-246	9,288	8,953	8,451	8,619
HOUSING ASSOCIATION SCHEMES													
1 Arclight Capital													
Arclight Capital	E732	05/06	DJ				0	1,675	-130	1,545	0	0	0
Arclight Income							0	-1,676	131	-1,545			
							0	-1	1	0	0	0	0
HRA							9,418	2,424	-136	2,288	2,033	2,016	1,768
MRA							25,260	5,245	-115	5,130	5,291	4,886	5,252
GFND							8,473	1,865	5	1,870	1,629	1,549	1,599
							43,151	9,534	-246	9,288	8,953	8,451	8,619

CAPITAL SCHEME DETAILS		COST CENTRE	START YEAR	RESP. OFFICER	REVISED IN YEAR UNITS	TOTAL SCHEME COST £'000	TOTAL SPEND 2007/08 £'000	BALANCE OF ESTIMATE	2007/08 £'000	2008/09 £'000	2009/10 £'000	2010/11 £'000
1	Community Equipment Loan Service (committed)	W746										
a)	Purchase of Equipment		RP	SL	35	355	95	-5	90	90	90	90
b)	Capitalised Salaries					60	15	0	15	15	15	15
	Total cost of scheme					415	110	-5	105	105	105	105
2	Modernising EPH's to meet national standards (committed)	W751										
a)	Oliver House		04/05	TS	1	20	0	0	0	0	0	0
b)	Windsor House		04/05	TS	1	305	2	5	7	0	0	0
c)	Capitalised Salaries					0	0	0	0	0	0	0
	Less resources					-100	0	0	0	0	0	0
	Total cost of scheme					225	2	5	7	0	0	0
3	Morrell House (committed)	W762										
a)	Snagging and Repairs		04/05	TS	1	60	20	0	20	0	0	0
	Total cost of scheme					60	20	0	20	0	0	0
4	Relocation of Hebden Rise Day Centre	W756										
a)	Building Contract		04/05	TS	1	7	9	0	9	0	0	0
b)	Fixtures and Fittings and Misc		04/05	TS	1	0	0	0	0	0	0	0
	Total cost of scheme					7	9	0	9	0	0	0
5	Information Management Improvements (committed)	W760										
a)	Personal Computers		05/06	PW	150	198	40	0	40	51	0	0
	Less Resources (Capital Grant)					-198	-40	0	-40	-51	0	0
	Total cost of scheme					0	0	0	0	0	0	0
6 a)	Disability Support Programme	W761	RP	RA	130	401	102	-2	100	100	100	100
	Total cost of scheme					401	102	-2	100	100	100	100
7	DOH Grant Improving the Care Home Environment for Older People											
a)	External Providers	W764	07/08	DM		160	160	0	160	0	0	0
	DOH Grant		07/08	DM		-160	-160	0	-160	0	0	0
b)	Haxby Hall	W765	07/08	MB		6	6	0	6	0	0	0
	DOH Grant		07/08	MB		-6	-6	0	-6	0	0	0
c)	Oliver House	W766	07/08	MB		5	5	0	5	0	0	0
	DOH Grant		07/08	MB		-5	-5	0	-5	0	0	0
d)	Woolnough House	W767	07/08	MB		20	20	0	20	0	0	0
	DOH Grant		07/08	MB		-20	-20	0	-20	0	0	0
e)	Windsor House	W768	07/08	MB		5	5	0	5	0	0	0
	DOH Grant		07/08	MB		-5	-5	0	-5	0	0	0
f)	Willow House	W769	07/08	MB		24	24	0	24	0	0	0
	DOH Grant		07/08	MB		-24	-24	0	-24	0	0	0
						0	0	0	0	0	0	0
8	22 The Avenue Improvements	W770	07/08	TS		94	68	0	68	26	0	0
						94	68	0	68	26	0	0
TOTAL SOCIAL SERVICES CAPITAL PROGRAMME						1,202	311	-2	309	231	205	205
TOTAL SOCIAL SERVICES CAPITAL PROGRAMME: GROSS EXPENDITURE						1,720	571	-2	569	282	205	205
: INCOME						-518	-260	0	-260	-51	0	0
: NET (AS ABOVE)						1,202	311	-2	309	231	205	205

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Meeting of the Executive Members for Housing
and Adult Social Services and Advisory Panel

2 June 2008

Report of the Head of Corporate Services

Social Care Reform Grant

Summary

1. The report introduces the recent policy paper 'Putting People First' from the Department of Health, and sets out plans for the use of a new Social Care Reform Grant. The Executive Member is asked to note the importance of this policy agenda and to agree the plans it contains for the use of the Social Care Reform Grant for 2008-09.

Background

2. The Government is providing funding for the coming three years to support the transformation of social care for all customer groups, through the Social Care Reform Grant. York will receive £245k in 2008/9, £573k in 2009/10 and £709 in 2010/11: a total of £1.527m.
3. Guidance within Putting People First, and on the use of the grant, is clear: that transformation will deliver the personalisation of services, and a focus on early intervention and prevention, in line with the White paper, 'Our health our care our say'. By 2011 we will need to demonstrate the following:
 - A move from crisis to early intervention; a more holistic proactive and preventative model centred on improved well being.
 - Balanced investment in prevention, early intervention/reablement and intensive support. Incentives to promote dignity, choice and control.
 - Third /independent sector innovation, including social enterprise supported jointly with NHS
 - Joined up information and advice; One Stop Shop model, with advocacy and support services available
 - Needs assessments joined up, with greater emphasis on self assessments. Social workers spending less time on assessment, and more on support, brokerage and advocacy.
 - Person centred planning and self directed support to become mainstream. Routine access to telecare.
 - Simple personal budget system – choice and control to users. Increase in direct payment uptake

- Family members and carers are care partners with training to develop skills and confidence
 - Access to advocacy, peer support and brokerage systems. Development of user led organisations where these do not exist locally
 - Risk boards and corporate approaches to support individual choice within safeguarding arrangements. Champions – volunteers and professionals promoting dignity in local care services
 - Active links to local and regional personalisation network – info advice and support.
 - Systems to capture input/outputs and outcomes for individuals to support quality assurance
4. Implicit in the concept of transformation is the expectation that, as well as investment, the next three years will need to see changes to current services. Some disinvestment will be required to allow reinvestment and sustainability of any new services and approaches.
 5. Members were invited to attend a Briefing Session in 2007 regarding the introduction of personalised services within the Learning Disability services, through the In Control Project. This project continues to operate and deliver more choice and control to some of our customers. It will provide us with useful learning for the introduction of personalisation across all customer groups, but transformation across the whole system will need careful planning, project management and good engagement with all stakeholders including customers, staff and our providers.
 6. Change will need to be delivered in partnership with health colleagues to ensure integrated services, and joined up processes.

Consultation

7. The principles and proposed investment for 2008/9 have been discussed with the Older People's Partnership Board (OPP), and will be discussed with the Valuing People's Partnership Board (VPPB) at their next meeting.
8. The OPP expressed a wish to see the priorities for action more clearly defined, and expressed in terms of what will be different by the end of the three year grant funding. It is planned that the greater clarity that has been requested will be reached through the design and sharing of the vision for transformed services during the first year of the grant expenditure.
9. There was a broad welcome for the changes that are required, and a desire to ensure that the approach and language used within the change programme should enable older people to be involved in shaping and improving services.
10. The proposals contained within this report have been shared with the Primary Care Trust.

Options

11. To note the priorities for action to deliver the transformational change that Government requires
12. To note the proposed principles for use of the grant to deliver these priorities
13. To note the proposed investment plan for the grant for 2008/9
14. To receive further reports on the delivery of personalisation and early intervention, once the impact on current service delivery models is clear.

Analysis

Priorities

15. Having considered the requirements that need to be in place by 2011, the following areas are considered to be the priorities for action.
16. Developing and sharing a vision of how services will be delivered in a transformed model We have begun to develop new assessment models and a resource allocation system within Learning Disability Services, and a number of customers now have 'Individual Service Funds' which allow them to choose how the support they have is used. We need to agree with staff, customers and stakeholders how this will be extended to other customer groups: older people, people with mental health needs, people with a physical or sensory impairment, and we need to agree what this will mean for our current arrangements to assess and provide services.
17. Extending the support available to those whose care is not funded by the Council The need to ensure that all people are able to exercise informed choices about their care and support regardless of whether they are eligible for social care services funded by the council.
18. Development of our public information systems in partnership with all sectors. We have some useful guides available within York, and a number of organisations providing information and advice but we do not have a 'one stop shop' approach.
19. Capacity building in third sector, and user led organisations, including advocacy services. We have some excellent voluntary organisations in the City but to ensure that early intervention and prevention is mainstreamed, we need to ensure these work strategically together, and are supported, and sustainable.
20. Pump priming for new services such as practical support, preventative services, and help for people to access a different range of support and activities.
21. Skill development to enable staff to deliver self assessment, brokerage and advocacy and to deliver new generic health/care workers.

22. Capacity to support market development and change in service models and to increase customer involvement. As personalisation develops services will need to change and adapt to customers requirements. We need to ensure we understand these and help providers respond by providing clear information and advice.
23. Capacity to manage the changes. Transformational change will bring challenges, and we will need to be able to support the change and to keep partners and stakeholders involved.

Principles

24. It is proposed that the following will be used as the principles for agreeing use of the grant:
- Projects will need to demonstrate that they will deliver one or more of the outcomes described by the Government guidance and summarised above
 - In the first year funding should be used to plan and begin to deliver the deliver cultural shift that transformation will require, both within our own organisation and within our partner organisations
 - This funding should be considered alongside our mainstream funding, to ensure we maximise use of resources and produce sustainable change
 - Those areas where activity is already planned and resources are available should not have first call on this grant
 - Proposals to demonstrate whether and how partner organisations will be working with us to deliver transformational change
 - Proposals should either be supported by an outline project plan, or by an outline specification for the services that would be secured by the funding. These should include an analysis of the Equality issues in the proposal, and the engagement arrangements for staff and other stakeholders.
 - Proposals could include support to enable decommissioning of current services to allow reinvestment in new, transformed services
 - There should be a clear exit strategy, or an indication of how the service or activity can be sustained beyond the three years of the grant.

Proposed investment areas for 2008/9

25. It is proposed that the funding in the first year be used to support the following:
- Culture change - £15k
 - i.* Designing a shared vision for the new personalised and preventive system
 - ii.* Understanding the skill changes for our own workforce and our providers and partners
 - iii.* Design and delivery of training for new skills
 - Capacity building - £120K
 - i.* Support for capacity building in the third sector and user led organisations
 - ii.* Development of customer information with partners
 - iii.* Extending CYC commissioning capacity to support service development and quality assurance
 - iv.* Management capacity with CYC to deliver change

- Collaboration - £17k
 - i. Support for improving customer engagement
 - ii. Contribution to regional SCRG initiatives
 - iii. Membership costs for networking organisations around personalisation
- New services - £90k
 - i. Community Bridge Builder posts to support people with disabilities access mainstream community activities
 - ii. Start up costs for prevention services, eg Case finding and signposting for vulnerable older people

Total - £242k

26. More detailed plans will be developed during Year 1, for the use of the grant in 2009/10 and 2010/11, as a vision of how the transformed services will look is developed and shared. Broadly however it is planned that in year 2 and 3 many of the strands of investment will continue. There should be no need for further funding for design of a shared vision.

27. Funding will however be required

- to enable the remodelling of current budgets and develop individual budgets and processes;
- there may be potential set up costs for co-location for services;
- a need to develop a common assessment framework and
- to pump prime additional new prevention services.

Corporate Priorities

28. The changes required will help to 'Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest'

Implications

29. **Financial** The proposed investment areas outlined in paragraph 24 are within the 2008/09 grant allocation of £245k. The Social Care Reform grant is a new ring fenced grant that can only be spent on Social Services and in ways that achieve the outcomes identified in the body of this report. No funding is expected beyond 2010/11 and as such the grant must be spent in accordance with the principles outlined in paragraph 23 to avoid any increase in costs that are not affordable within the council's current base budget. Expenditure against the grant will be monitored and any variations that require it will be reported to members in line with the financial regulations.

30. **Human Resources (HR)** Transformational change is likely to bring about some significant changes to the staffing requirements within the Department. These are not yet fully understood, and the development of the vision will need to address this. Where changes do need to be made these will be undertaken within the framework of the Council's HR Change management policies and procedures
31. There will be significant training requirements to ensure staff are skilled to provide the new models of service delivery and support. This is allowed for within the proposals for use of the grant.
32. Additional capacity to manage the change will require the establishment of new posts.
33. **Equalities** Personalisation and choice will give our customers more choice about how their needs are met. This should help to ensure issues relating to all six equality strands are better addressed for individuals.
34. Plans for projects delivering change will be required to include a review of the equality impact of the changes, as part of the project.
35. **Legal** There are no legal implications
36. **Crime and Disorder** There are no crime and disorder implications
37. **Information Technology** There will be IT implications to the delivery of personalised assessments and care provision. These will need to be developed in partnership with our current IT system provider, and should be covered through the support and maintenance agreement we have. There will be an impact on the work plans of the Department's IT support team and potential conflict of priorities depending on the timing on when the work needs to be undertaken.
38. **Property** There are no immediate property implications. However if services are to change substantially this may have some property implications. This will be considered as the vision is developed
39. **Other** There are no other implications within the Council, but the delivery of transformational change will impact on our partners in health and the voluntary sector, and on our providers.

Risk Management

40. The allocation of the grant brings few risks, although the delivery of the transformational change will bring new risks. Key risks will be:
 - failure to deliver strategic objectives,
 - impact on staff
 - failure to develop new systems and processes to deliver personalisation
 - failure to sustain new services if current services are not changed

- failure to deliver new services if providers and voluntary sector are not supported to deliver them
- opposition from customers and carers if they do not understand the reason for changes and the benefits they will bring
- Competing demand for common resources from other change projects

41. All of these risks will be addressed through the effective use of the Social Care Reform Grant, and through ensuring that there is adequate capacity to deliver change. This judgement assumes that savings released can be reinvested within the transformed service model to ensure sustainable change.

42. The risks associated with the recommendations of this report are assessed at a net level of below 16

Recommendations

The Executive Member is asked to approve all four recommendations:

- 1) To note the priorities for action to deliver the transformational change that Government requires
- 2) To note the proposed principles for use of the grant to deliver these priorities
- 3) To note the proposed investment plan for the grant for 2008/9
- 4) To receive further reports on the delivery of personalisation and early intervention, once the impact on current service delivery models is clear.

Reason: This will ensure that the Social Care Grant can be effectively used to meet the challenges that transformational change will bring, and support the delivery of personalisation of services and early intervention.

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Graham Terry
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Report Approved Date 19th May 2008

Bill Hodson
Director of Housing and Adult Social Services

Report Approved Date 19th May 2008

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Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers:

Putting People First: A shared vision and commitment to the transformation of Adult Social Care (Dh 2008)



***Meeting of the Executive Members for
Housing and Adult Social Services and
Advisory Panel***

2 June 2008

Report of the Head of Adult Services

***Strategy for the commissioning of support to people with a
physical and/or sensory impairment***

Summary

1. This report outlines the work undertaken to date to develop a Physical & Sensory Impairment Strategy for adult social care in York.

Members are requested to:

- 1.1 Note the attached draft of the first chapters of the strategy
- 1.2 Approve completion of the strategy following further consultation
- 1.3 Endorse the proposal for a Partnership Board framework for considering further developments that support people with a physical and/or a sensory impairment within York

Background

2. During the last three years the Government has published a range of initiatives that endorsed improvements to the support arrangements for people with a physical and/or a sensory impairment living independently in the community. These are listed in the draft strategy.
3. In order to translate these initiatives into a set of requirements within York, consultation was launched in November 2007 with the people concerned and the agencies working with them. This has focussed primarily on social care, but has included other council services, with involvement from those Directorates concerned.
4. Subsequent to the launch of the local consultation the government has recently embarked on consultation aimed at the creation of a national independent living strategy. This will have particular significance for the final Physical & Sensory Impairment Strategy for adult social care to be adopted within York.
5. In parallel to the consultation described above, the council Equalities section has been working, through the Social Inclusion Group, to improve the representation of people with a physical and/or a sensory impairment in York. This entailed a

large event 'Disabled People Together' during which, amongst other things, those present endorsed by a ratio of 5:1 the need for a single group to represent the views of people with a disability in the city.

6. One requirement on the council is to put in place a user led Centre for Independent Living (CIL) by 2010. For this to be achieved there is a need for strong partnership working between the Council and the community with physical and/or a sensory impairment.
7. The consultation has revealed a strong interest amongst people with a physical and/or a sensory impairment for further dialogue in developing the strategy. In order to finalise a strategy for the social care support to people with a disability a more formalised working arrangement between the council and the community of people with a disability would therefore be beneficial. This could operate in a similar way to partnership arrangements that currently exist to support the development and coordination of services to:
 - people with mental health problems
 - older people
 - people with a learning disability
8. It is therefore recommended that the creation of a Partnership Board involving the council and representatives from the community of people with a disability is established in order to move the strategy forward and support the development of a Centre for Independent Living.
9. It is further recommended that the Partnership Board once created is formally linked to the Local Strategic Partnership and Local area Agreement by reporting to the Healthy City Board, given the strong links between the developing strategy and the Healthy City Top Level Objective 'To be a city where residents enjoy long, healthy and independent lives through the promotion of healthy living and easy access to responsive health and social care services.

Consultation

10. In developing the Physical & Sensory Impairment Strategy for adult social care there has, to date been one large consultation event and three focus groups held and through this the issues described in the attached draft strategy have been raised.
11. Consultation to date has involved current & prospective customers, agencies involved providing services and support and CYC members of staff. The main outcomes from the consultation has been:
 - Access to information
 - Access to support
 - Access to leisure & employment
 - Choice and control
 - Mobility & transport
 - Economic well being

There has been strong involvement in consultation from members of the sensory impairment community.

- 12 The consultation has underlines the need expressed by many of those involved that there needs to be more formalised structures put in place in future in order to undertake detailed planning and monitoring of both a broad based strategy and to support the the specific development of the Centre for Independent Living.

Options & Analysis

- 13 Option 1
To continue the strategy work without a Partnership Board. This would diminish the opportunity for a final strategy to be widely disseminated and considered in detail, before implementation.
- 14 Option 2
To develop both the strategy for People with a Physical and/or Sensory Impairment and support the development of a Centre for Independent Living and with a strengthened partnership between all agencies and the community with a disability through a Partnership Board.

This Board should be created to mirror other Partnership arrangements with the objective of a crosscutting membership of statutory and voluntary agencies alongside representatives from the community of people with a disability.

This Partnership structure would create the appropriate linkage across statutory and voluntary agencies with people affected by service provision to create better outcomes through a stronger partnership development.

Corporate Priorities

15. This proposal will support the improvement in partnerships to create better outcomes for residents of York.
16. The development of the strategy towards a linkage with broader corporate and partnership outcomes would imply that any follow up to this report and specifically as the development of the Centre for Independent Living takes place there will be a need to report to Healthy City Board and Members as required. Future reports would be written in conjunction with the Equalities Officer.

Implications

17. **Financial** - There are some financial implications linked to the development of the physical and/or a sensory impairment Strategy and further consultations, this will be no more than £2000 and can be met from within current budgets. Once the strategy document is complete and the action plan begins to develop there will likely be some financial implications linked to developing and changing service provision which will need to feed into the usual budget cycle.

18. **Human Resources (HR)** - There are no implications to this report
19. **Equalities** – A link with the Equalities Officer and the corporate equalities agenda has already been established as part of this piece of work. As the strategy and the action plan develop further there will be a need to conduct an Equalities Impact Assessment.
20. **Legal** – There are no implications to this report
21. **Crime and Disorder** – There are no implications to this report
22. **Information Technology (IT)** – There are no implications to this report
23. **Property** – There are no implications to this report
24. **Other** – There are no implications to this report

Risk Management

25. The risks associated with the proposals in this report are low and score less than 16.
When it is agreed that a strategy should be implemented any financial risks resulting from required service development will be considered as and when specific proposals are made.

Recommendations

26. It is recommended that Members endorse the proposals in this report.

Reason: to establish a Partnership Board framework to continue with the development of the physical and/or a sensory impairment Strategy and support the development of a Centre for Independent Living.

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Report Approved Date 19th May 2008

Bill Hodson
Director of Housing and Adult Social Services

Report Approved Date 19th May 2008

Specialist Implications Officer(s)

Finance

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Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers: None

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City of York Council
Strategy for the Development of Services to Support People with a
Physical and/or Sensory Impairment

1st draft April 08

Chapter 1

EXECUTIVE SUMMARY

This will be the first strategy to take a long term view of the services that people with physical and/or sensory impairment will need in York. This document begins to identify the priorities to deliver the vision of services that people with physical and/or sensory impairment want.

There is a growing emphasis on the strategic commissioning role of both local government and health agencies. Changing services takes time: time to plan; to identify investment opportunities and funding; and time to develop new models and pathways. If we can identify now the changes needed over the next 10-15 years, we can give clearer messages to providers so enable them to take up the challenge, we can plan the best way to change and invest in our resources. And we can work with people with physical and/or sensory impairment so that they can continue to shape the services for the future.

Prevalence studies show that the increase in the number of people with physical and sensory amongst adults aged 18-64 over the next 20 years will not be significant, though this may be affected by social life-style changes, for example, higher levels of alcohol consumption and an increase in obesity, that lead to more people being affected by long term conditions.

Alongside this, the number of children surviving with complex conditions are rising, but there is limited detailed national and local data available about children specifically with physical and sensory impairments. As more people with learning disability live longer into adulthood, this will have an impact on sensory impairment assessment and support services, as there is increased prevalence of sensory impairment amongst this group. Demographic changes and prevalence studies show a marked increase (approximately 49%) in the number of older aged 65+ with a sensory impairment.

The Independent Living Review was set up in 2006 to help implement the government's aim that all disabled people should have the 'same choice, freedom, dignity and control over lives as non-disabled people'. The Review informed the draft Independent Living Strategy (ILS) issued by the government in March 2008.

Disabled people told the Review that one problem they faced was a lack of understanding of what independent living actually means. To help overcome this, the ILS offers the following definition:

Independent living does not mean doing things for yourself or living on your own. Instead it means:

- *Having choice and control over the assistance and/or equipment needed to go about your daily life*

- *Having equal access to housing, transport and mobility, health, employment and education and training opportunities.*

This is something we need to be sure that we understand to ensure future services are developed to fit in with this definition. We also need to ensure we incorporate the messages from the national Independent Living Strategy consultation into this strategy as they emerge.

This strategy looks at how services need to change and develop to fulfil the aspirations of disabled people.

Making changes at a local level will demand: a culture shift across all sectors - statutory, voluntary, community and commercial - to recognise that it is the way society is currently structured that disables people, and to work towards the eradication of this. It will also demand a willingness to totally rethink and restructure current support services which serve to promote dependence and/or institutionalisation, and replace them with services that promote independence and inclusion.

Chapter 2 identifies who this strategy is for and what it's overall aim is.

Chapter 3 looks at the strategic context, and the national and local policy drivers which will help shape services.

Chapter 4 begins to describe the current and future disabled population.

Chapter 5 begins to review the quality and quantity of current provision and identifies where services need to change.

Chapter 6 begins to identify the gaps and begins to consider what future services might look like, and gives some indication of the initial actions to move in that direction.

Chapter 7 is a suggested format for an action plan which identifies the priority areas for development.

Similarly to the Council's Long Term Commissioning Strategy for Older People the strategy still has some gaps:

- At this stage the strategy is not council wide, nor is it a joint strategy with local health services, though this is an ambition for the future. A Partnership Board framework has been proposed to bring agencies and representatives of people with disabilities together in a formal framework for future planning.
- There are information gaps which will require us to think about what information we need to start and collect and how.
- There is no formalised route for further consultation with customers. This may be rectified through the work being done by other colleagues

in the Council to re-establish the Disabled Person's Forum, which in turn it is hoped will lead to the development of a Centre for Independent Living (CIL) for York.

- The strategy will need to be developed to form commissioning plans for delivery over the more traditional 3-5 year timescales.
- We will need to look at how to influence and support the development of the right services across all sectors.

Other possible headings in this Chapter include:

Key messages from needs analysis

Key messages from service mapping

Changes needed over the next 10-15 years

Plans for delivery

Chapter 2

INTRODUCTION

Vision

Part of the further consultation will be used to confirm the vision underpinning the strategy.

Two possibilities are:

More specifically for people with a disability:

'People with physical and sensory impairments should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society.'

(Improving the Life Chances of Disabled People 2005)

More generically to include vulnerable people at risk of losing their independence:

"a society where all citizens are respected and included as equal members, and where everyone has the opportunity to fulfil their potential"

(Consultation on The Independent Living Strategy 2008)

Whose strategy is this?

This is the first strategy for People with Physical and Sensory Impairments requiring social care services to be commissioned, funded or provided by the City of York Council.

Physical and sensory impairments include:

- People with physical impairments, whether the condition is congenital, acquired or progressive
- Deaf people and people with a hearing impairment
- Blind people and people with a visual impairment
- People with serious ill-health and/or long term conditions
- People with HIV/AIDS

Improving the Life Chances of Disabled People 2005 recognises that disability is subject to a number of different definitions. It offers the following definitions and concepts to help.

Disability is defined as the disadvantage experienced by an individual as a result of barriers (attitudinal, physical, etc) that impact on people with impairments and/or ill health.

Disability is distinct from both:

Impairment, a long-term characteristic of an individual which affects their functioning and/or appearance and may give rise to pain, fatigue, communication difficulties, etc; and

Ill health, the short-term or long term effect of disease or sickness.

Many people who have an impairment or ill health would not consider themselves to be disabled.

Alternative terminology speaks of “long-term conditions” or “chronic disease”, both of which focus primarily on permanent ill health.

What does this strategy aim to cover?

The strategy sets out the issues and priorities for Adult Social Services to enable the delivery of customer sensitive support and services to people with physical and sensory impairments over the next 10 years.

The strategy will help us plan to meet needs and promote access to the full range of services that many people take for granted.

We have developed the strategy in consultation with customers of services, potential customers and service providers across the statutory, voluntary and private sectors. However, this strategy is at present primarily a City of York Council, Adult Social Services document.

We involved these stakeholders in the work to gather information about needs and about current services.

We undertook analysis of this information, and information from the Census, from our own management information systems, and the Primary Care Trust’s information systems. This information has been used to develop an action plan. We will be returning to our stakeholders to share and explain the action plan so that it can be agreed.

The strategy considers services that will be provided as a result of a social care assessment of need and also services that people with physical and sensory impairments may want to purchase or organise themselves. The Council’s primary concern is to ensure that funded services are targeted at the people who most need them, and that they are providing quality outcomes at the right price.

To do this we need to make sure that the statutory, voluntary and private sectors are providing services that people want and need, from preventative services through to services that are meeting complex care needs.

Most of the data used in the strategy relates to people age 18 to 65 years. This strategy does not look specifically at older people, people with a learning disability or people with mental health problems. We recognise that these customer groups will access services that people with physical and sensory

impairments use, and so any equality impact assessments for services will need to consider issues relating to these groups.

Specific services for older people will be considered through the Long Term Commissioning Strategy for Older People, and specific services for people with a learning disability will be considered through a Commissioning Strategy for Learning Disabilities. The Mental Health Services are commissioned through a joint mental health strategy and delivered through the integrated services, managed by the Primary Care Trust.

Our objective is to provide services that are not age restricted, but based on need.

The strategy provides a framework for the Council in the development of services, both as a provider of services, as a purchaser of services and in an enabling and influencing role within the local community.

It will provide a statement of intent, and it will lead to the development of delivery plans for the short to medium term, as well as the longer term vision over the next 10 to 15 years.

The strategy is intended to be an open statement for customers and providers of service to understand our intentions and our ambitions. It will provide a focus for future reviews to enable us to track progress and allow us to review our assumptions. The development of the strategy will allow customers to see where they may wish to influence and contribute to future service developments, and it will offer providers a steer for developing new services.

Chapter 3

NATIONAL AND LOCAL POLICIES AND DRIVERS

Brief picture of services for People with Physical and Sensory Impairments

Social care services for people with physical and sensory impairments are provided through the City of York Council's Housing and Adult Social Care Directorate. They are managed through the Adult Services Division, although some people with physical and sensory impairments will be supported by the Learning Disability Service if their primary needs are concerned with their learning disability, Mental Health Services if their primary needs are concerned with their mental health, and Older People Services if their primary needs are concerned with ageing.

Both the assessment teams and the in house service providers are organised on a locality basis, with some city wide services.

At present services working with people with physical and sensory impairment which are managed jointly with health services are the Occupational Therapy (OT) and the Community Equipment Loan Service (CELS).

During 2006/07 840 people with physical and sensory impairment age 18 to 64 years received community based services (compared with 4,000 over 65 years), and 47 people with physical and sensory impairment age 18 to 64 years were supported in residential or nursing home care (compared with 777 over 65 years). Will update this with 2007/08 data when available.

Just over £3.5m was the net cost spent on care services for people with physical and sensory impairments age 18 to 64 years by the Council in 2006/07 (compared with £21m spent on people over 65 years). With approximately £1m spent on nursing and residential care placements, supported and other accommodation, £1m spent on home care and day care, £362,000 spent on direct payments and £158,000 spent on equipment and adaptations. The remaining £1m was spent on other services, including assessment and care management and meals. Will update this with 2007/08 data when available.

Independent sector providers of physical and sensory impairment services in York range from big national private sector groups, through small businesses to charitable and voluntary organisations. Providers come together in a number of forums to enable partnership working.

Primary health care is provided through 47 GP surgeries and community services managed by the local Primary Care Trust (North Yorkshire and York Primary Care Trust). Acute care is provided primarily through York District Hospital, which has Foundation Trust status.

City of York Council retains control of the public housing stock in all but the North East of the City. In this area the old Ryedale District Council stock was transferred before the creation of the Unitary Authority in York, to Ryedale Housing Association.

In 2006 the Council invited people with a disability to come together as a group to influence Council decisions and to make its services more accessible and appropriate for disabled people. Unfortunately the Disabled Persons Forum has not been able to fulfil its potential as there has been some difficulties with establishing the forum. An event which took place on 28.03.08 has started the process of re-establishing the forum so that disabled people can have more of an opportunity to influence Council decisions and service developments.

National and local policy context

National policy

There is a wide range of government policy, guidance and legislation relevant to this strategy. Key recent legislation and guidance is outlined below.

'Improving the Life Chances of Disabled People' crosses Government Departments and is a long term disability strategy until 2025. Within this policy, the government has identified four key goals as the most important determinants of disabled people's life chances:

- To empower citizen's with choice and control over how additional needs are met
- To support families with young disabled children
- To ensure smooth transitions into all aspects of adulthood
- To improve employability

In each of these areas the vision is based on:

- Removing barriers to inclusion
- Meeting individual needs, and
- Empowering people

'Improving the Life Chances of Disabled People' promotes the development of 'individualised budgets'. Pilot work on this has taken place nationally, primarily within learning disability services, through "In Control", a collaborative venture between statutory services, central government and the voluntary sector (www.in-control.org.uk).

Individualised budgets are more than the current system of direct payments. The intention is that in time different sources of funding will be included in an individual's budget, for example, Independent Living Fund, Supporting People monies, Disabled Facilities Grant, Access to Work etc.

'Improving the Life Chances of Disabled People' also includes a requirement for local authorities to establish user-led Centres for Independent Living by 2010. A Centre for Independent Living (CIL) is an organisation which provides innovative services which allow disabled people to gain choice and control over every aspect of their lives. The key feature is that they are run and controlled by disabled people.

The exact nature of the services provided by a CIL will vary according to local circumstances, as will their relationship with statutory agencies. 'Improving the Life Chances of Disabled People' expects that each CIL will provide services to all disabled people regardless of the nature of their impairment, and to all ages. It goes on to say that services such as information and advice, advocacy and peer support, assistance with self assessment, support in using individual budgets, support to recruit and employ personal assistants, disability equality training, and consumer audits of local services should be provided.

The '**National Service Framework for Long Term Conditions**' has a particular focus on people with neurological conditions and brain and spinal injury, but many of the quality requirements have relevance to a wide range of long term conditions and impairments.

It identifies quality requirements which must be achieved by 2015:

- A person centred service
- Early and specialist rehabilitation
- Community rehabilitation and support
- Vocational rehabilitation
- The provision of equipment and accommodation
- Palliative care
- Supporting family and carers

The **White Paper, Our health, our care, our say** has four overarching aims:

- Better prevention services with earlier intervention
- More choice
- Tackling of health inequalities and improved access to community provision
- More support for people with long term needs

Structural changes are also announced, with increased emphasis on support in the community, which will affect the way services are commissioned and aligned. The Local Area Agreement becomes one of the key mechanisms for joint planning and delivery.

Objectives within the White Paper that have direct relevance to people with physical and sensory impairments include:

- Range of initiatives to support GP's to help patients remain in or return to work (Ch 2)
- Expectation that direct payments will expand, plus individualised budgets to be introduced (Ch 4)
- Acceleration of self-directed care and increased investment in Expert Patient programme (Ch 4 and 5)
- Development of outreach services to tackle conditions early and prevent hospitalisation (Ch 4)
- Central government to encourage health and housing to work together to prevent housing issues exacerbating health problems (Ch 4)
- End of life care networks, bringing together primary care, social care, palliative care and hospital based care (Ch 4)
- Support for people with longer term needs, services to be seamless, proactive, with greater focus on early intervention and prevention (Ch 5)
- Information prescriptions to be routine by 2008 (Ch 5)
- All Primary Care Trusts and Local authorities to have established joint health and social care managed networks or teams to support integrated care for people with most complex conditions (Ch 5)
- Mobilise use of assistive technology, including monitoring of health status at home to prevent admission (Ch 5)
- Increase numbers of people supported to live at home (Ch 6)
- Improvement of home adaptations service (Ch 6)
- Strengthening of mechanisms for public engagement (Ch 7)

The national **Equalities** policy agenda had direct pertinence to the development work that will result from this strategy, including the Disability Discrimination Act and the Equality Standard for Local Government.

The Disability Discrimination Act 2005 introduced a general duty which applies to all public authorities. The basic requirement for a public authority when carrying out their functions is to have due regard to the following:

- Promote equality of opportunity between disabled people and other people
- Eliminate discrimination that is unlawful under the Disability Discrimination Act
- Eliminate harassment of disabled people that is related to their disability
- Promote positive attitudes towards disabled people
- Encourage participation by disabled people in public life
- Take steps to meet disabled people's needs, even if this requires more favourable treatment

Most public authorities also have a set of specific duties to comply with, which will help them to meet their overall general duty. The Disability Rights Commission Statutory Codes set out the specific duties in detail, and they centre on the framework of the production of a Disability Equality Scheme.

The equality legislation not only requires a wide range of services to tackle disability issues, but also requires that disabled people's individual needs are considered on the basis of their gender, ethnicity, religion, sexual orientation, etc. These principles are also a key theme of 'Improving the Life Chances of Disabled People' and the White Paper, 'Our health, our care, our say'.

The **National Carers Strategy, Caring for Carers 1999**, has three main strands to it:

Information for carers, so that they become real partners in the provision of care to the person they are looking after, with wider and better sources of information about the help and services which are available to them.

Support for carers, from the communities in which they live, in the planning and provision of the services that they and the person they are caring for use, and in the development of policies in the workplace which will help them to combine employment with caring.

Care for carers, so that they can make real choices about the way they run their lives, so that they can maintain their health, exercise independence, and so that their role can be recognised by policy makers and the statutory services.

The National Carers Strategy is currently being updated.

Central Government continues to strengthen policy, guidance and legislation for people with disabilities, recent additions include **Putting People First**, a shared vision and commitment to the transformation of adult social care, and the recently published five-year **Independent Living Strategy** which is jointly

owned by six government departments and sews together over 50 government commitments into a co-ordinated approach that seeks to realise equality for disabled people.

Local policy

The strategy for people with physical and sensory impairment fits within a range of other strategies.

Local Strategic Partnership

The Local Strategic Partnership for York set out its vision for the city in its Community Strategy (2004-2024). It includes the Healthy City objective, for York to be “a city where residents enjoy long, healthy, independent lives through the promotion of healthy living and with easy access to responsive health and social care services.”

The Local Area Agreement (LAA) is effectively the delivery plan for this vision during 2007-2010. The Healthier Communities and Older People Block notes a number of priorities and challenges over the next three years:

- reduce inequalities in health and the determinants of health;
- reduce the incidence/impact of Coronary Heart Disease, respiratory disease and cancer;
- reduce the number of people who smoke;
- improve the overall physical activity level within the city;
- reduce levels of obesity;
- reduce levels of binge drinking;
- improve community mental health;
- help more people to live independently in their own home;
- reduce the number of falls suffered by older people; and
- increase the number of carers who are supported by statutory and voluntary agencies.

City of York Housing Strategy

The Council’s Housing Strategy 2006-2009 aims “to enable everyone to have a decent home at a price they can afford within a safe, inclusive and thriving community.” Safe, secure, well maintained and affordable housing is a basic

need. Good housing promotes, amongst other things, health and well-being. In contrast, poor housing is directly linked to ill health.

Long-term Commissioning Strategy for older people

Housing and Adult Social Services Long Term Commissioning Strategy for Older People 2006-2021 will help the council to plan to meet the challenges of an ageing population and show how care and support services need to develop to meet the changing needs and aspirations of older people over the next 10-15 years.

It contains data about the ageing population which can and should be used to inform and influence policy and planning work for younger adults with a physical and sensory impairment, particularly where the focus is on better prevention services with earlier intervention. Some of the relevant data is detailed below.

It recognises that the older someone is the more likely they are to experience one or more sensory impairment. In York in 2003 only 270 people over 65 were registered blind (210 in 2006) and 395 registered partially sighted (420 in 2006). We would expect however that there could be around 5000 older people in York experiencing sight loss in relation to macular degeneration alone. In 2007 national statistics reported that 105 people over 65 were registered deaf and 780 registered hard of hearing.

The Long Term Commissioning Strategy also highlights a range of general population data about older people's health and well-being related to long term health conditions:

- most older people die from cancer or circulatory system problems, eg, heart attack, stroke, however cancer diminishes as a cause towards older old age to be replaced by respiratory problems.
- A third of older people report difficulties with hearing as compared to 28% reporting difficulties with their sight.
- Just under a third of all women and men aged between 55 and 74 are clinically obese.
- Two-thirds of the population aged over 65 have foot problems of which a quarter of the population over 65 have problems that need professional foot care although they do not receive it.

Need to consider any issues from the LD strategy related to PSI data.

Chapter 4

REVIEW OF NEED AND DEMAND

This chapter begins to explore the potential needs of the population.

It would be fair to say that we have experienced some difficulties in getting hold of clear, concise and up-to-date information about the local disabled population. It's not so much that information doesn't exist, rather it isn't brought together centrally in a widely accessible format. Improving the systems and processes for collecting local information to enable more effective planning and service development is an area that this strategy is well placed to influence.

The population analysis below uses national census data, local information, prevalence and projection data to identify current and future populations and related needs. When looking at the data it is important to note the following:

- Some surveys are based on, or include, health status, for example the Census. Disability and ill health should not be combined, for example, someone who has one leg is not 'ill', they have a physical impairment
- Some surveys do not distinguish between different types of impairment, and provide generic figures about 'disability', including learning disability, long term conditions, physical and sensory impairments, and people with mental health problems
- Many older people experience increasing frailty and a reduction in hearing and sight due to the ageing process, but many would not define themselves as having a physical or sensory impairment
- People of all ages may not apply the terms 'disabled' or 'physical or sensory impairment' to themselves, because these terms are still associated with stigma
- Surveys use different definitions of 'disability' and different questions, which can prompt widely differing responses.

National prevalence of physical and sensory impairment

Long term limiting illness and disability

In the 2001 Census, one in six people in the UK (10.3 million) living in a private household reported having a limiting long-term illness or disability (this figure includes all impairments, not just physical and sensory impairment).

There was a steady increase by age for both males and females. Below age 30, rates were less than 10 per cent but were more than twice this for those aged 45 to 59. Rates virtually doubled again at ages 60 to 74, reaching 41 per cent for men and 38 per cent for women.

The most commonly reported impairments for both men and women are problems of the back or neck, the heart or circulation, legs or feet or breathing problems.

Long term conditions

Taken together, neurological conditions are common, for example, 8 million people in the UK experience migraine.

According to 'Improving the Life Chances of Disabled People' (Prime Minister's Strategy Unit 2004), altogether, approximately 10 million people across the UK have a neurological condition. These account for 20% of acute hospital admissions and are the third most common reason for seeing a GP.

An estimated 350,000 people across the UK need help with daily living because of a neurological condition.

Sensory impairment

Visual impairment

The Royal National Institute of Blind People (RNIB) report that about two million people in the UK self-define as having a sight problem or seeing difficulty.

The majority (85%) of people with sight problems are aged over 65. The older you are the more likely you are to have a sight problem. Most people with sight problems have started to lose their sight in later life. Numbers are set to double over the next 25 years, due in part to the growing ageing population, but also to an increase in underlying causes such as diabetes.

For the working age population, their best estimate is that there are in the region of 275,000 people aged between 16 and 65 with significant sight loss.

For children, there are in the region of 25,000 children with sight problems which are disruptive to lifestyle, and about 12,000 of these children also have other disabilities.

It is not possible to establish an absolutely precise estimate for the total number of people with sight problems in the UK. The RNIB estimate that there might be up to an additional 20% that should be registered but are not (up to an additional 74,000). Assuming that they exist, nothing is known about the age profile of the group, the nature of their sight loss or the reason that they are not registered.

In 2006, The Information Centre, part of the Government Statistical Service, reported on the number of people Registered Blind and Partially Sighted. They reported that 64% of blind registrations and 70% of partially sighted registrations had an additional physical disability nationally. Also, that 24% of blind registrations and 22% of partially sighted registrations had an additional

hearing disability nationally. The distribution by age of those with additional disabilities applies in the main (74% of blind registrations and 80% of partially sighted registrations) to people who were 65 or over.

Hearing impairment

The Royal National Institute for Deaf People (RNID) estimate there to be about 9 million deaf and hard of hearing people in the UK. About 688,000 of these are severely or profoundly deaf (approx 7% of deaf people).

41.7% of all over 50 year olds will have some kind of hearing loss. This increases to 71.1% of over 70 year olds.

Each year, 840 babies are born in the UK with significant deafness. One in 1,000 children are deaf at 3 years old. 20,000 children aged 0 to 15 years are moderately to profoundly deaf, and 12,000 children aged 0 to 15 were born deaf.

There are an estimated 50,000 British Sign Language users in the UK. The ratio of fully qualified interpreters to sign language users is 1 to 275. There are 2 million people with hearing aids, of which 1.4 million people use them regularly. There are 921 hearing dogs that have been trained by Hearing Dogs for Deaf People.

There are 23,000 adults with tinnitus to a degree that has a severe affect on their ability to lead a normal life.

Deafblindness

Deafblind people have a combined sight and hearing loss, which leads to difficulties in communicating, mobility and accessing information. Deafblind people are sometimes called dual sensory impaired people.

Deafblindness can be due to several causes, such as Ushers Syndrome, Rubella (German measles) and problems caused by premature births.

Deafblind UK report that there are about 24,000 people in the UK who are deafblind; some are totally deaf and totally blind, other deafblind people have some hearing and vision. These figures do not take into account the large number of older people who are losing both their sight and hearing. So the number of people with a combined sight and hearing loss could well be as high as 250,000.

Equality dimensions

Age

For most impairments, the number of people in the UK who reported a limiting long standing illness or disability increases with age (General Household Survey 2002).

Gender

For disabled adults of working age, the pattern of impairment is broadly similar across gender. However, hearing impairment is more common amongst men of all ages (General Household Survey 2002).

There will be a higher number of older women affected by long term conditions, sensory impairments, and illnesses that may result in physical impairments, due to the fact that women live longer than men.

Ethnicity

Differences in age structure account for much of the variation in prevalence across ethnic groups, as in the UK Black and Minority Ethnic (BME) groups tend to have a younger population. However, even after allowing for this age effect, people of Indian, Pakistani, Bangladeshi and Chinese origin remain less likely to report that they are disabled. These lower rates may be influenced by cultural differences in self-reporting across ethnic groups.

Despite the lower levels of reported long term illness, disability or health condition, disabled people of BME origin are more likely to experience disadvantage. There is evidence to show that families from BME groups with disabled children have a lower take-up of services, and often feel less informed or able to access the system (Nazroo, James Y. (2002) 'Ethnicity, Class and Health', Policy Studies Institute).

A higher proportion of the BME population also live in deprived areas and poor housing, and fall into disadvantaged groups where a higher incidence of impairment would be expected.

Some conditions are more prevalent amongst certain racial groups, for example, sickle-cell anaemia mainly affects people of Black African or Caribbean decent, Cystic Fibrosis mainly affects white Europeans.

Trends in disability prevalence

The Department of Health undertook a comparison of the Health Survey for England, between 1995 and 2001 (Trends in Disability Prevalence Amongst Adults). This showed that changes in disability prevalence were small, and not statistically significant for any of the age and sex groups. The same study examined other prevalence studies, but found it difficult to make any historical comparisons because of the range of issues with data highlighted earlier.

'Improving the Life Chances of Disabled People' states that over the last 30 years there has been an increase in the number of people reporting disability, and that since 1975, the number of adult reporting has increased by 22% from 8.7 million to 10.7 million people. However, this in large part relates to reported increases in mental illness and behavioural disorders.

Amongst children, the increase is even larger, at 65%, from 476,000 disabled children under the age of 16 in 1975, to 772,000 in 2002. Possible

explanations include children with complex conditions surviving longer, and improved diagnosis/reporting.

A range of social life-style trends may lead to increased incidence of long-term conditions (for example, rising levels of obesity amongst the population)

Evidence demonstrates that there is an increase in prevalence of hearing and visual impairment amongst people with a learning disability (Kiani 2005). As more people with a learning disability live longer into adulthood, this will have an impact on sensory impairment assessment and support services.

Local prevalence of physical and sensory impairment

The 2001 census asked people about general health and limiting long term illness.

The census information shows that 30,064 (16.6%) people in York consider they have a health problem or long-term illness. This is lower than the national average (18.2%).

A further 14,487 (8.0%) people describe their general health as 'not good'. Again this is lower than the national average (9.2%).

However, it must be remembered that this information is not specific to physical and sensory impairment.

Demographic profile

The census information for York is broken down by Ward:

Ward	All people	With limiting long-term illness (LLTI)	% with LLTI
Acomb	7729	1321	17.09%
Bishopthorpe	3802	658	17.31%
Clifton	12017	2081	17.32%
Derwent	3540	612	17.29%
Dringhouses and Woodthorpe	10733	1791	16.69%
Fishergate	7921	1289	16.27%
Fulford	2595	507	19.54%
Guildhall	6676	1276	19.11%

Haxby and Wiggington	12468	2113	16.95%
Heslington	4122	302	7.33%
Heworth	11743	2126	18.10%
Heworth Without	3786	697	18.41%
Holgate	11564	1866	16.14%
Hull Road	8269	1277	15.44%
Huntington and New Earswick	12089	2425	20.06%
Micklegate	10994	1797	16.35%
Osbalwick	3149	598	18.99%
Rural West York	10286	1390	13.51%
Skelton, Rawcliffe and Clifton	12160	1574	12.94%
Strensall	7862	1168	14.86%
Westfield	13690	2665	19.47%
Wheldrake	3899	531	13.62%
Total - York	181094	30064	16.60%

What this shows is that 6 Wards: Fulford; Guildhall; Heworth Without; Huntington and New Earswick; Osbalwick; and Westfield have above the national average number of people who consider they have a health problem or long-term illness.

It also highlights Heslington as the Ward with the least number of people who consider they have a health problem or long-term illness.

Number of people registered Blind and Partially Sighted

In 2006, The Information Centre, part of the Government Statistical Service, identified the **Number of Blind people registered with City of York Council by age group:**

Age	0 to 4	less than 6	
	5 to 17	less than 6	
	18 to 49	30*	
	50 - 64	20*	
	65 to 74	50*	
	75 or over	180*	Total 260*

They also identified the **Number of Partially Sighted people registered with City of York Council by age group:**

Age	0 to 4	0	
	5 to 17	10*	
	18 to 49	50*	
	50 to 64	35*	
	65 to 74	35*	
	75 or over	385*	Total 510*

*numbers rounded to the nearest 5

The Information Centre statistics also show:

Since 2003 there have been 25 new blind registrations in York, all of whom were 75 or over. There were 55 new partially sighted registrations, 40 of whom were 75 or over. The remaining 15 registrations were distributed between people aged 5 to 74 years.

In total, 90 people who are registered Blind have an additional disability. 65 people have a physical disability and 15 people are hard of hearing. The remaining 10 people have either a mental health problem or a learning disability. 75 of the people who are registered Blind who have additional disabilities are 65 or over. The remaining 15 are aged 0 to 64.

In total, 145 people who are registered Partially Sighted have an additional disability. 115 people have a physical disability and 20 are hard of hearing. The remaining 5 people have a mental health problem. 135 of the people who are registered Partially sighted who have additional disabilities are 65 or over. The remaining 10 are aged 5 to 64 years.

Number of people registered Deaf or Hard of Hearing

In 2007, the Department of Health identified the **Number of Deaf people registered with City of York Council by age group:**

Age	All Ages	240*
	0 to 17	10
	18 to 64	130
	65 to 74	30
	75 or over	75

They also identified the **Number of Hard of Hearing people registered with City of York Council by age group:**

Age	All Ages	895*
	0 to 17	Less than 5
	18 to 64	115
	65 to 74	130
	75 or over	650

*includes some cases where the age was not known.

The statistics show that since 2004 there has been a decrease in both the number of people registered deaf, and hard of hearing. The greatest decrease being those people registered as hard hearing age 65 or over.

Number of people with physical and sensory impairment known to HASS

The table below illustrates the **number of completed assessments** for people 18 – 65 years over the past five years by primary client group.

Will update this with 2007/08 data when available.

	2002/03	2003/04	2004/05	2005/06	2006/07
Physical disability, frailty and/or temporary	615	347	302	296	336

illness					
Hearing impairment	16	9	4	2	14
Visual impairment	15	8	14	17	14
Dual sensory loss	1	0	0	0	0

The table below illustrates the number of clients 18 – 65 years **receiving services** over the past five years by primary client group. Services include community based services, residential and nursing care.

Will update this with 2007/08 data when available.

	2002/03	2003/04	2004/05	2005/06	2006/07
Physical disability, frailty and/or temporary illness	657	698	758	817	787
Hearing impairment	31	31	43	18	22
Visual impairment	34	39	42	46	38
Dual sensory loss	1	0	1	1	0

What this shows, is that HASS works with a very small number of people with physical and sensory impairments when compared with the 2001 Census data, which identified 30,064 people in York who consider themselves to have a health problem or long term illness.

National prevalence of disabled children

In the same way that it is appropriate to consider older people and their health and well-being needs in relation to this strategy, we need to consider what we know about children and young people.

There are some problems in identifying children with physical and sensory impairment:

- Children with physical and sensory impairments may not be known to Children's Services and then present to Adult Services when they become adults.

- There is a tendency to rely on statementing as a vehicle for identifying disabled children; children with physical and sensory impairments will not go through this route if they do not have particular learning needs.

The Office for National Statistics reported in 2001 that 114 per 10,000 live births had congenital abnormalities. Higher notification rates were noted for mothers under 20 and over 40 years, for babies born weighing less than 2,000g, and were more common in twins than in singletons.

In 2000, slightly more boys (19%) than girls (17%) aged under 20 years reported having a mild disability. Rates of severe disability were consistently higher for boys than girls; in 2000, 11 per 10,000 males and 5 per 10,000 female under 17 years.

The distribution of children and adolescents with a mild disability is higher for families from a semi skilled and unskilled manual background. The highest prevalence of severe disability is among semi skilled manual backgrounds.

The most common condition reported by under 20 year olds with a longstanding illness or disability was asthma, with 42% of total impairments in 2000.

In 1999 and 2000 the predominant disability conditions among severely disabled children and adolescents were autistic spectrum disorders and behavioural disorders.

In 2000 women born in West Africa and the Caribbean had the highest percentages of babies weighing under 1,500g.

There were no consistent sex or class differences in acute illness or in specific aspects of health, but there were differences between minority ethnic groups. Children from Indian, Pakistani, Bangladeshi and Chinese backgrounds were less likely than other ethnic groups or the general population to report acute sickness.

Differences also exist between ethnic groups for overweight and obesity in children. Indian and Pakistani boys were more likely to be overweight than boys in the general population. Afro-Caribbean and Pakistani girls were more likely to be obese than girls in the general population.

Chapter 5

REVIEW OF SERVICES

This chapter begins to explore the demand for and supply of services, analyse gaps in provision and look at how those may be addressed over the next 10-15 years.

Basic information that is available from HASS is that:

- In 2006/07 840 PSI customers 18 to 64 years received community based services ...
- In 2006/07 47 PSI customers 18 to 64 years were supported in residential or nursing home care

Further analysis is required to be more precise on which services, which homes, how many customers provided with a service?

Will need to look at activity/contract monitoring information for:

- *YBPPS*
- *Deaf Society*
- *Resource Centre for Deafened People*
- *Supporting People*
- *Independent Living Fund/Direct payments*
- *Any others?*

This is not yet available.

Chapter 6

GAP ANALYSIS AND DESIGN OF FUTURE PROVISION

This chapter starts to identify the strategic priorities and issues with current services that need to be taken into account when shaping future services.

Summary of Issues raised through consultation

This is a summary of some of the issues through consultation at the event on the 9th November 2007 and subsequently through the focus groups. This considers a broad view of services as experienced by people with a disability or impairment.

What was raised as currently working well for those people involve in the consultation were:

Care & Support

- *Single Assessment Process, where this is in place;*
- *A multi professional approach for some long term conditions;*
- *crisis intervention*
- *aids and adaptations supporting people with independence;*
- *specialist social workers in hospital for clinics;*
- *homecare service following hospital discharge;*
- *direct payments – offers more choice and control*
- *the emphasis on keeping people at home*
- *community organisations*

Vocational Support

- *support with interview preparation, CV, Benefits advice and ongoing support*
- *general support, for example, help with form filling*
- *placements and voluntary opportunities*
- *job coaching, good but short term*
- *disabled people are starting to be recognised locally as full employees*

What was raised as currently not working well for those people involve in the consultation were:

Care & Support

- *access to support at an early stage*
- *lack of staff skilled in communicating with deaf and blind people*
- *a lack of focus on healthy lifestyles*
- *lack of preventive services*
- *social well-being – think beyond health*
- *lack of information readily available in a suitable format*
- *equipment like smoke alarms not always available (in sheltered accommodation)*
- *long term sustained support*
- *services open outside office hours for those who work*

- *service users not having sufficient 'self directing' support*
- *signposting to all services*
- *resources being maximised by integration of different services*
- *some age related criteria for services creates artificial barriers*
- *eligibility criteria set too high*
- *individual needs are fitted into a system*
- *insufficient information about Individual Budgets*
- *opening a bank account for direct payments can be difficult*

Vocational Support

- *support within the workplace*
- *access to education/higher education*
- *work place aids and equipment not always good*
- *benefit issues can make it difficult for people getting work*
- *individual aspirations may not be met or recognised*
- *people are sometimes steered towards low paid work*

Participation & Involvement

- *meaningful consultation with action & outcomes*
- *the development of a Centre for Independent Living (CIL)*
- *having to book an interpreter means having to wait*
- *people's attitudes to people with a disability*
- *would like to be able to use facilities used before becoming disabled*
- *Problems with access to facilities physically and at times when everyone else uses them;*
- *Difficulties with access to, the availability and the cost of transport to support access to community facilities.*

The lessons from the consultation broadly cover the need for services to improve on:

- *provision of information to enable informed choices to be made*
- *a broad provision of services to help people remain independent*
- *self-directed care & support when independence is at risk*
- *access to a greater variety of community facilities and vocational support*
- *involvement and participation in both individual and community service design.*

Centre For Independent Living

Recommendation 4.3 of Improving the Life Chances of Disabled People 2005 states that each locality should have a user-led organisation modelled on existing Centres for Independent Living (CIL) by 2010.

CILs are grassroots organisations run and controlled by disabled people. Their aims are to assist disabled people take control over their lives and achieve full participation in society. For most CILs their main activity, and source of income, is running support schemes to enable disabled people to

use Direct Payments. Such schemes may involve; advice and information; advocacy and peer support; assistance with recruiting and employing Personal Assistants; a payroll service; a register of PAs; and training of PAs.

In May 2007 DH published design criteria for User Led Organisations (ULO).

City of York Council, through HASS commissioned an independent report into the design of an appropriate CIL for York.

This report has been considered through the Social Inclusion working group along with options for the structure and the development of the CIL.

Given the importance of the centre as a user led facility the council has engaged with the University to support the development of a renewed Disability Forum that could work with the council to develop a CIL.

When available this centre will be crucial to inform and support people with a disability towards the independent lifestyles of their choice.

Chapter 7

ACTION PLAN

This chapter begins to draw together the messages from consultation with the citizens of the City over the last five years, and from our recent consultation sessions with customers of services, potential customers and service providers across the statutory, voluntary and private sectors.

We have organised the issues raised in a table using the seven outcomes from the 'Our health, our care, our say' White Paper:

- Improved health and emotional wellbeing
- Improved quality of life
- Making a positive contribution
- Increased choice and control
- Freedom from discrimination and harassment
- Economic wellbeing
- Maintaining personal dignity and respect

This table is a beginning, it will help us plan and prioritise activity and make links to areas of work already underway.

We recognise that more research is required to support longer term objectives, in particular, we need to know more about our disabled population and analyse the impact of demographic changes, we need to map in more detail the current activity across all sectors, and analyse what is working, what is not working and where the gaps are, and we need to try and understand what impact particular developments may have on the way services are commissioned and delivered, for example the expansion of direct payments and the introduction of individual budgets.

The themes for the action plan are the 7 White Paper Outcomes

The aspiration is taken from the Key Lines of Assessment to Standards of Performance Document CSCI March 2008

What this theme includes is a brief summary of what evidence is required to demonstrate performance/good practice

1. Improved health and emotional wellbeing

The aspiration:

Enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long term conditions independently. There are opportunities for physical activity. Partnerships between agencies demonstrably improve reach across the community and accessibility to services, activities.

What this theme includes:

- Disabled access to and support within primary and acute health services
- Long term conditions diagnosis and treatment
- Rehabilitation services
- Health promotion for people with physical and sensory impairments

Need to include any work in progress, from LAA, the messages from consultation and which group/forum might need to note and take the various actions forward.

2. Improved quality of life

The aspiration

Access to leisure, social activities and life long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home. Partnerships between agencies demonstrably improve reach across the community and accessibility to services, activities.

What this theme includes:

- Provision of accessible housing and supported housing
- Access to transport
- Access to services and information

3. Making a positive contribution

The aspiration

Maintaining involvement in local activities and being involved in policy development and decision-making.

What this theme includes:

- Participation in community life and democratic processes
- Consultation and involvement

4. Increased choice and control

The aspiration

Through maximum independence and access to information. Being able to choose and control services and helped to manage risk in personal life.

What this theme includes:

- Quality of community care assessments/reviews/self assessment
- Direct payments and individualised budgets
- Transition from children to adult services/interfaces with other client groups eg. mental health, learning disability
- Disabled parents – support with parenting
- Support and information for carers

5. Freedom from discrimination and harassment

The aspiration

Equality of access to services. Not being subject to abuse.

What this theme includes:

- Tackling discrimination and harassment of disabled people
- Equality Impact assessments on service provision

6. Economic wellbeing

The aspiration

Access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.

What this theme includes:

- Accessing/maintaining employment and Life Long Learning
- Provision and availability of benefits advice

7. Maintaining personal dignity and respect

The aspiration

Keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.

What this theme includes:

- Supporting people to live at home, including personal care and communication support
- Low level and preventive services
- Integrated community equipment services/Telecare



Meeting of Executive Members for Housing and **2nd June 2008**
Adult Social Services and Advisory Panel

Report of the Housing Standard and Adaptations Manager

Review of Grants Policy

Proposed Changes to the Grants And Assistance Policy – Energy Efficiency Grants and the Disabled Facilities Grant Programme

Summary

1. The purpose of the report is to brief the Executive Member and outline the proposed changes to the Grants and Assistance Policy regarding the:
 - a) **Energy Efficiency Grant** –amending the eligibility criteria to take account of the national changes to the priorities group and
 - b) **Disabled Facilities Grants Programme** –to provide a brief summary of the Governments proposals to improving programme delivery, giving the York context and to request that a letter is sent to Government Office regarding the impact on the funding arrangements

Background

2. It was not the intention to bring any amendments forward regarding changes to the Grants and Assistance Policy until after the private sector stock condition survey has been completed and the new aims outlined in the new Private Sector Renewal Strategy had been confirmed. However, changes to national policy need to be reported and implemented. It will still be our intention to bring a further report resulting from the above work outlining any policy changes required due to an alterations or amendments to the council's aims.

Energy Efficiency Grant

3. The City of York Council has for two years funded, through the Regional Housing Board allocation, an energy efficiency grant to provide insulation measures and space heating. The grant helps vulnerable households over the age of 75 who live in a dwelling with a Council Tax Band rating of A,B or C. and who are exempted from the national grants. The grant offered through the Energy Efficiency Advice Centre has been very successful providing more than 300 grants

4. The Carbon Emissions Reduction Target (CERT) which came into effect on 1 April 2008 and which will run until 2011 has placed an obligation on energy suppliers to achieve targets for promoting reductions in carbon emissions in homes.
5. It is the principal driver of energy efficiency improvements in existing homes in Great Britain doubling the level of activity of its predecessor known as the Energy Efficiency Commitment (EEC). Suppliers must direct at least 40% of carbon savings to a priority group of low-income and elderly consumers, therefore the suppliers have extended the priority group to include the over 70s.
6. This will have a direct impact on the uptake of the grant currently offered by the council. Therefore, it is proposed to maximise the Regional Housing Board allocation and ensure that we are helping a large number of fuel poor households, who are not eligible under the current national criteria, become eligible for support. The full changes are outlined in the attached grants and assistance policy but the main changes are to lower the age criteria so that:
 - a) Anyone over the age of 60 who live in a council's tax property A, B or C to be eligible for a cavity wall and loft insulation grant and where the applicant is
 - b) over 70 who live in council tax property A, B or C to be eligible for heating measures to meet decent home standards.

These changes will compliment other schemes currently accessed by residents through the Energy Efficiency Advice centre.

Disabled Facilities Grant

7. The government has recently published a package of reforms to the Disabled Facilities Grant (DFG), part of the ongoing review of the programme. The DFG reforms come as part of a lengthy national review which began in 2004. It resulted in a major report, by Bristol University published in 2005, which listed a number of reforms some seen as urgent.
8. The outcome of this review is that the DFG will still remain a mandatory grant, however, there are significant key changes proposed, some with immediate effect and others which await the results of further studies. Most of the changes are statutory but some, when they are fully known, will require changes to our local policy

In particular the key changes relate to

- a) **The overall funding**, the 60:40 split, the ring fence and recycling of monies
- b) **The access to the grant**- there are specific changes to the ceiling for mandatory grant, to the Test of Resources (means test), and eligible works

Funding

9. A central point of the Bristol report was the inadequacy of funding for the DFG programme. The Government has announced a boost in funding for the programme with an increase of up to 31% in the next three years to a total of £166m in 2010/11. Most councils should be seeing some increase in central funding, however in York we have been informed that our allocation is remaining static at £375k. This is the funding we bid for but at the time of the bid we were not made aware that significant changes were to be implemented with immediate effect. In addition Government Office appear to be unaware of the significant additional funding which the council provides through its disability programme and minor adaptations budget.
10. However, it should also be noted that the government are working on the new approach for allocations from 2009/10 onwards. A letter has been sent to Government office expressing our disappointment regarding this year's allocation and requesting information as made available as soon as possible regarding the new proposals.
11. Up until now, the council have been required to match the Exchequer allocation with their own funds: 40 per cent to the council and 60 per cent to the government. From April, 2008, this requirement no longer applies. The grant still remains mandatory, but this change will allow the council a greater flexibility, giving the council capacity to design services to fit with local delivery arrangements and individual needs, and brings together resources to respond to local need.
12. With regard to ring fencing, initially the ring fence will remain, but with the scope for the use of DFG funds to be widened to support any expenditure incurred under the Regulatory Reform Order (RRO).
13. Removal of the ring fence is to be piloted with four LAs over the next 18 months, with the results to be evaluated and shared. It is likely that from 2010/11, DFG will be paid to authorities as a non ring-fenced sum, as part of the Single Capital Pot: at first as a two-year settlement, then a three. The government sees the relaxation of the ring fence as creating sufficient flexibility to enable schemes such as stair lifts to be loaned and recycled.
14. A discretionary consent is also being proposed which will enable the council to place a charge on adapted properties of owner occupiers, where the cost of the DFG exceeded £5,000. The charge will be limited to a maximum of £10,000 and is only to be effective if the property is sold within ten years. Adaptations for children are not exempted. We await further information on this subject as it will need a change in our policy to implement.

Access to grant

15. The maximum amount for mandatory grant is to be raised from £25,000 to £30,000, responding to the increasing numbers of complex cases and cost of works. An exact date has yet to be given but it is thought to be implemented.

sometime in May. This will have impact on the DFGs budget. Following the removal of means testing to families with disabled children we have seen a significant increase in the number of larger schemes to meet the long term and complex needs of disabled children. Currently we approve between 6-8 DFGs/year above the grant maximum of £25K given that is a growing area of work I would estimate approximately another £30-50K of expenditure

16. A major criticism of the DFG is that the means test is overly complex, penalising some groups of applicants and even excluding others from assistance. The proposed changes, date still to be fixed, will enable applicants claiming certain benefits to be passported through to DFG. In addition, Working Tax Credit and Child Tax Credit will no longer be counted as income for the purposes of the Test of Resources (ToR).
17. Further work on the ToR is promised within the coming year to bring it into line or link with other means tests.
18. The Bristol report drew attention the restrictions on eligibility which could limit help access to the garden being one where current legislation is unclear. There will now be a specific entitlement to grant for this, where 'reasonable and practicable'. We are proposing to carry out some work on a sub regional basis to give further guidance to councils as to what this could include and will be updating members with regard to the change in this policy.

Consultation

19. There has been limited consultation undertaken to produce this report. Consultation has taken place with our partners the Energy Efficiency Advice Centre and through the Private Sector Renewal Policy Steering Group.

Options

20. The options available to the Executive Member are:
 - 1) **Option 1.** To revise the existing policy in line with this interim review including the:
 - a. change the eligibility criteria for of the energy efficiency grant.
 - b. to accept the briefing regarding the proposed changes to the DFG and to continue to support the adaptation programme.
 - 2) **Option 2** - Maintain the current policy with no revisions
 - 3) **Option 3** to amend the above proposals

Analysis

21. Option 1 enables the councils to provide a grants and assistance policy which maximises our resources by ensuring that the range of grants is brought along side other grants offered through the Energy Efficiency Advice Centre.

22. Option 2 Without the changes to the energy efficiency grant the council will not be able to maximise the regional housing board allocation and potential vulnerable customers will be placed at risk

Corporate Priorities

23. This report contributes to 2 of the Council's seven direction statements and 5 corporate priorities

Seven direction statements

- (a) we will seek to place environmental sustainability at the heart of everything we do
- Improving the energy efficiency of York's housing stock is key to achieving an environmentally sustainable city
- (b) we will be an outward looking council, working across boundaries to benefit the people of York
- The proposed removal of the ring fence currently applied to the DFG will allow for greater flexibility and a pooling of resources to deliver key objectives of the LAA.

Corporate Priorities

- (a) Reduce the environmental impact of council activities and encourage, empower and promote others to do the same
- Widening the eligibility criteria for grant assistance will help improve the energy efficiency of York's housing stock and reduce carbon emissions
- (b) Improve the health and lifestyles of the people who live in York
- Actual and proposed changes to the DFG will further contribute to preventing falls and hospital admissions
 - The extension of DFG to include access to the garden should promote increased physical and social activity
 - Proposed widening of grant eligibility will help more fuel poor households
 - Damp, cold housing is associated with an increase in mental health problems and contributes to respiratory disease
- (c) Improve the life chances of the most disadvantaged and disaffected children, young people and families in the city

- Increasing the DFG maximum grant limit will allow more complex cases to be supported, such as those meeting the long term needs of disabled children.
 - Home energy improvements have been shown to decrease school sickness by 80% in children with asthma or recurrent respiratory infection
 - Children's achievement at school – homework suffers without a quiet, warm place to study
- (d) Improve the quality and availability of decent, affordable homes in the city.
- A widening of eligibility for grant will serve to improve the overall condition and accessibility of York's housing stock
 - Actual and proposed changes to the DFG will help meet the aspirations of older people who wish to remain independent in their own home for longer
- (e) Improve the actual and perceived condition and appearance of the city's streets and housing estates and publicly accessible spaces
- Well maintained homes are central to creating safe, and thriving neighbourhoods

Implications

Financial

24. **Option 1:** The change to the eligibility criteria for the energy efficiency grant, which may increase the demand for the grant, will be met within the existing energy efficiency grant budget.
25. The removal of the 60:40 requirement for the DFG funding will give flexibility to how CYC allocates capital funding. The 08/09 capital programme was approved before the announcement of the DFG changes, therefore it includes a 40% contribution which is funded by RTB receipts. There is now the option to review the level of this contribution, if necessary, as we would not lose any government grant. The funding and level of any CYC contribution in future years will be reviewed during the annual CRAM process and any CYC funding, additional to the RHB grant received, would be allocated during the CRAM process when assessed alongside other bids for capital funding.
26. The future removal of the ringfence for the DFG allocation will further increase the flexibility for the use of the funding.
27. If implemented, the option to place charges on adapted properties of owner occupiers (para 13) should be investigated as this could bring resources back in to the Council to be used to fund future adaptations.

28. **Option 2:** There would be no change to the existing energy efficiency grant budget
29. The changes to the DFG funding arrangements would be the same as those outlined in option 1.
30. **Option 3:** The financial implications of any alternative amendments to the proposals would need to be assessed.

There are no **Human Resources, Equalities, Crime and Disorder, Property or Information Technology** implications in this report.

Legal

31. It is a legal obligation for the council to review its grants and assistance policy.

Risk Management

32. In compliance with the Council's risk management strategy there are no risks associated with Option's 1 or 2 of this report. The main risk that has been identified in this report is not maximising the funding available to the residents of York
33. The risks associated with the recommendation of this report are assessed at a net level of below 16

Recommendations

38. That the Executive Member notes the content of the report and that a letter was drafted to Government Office expressing our concern over the budget allocation and approves the:

Revision to the existing policy in line with this interim review including the:

- a) change the eligibility criteria for of the energy efficiency grant.
- b) To accept the briefing regarding the proposed changes to the DFG and noting both the short term and long term impact of the changes on the delivery of the disabled facilities grant programme
- c) To endorse the council's adaptation programme across all tenures and notes the potential financial implications and to continue to support this area of work.

Reason: To assist vulnerable residents in the City.

Contact Details

Author:

Ruth Abbott
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Adaptations Manager
554092

and

Chief Officer Responsible for the report:

**Report
Approved**



Date

19th May 2008

Bill Hodson
Director of Housing and Adult Social Services

Specialist Implications Officer(s)

Finance

Debbie Mitchell
Head of Housing & Adult Social Services Finance
Tel: 554161

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers:

Consultation Paper
HQN Briefing Paper

Annexes

Amended Grants and Assistance Policy



**City of York Council Grants and Assistance Policy for the
Private Housing Sector**

Housing Grants, Construction & Regeneration Act 1996

The Regulatory Reform (Housing Assistance)

(England & Wales) Order 2002

Effective from	June 2008
To be reviewed at the latest by	31st March 2009

Introduction

The Government's view is that it is primarily the responsibility of homeowners to maintain their own property but accepts some homeowners, particularly the elderly and most vulnerable, do not have the necessary resources to keep their homes in good repair. This policy reflects this safety net approach and will develop future policies to provide advice and information to help homeowners arrange their own financial packages to maintain their homes.

The following types of grant & assistance are available subject to the eligibility criteria and conditions. The Housing Standards and Adaptations manager will consider exceptional circumstances outside the scope of the policy.

Disabled Facilities Grants

Purpose of the grant

The grant is to help people who have a disability adapt their home to make it easier for them to continue to live there or maintain their independence. The government sets out what the grant can be used for and a maximum amount that can be paid – this is called the mandatory grant. City of York council will in addition pay a discretionary amount for the reasons set out below.

Who is eligible for a grant?

The disabled person must be registered as disabled with Community Services or meet the criteria for registration if they applied.

The applicant must be either an owner or private tenant. Owners or tenants of houseboats & park homes are included.

What work will the grant cover?

A recommendation is required from an occupational therapist employed by the Community Services Department that the work is necessary & appropriate. The work needs to meet one or more of the following mandatory purposes. : -

- Facilitating access to & from the dwelling or building by the disabled occupant
- Making the dwelling or building safe for the disabled occupant
- Access to the principal family room by the disabled occupant
- Access to or providing a bedroom for the disabled occupant
- Access to or providing a room containing a bath or shower for the disabled occupant or facilitating the use by the occupant of such a facility
- Access to or providing a room containing a WC for the disabled occupant or facilitating the use by the occupant of such a facility
- Access to or providing a room containing a wash hand basin for the disabled occupant or facilitating the use by the occupant of such a facility
- Facilitating the preparation and cooking of food by the disabled person
- Improving or providing a heating system for the disabled person
- Facilitating the use of power, light or heat by the disabled person by altering same or providing additional means of control
- Facilitating access & movement around the dwelling to enable the disabled person to provide care for someone.

An application is normally approved if it is considered reasonable & practicable to carry out the relevant works having regard to the age & condition of the dwelling, building, houseboat or park home.

How much grant will be given

The disabled person and any partner are means tested to determine the amount of their contribution towards the cost of the work.

The maximum mandatory grant is £25,000.

Discretionary assistance may also be available for the following purposes: -

- To provide the shortfall between the cost of the eligible works and the mandatory maximum grant of £25,000,
- For assisted purchase of a more appropriate property subject to the cost effectiveness of the scheme and means test of the applicant.
- For relocation expenses up to maximum of £5,000 if a more suitable property is available.

There is a limited budget each year for this assistance and each case will be considered on an individual basis.

Other conditions

Discretionary assistance will normally be repayable should the property be sold within five years.

York Repair Grant

Purpose of the grant

The grant is paid for items of disrepair and urgent works affecting the occupants' health or safety.

Who is eligible for a grant?

To qualify for assistance an applicant must normally: -

- a) Be aged 18 or over
- b) Be an owner or private tenant or an occupant with a right of exclusive occupation for a period of more than five years
- c) Be either 60 or over, disabled, or have a child under 16 living with them **and** be in receipt of one of the following benefits:
 - Council tax benefit
 - Housing benefit
 - Working tax credit, excluding child tax credit
 - Income based job seekers allowance
- d) Have a power or duty to carry out the works
- e) Have lived in the property for 12 months prior to making the application (or three years if applying under an exclusive right of occupancy). Where an applicant lives in a mobile home (park home) on a licensed site or on a houseboat with mooring rights they must satisfy a three-year qualification period.

What work will the grant cover?

The types of work which normally can be grant aided include

- Roof repairs
- Repair/replacement of doors & windows
- Defective electrical wiring
- Defective plumbing including lead pipe work
- Repair/replacement of gutters, down pipes etc
- Defective stairs/floors
- Remedying dampness
- Repairs to drains
- Repairs to dangerous boundary walls
- Security measures
- Heating installations, repairs to heating systems & appliances & energy efficiency works (if not eligible through Warm Front)
- Structural faults (if not covered through insurance)
- Preliminary fees essential to arranging a loan to carry out repairs or fees charged by a Home Improvement Agency
- Any category 1 as determined by using the Housing Health and Safety Rating System

The council will provide a list to applicants of the work that will be eligible for a grant.

How much grant will be given

The maximum grant is normally £6,000 and restricted to one application within ten years. Grants paid under previous policies will be taken into account when determining eligibility to reapply.

There is a limited budget each year for this assistance and enquiries will be dealt with in date order in a waiting list system.

Other Conditions

The grant will normally be repayable should the property be sold within five years.

Security grants

Purpose of Grant

To provide a new grant for vulnerable groups, which keep a dwelling, secure against unauthorised entry and the maintenance of defensible space.

Who is eligible for the grant?

To qualify for assistance an applicant must normally: -

- a) Be aged 18 or over
- b) Be an owner or private tenant or an occupant with a right of exclusive occupation for a period of more than five years
- c) Be either 60 or over, disabled, or have a child under 16 living with them **and** be in receipt of one of the following benefits:
 - Council tax benefit
 - Housing benefit
 - Working tax credit, excluding child tax credit
 - Guaranteed pension credit
 - Income based job seekers allowance
- d) Have a power or duty to carry out the works
- e) Have lived in the property for 12 months prior to making the application (or three years if applying under an exclusive right of occupancy). Where an applicant lives in a mobile home (park home) on a licensed site or on a houseboat with mooring rights they must satisfy a three-year qualification period.

What work will the grant cover?

A recommendation is required from The Safer York Partnership that the work is necessary & appropriate.

The types of work which normally can be grant aided include

- Fencing to provide defensible space around a dwelling
- Doors and windows – fitting locks to vulnerable windows
- To provide substantial doors with adequate locks.
- Door viewers
- Burglar alarms
- Security lighting

The Safer York partnership will provide to the applicants a schedule of works, which will be eligible for the grant.

How much grant will be given

The maximum grant will be normally £1000 and restricted to one application within ten years.

There will be a limited budget each year for this assistance and enquiries will be dealt with in date order in a waiting list system.

Energy Efficiency Grant

Purpose of Grant

To install loft and wall insulation, and upgrade heating to meet the decent homes standard

Who is eligible for the grant?

To qualify for the grant there must be at least one permanent resident in the household

- a) over the age of 60 to be eligible for a cavity wall and loft insulation grant and where the applicant is
- b) over 70 to be eligible for heating measures to meet decent home standards

The household must occupy a dwelling which is banded A, B or C Council tax purposes. It cannot be an unregistered annex or “granny flat”

The eligible occupant must own, or part own or be married to or partner the owner of the property

What the grant will be for

The type of work which normally can be grant aided include

- Wall insulation where the construction of the building allows the external walls of the dwelling to receive cavity wall insulation. Walls of adjoining dwellings within the same building will not be insulated under the grant,
- Loft insulation where dwellings lie directly below an accessible loft space, the loft space above the dwelling will receive mineral wool insulation where it is practical and possible to install. Existing insulation will be increased to a depth at least 250mm from any thickness below 75mm.
- Heating will be upgraded to meet the decent home standard.

How much the grants will be given

There will be limited budget each year for this assistance and enquires will be dealt with in date order in a waiting list system.

To ensure a simple and streamlined administrative system the council will uses its partner the energy partnership thorough a service level agreement to administer the grant scheme.

Landlords Housing Grant

Introduction

There are two grants available to landlords – empty properties grant and a grant for existing tenanted properties.

Empty properties

Purpose of grant

The grant is to help landlords bring empty properties back into use as dwellings.

Who is eligible for a grant?

To qualify for assistance the landlord must be the freeholder of the property or have a lease with at least ten years unexpired term at the time of application. The landlord must enter into a leasehold agreement with a partner housing Association for a minimum of five years from the completion of the works.

What the grant will be for

The grant is for the work that will make the empty dwelling meet the decency standard as determined by the Council.

How much grant will be given

The grant limit is 75% of the cost of the eligible works up to a maximum of £20,000 of which £2000 is payable to the Housing Association for initial set up costs.

Additional capital finance for the improvement works necessary to meet the decent homes standard will be met either by the owner or by the housing association through negotiation with the owner. Evidence of this additional funding must be in place before the grant is paid.

Other conditions

The grant application will be made by the Housing Association but the Council will determine the eligibility of the proposed schedule of works.

Only one grant approval per property will normally be available.

These grants are repayable should the property be sold or no longer used for letting within ten years of completion of the works. The

Lettings as holiday lets or to family members are not eligible.

Existing tenanted properties

Purpose of grant

The grant is to help landlords bring existing tenanted properties up to the decency standard as determined by the Council.

Who is eligible for a grant?

To qualify for assistance the landlord must be the freeholder of the property or have a lease with at least five years unexpired term at the time of application. Any property, which is an existing house in multiple occupations, must be a licensed house in multiple occupations in accordance with the Housing Act 2004.

What the grant will be for

The Council will provide a schedule of works eligible for grant assistance.

How much grant will be given

The grant limit is 50% of the cost of the eligible works up to a maximum of £4,000.

Other conditions

Only one grant approval per property will be available.

These grants are repayable should the property be sold or no longer used for letting within five years of completion of the works.

Lettings as holiday lets or to family members are not eligible.

General conditions applicable to all grant applications

The following general conditions will normally apply to grant applications:

- Properties eligible for grant assistance (excluding Disabled Facilities grants) must be more than ten years old.
- Two competitive estimates are required for all eligible works.
- Applicants or members of their families who wish to carry out grant-aided works themselves will be eligible only for the cost of materials. Satisfactory invoices or receipts will be required before payment is made.
- Grant approvals will be valid for 12 months from the date of approval.
- Work must not be started before written grant approval is received, as grant aid is not available retrospectively.
- Additional or unforeseen works identified during works in progress will only attract grant assistance if the works are approved by the Council following a written estimate from the contractor.
- Payment of grant monies will be made direct to the contractors or supervising agent on completion of the specified works, receipt of a satisfactory invoice and a satisfactory final inspection. Any works that may be covered by an insurance policy will need to be pursued through the customers insurance company and the outcome confirmed in writing before works commence.

Fees

- For the disabled facilities grant Local authority administrative fees of 15% will be included in the grant approval (excluding grants for empty properties) in accordance with section 169 of the Local Government & Housing Act 1989.
- For the York repair grant local authority administrative fee of £500.00 will be included in all grant applications.
- For the Security grant local authority administrative fee of £200.00 will be included in all grant applications.

These fees are not payable by the applicant and will be paid via an internal recharge by the Council on completion.

Repayment conditions

Type of grant	Period within which grant would be required to be repaid if property sold	Other conditions
The discretionary element of the disabled facilities grant	5 years	
York Repair grant	5 years	
Landlord Housing grant – empty properties	5 years	If property sold or no longer let to housing association
Landlord Housing grant – tenanted properties	5 years	

A local land charge will be registered following final payment of these grants.

Home Appreciation Loan

Purpose of the loan

A home appreciation loan (HAL) is an equity release loan to assist vulnerable homeowners in bringing their homes up to health and safety standards and decency standards or to assist with adapting the property.

Who is eligible for a loan?

To qualify for assistance an applicant must normally:-

- be aged 18 or over
- be a home owner **and**
- be either 60 or over, disabled, or have a child under 16 living with them or 26 weeks pregnant and be on one of the following qualifying benefit

THIS IS A LIST OF QUALIFYING BENEFITS	
For people over 60, or at least 26 weeks pregnant, or with children under 16:- and at least one of the following: -	For anybody else
Auto qualify - Income Support Auto qualify - Guaranteed Pension Credit Auto qualify - Income Based Job Seekers Allowance (over 60s only) Council Tax Benefit – not single person discount Attendance Allowance Disability Living Allowance Working Tax Credit (if including a disability element and household income is less than £15,050 per year) Child Tax Credit (if your household income is less than £15,050 per yr) Industrial Injuries Disablement Benefit (including Constant Attendance Allowance) War Disability Pension (including Mobility Support)	Auto qualify - Income Support Council Tax Benefit (including disability element) Housing Benefit (including disability element) Attendance Allowance Disability Living Allowance Working Tax Credit (if including a disability element and household income is less than £15,050 per year) Child Tax Credit (if your household income is less than £15,050 per yr) Industrial Injuries Disablement Benefit (including Constant Attendance Allowance) War Disability Pension (including Mobility Support)

- and** unable to access commercial loans

What work will the loan cover?

The HAL can only be used to cover works that have been specified and agreed on the schedule of works provided by the local authority. The types of work which will be considered:

- To meet the health and safety and decency standards – examples are rewiring, roof repairs and window replacements

- Energy efficiency works such as central heating boilers, replacement radiators
- Works to meet the decency standards such as replacing the kitchen or bathroom including tiling to these rooms if required. The amount will not normally be restricted for kitchen bathroom however only reasonable costs of these items will be considered to include a reasonable quality of fixture and fittings, the local authority to determine the reasonable amount. Kitchen appliances such as cookers, washers fridge freezers etc are not covered by the loan scheme.
- To cover any shortfall of any financial assistance from the local authority to carry out works to the property to achieve health and safety or decency standards.
- To cover the costs of any shortfall on mandatory facilities grants that have been agreed by local authorities including any clients contribution which is more than £2000.00 pounds.
- Any disabled adaptations that a client may have to pay for themselves.
- Consideration will also be given to home owners that wish to use the HAL for overcrowding purposes e.g. loft conversions if it will provide necessary space for a family. There is a limit to the amount of HAL which will be considered for this purpose and it must be agreed by the Local authority and the Yorkshire Region equity release and loan officers

How much of a loan will be given?

The minimum loan that will be available is £2000 and the maximum loan is normally £30,000.

The loan must not normally exceed 50% of the unimproved value of the property and

The total borrowing (including any outstanding mortgages or secured loan) must not exceed 70% of the unimproved value of the property.

Loan referral outside of these limits may be considered in exceptional circumstances

Other Conditions

- The loan would be provided by Sheffield City Council on behalf of York City Council via the Yorkshire and the Humber Regional Loans Service (YHRLS). The loan will be subject to the conditions and operating practices and policies of YHRLS.
- Preliminary fees essential to arranging a loan to carry out work or fees charged by a Home Improvement Agency may be eligible for a York Repair Grant

Exceptional Circumstances

The grants and adaptations manager will consider, in exceptional circumstances, applications not covered by the policy, where there are health or safety risks or other relevant circumstances.

Appeals and Complaints

If an applicant is not satisfied with the outcome of an application then it will be dealt with through the council's complaints procedure. The applicant should contact the council's complaints manager on York 613161

Enquiries : All enquiries regarding this policy should be made to :

Housing Standards and Adaptations,
Housing and Adult Services
PO Box 402,
George Hudson Street,
York,
YO1 6ZE.

Telephone 01904 613161 extension 4092 or 4023

General email enquiries: Housing.standards@york.gov.uk



Meeting of the Executive Members for Housing and Adult Social Services and Advisory Panel

2nd June 2008

Report of the Director of Housing and Adult Social Services

Homeless Strategy 2008 to 2013

Summary

1. To note the review of the homeless strategy and approve the contents of the strategy that will cover the period between 2008 and 2013. The strategy is required to be submitted to Communities and Local Government by the end of July 2008.

Background

2. The City of York Council has a duty under s.1 (4) of the Homelessness Act (2002) to publish a homeless strategy every five years the first strategy was published in 2003.
3. Key target is the 2003/08 strategy were to;
 - Minimise Rough Sleeping the average is around 4. At the last street count there were 2 Rough Sleepers
 - Half the use of temporary accommodation by 2010 to 121. At the end of March 2008 there were 211 households in temporary accommodation.
 - End the use of Bed and Breakfast accommodation for families. At the end of March 2008 there were 4 families in B&B none for more than six weeks
 - End the use of Bed and Breakfast for 16-17 year olds by 2010. At the end of March 2008 there were 2 16/17 olds in B&B.
4. Beyond these targets there have been some significant achievement in the last five years.

Partnerships – Re-establishment of the landlord forum, protocols with children's services and offender management, establishment of a registered social landlord forum and resettlement multi-agency training.

Advice and prevention – New allocations policy with the choice based lettings element and priority given to resettlement and potentially homeless, Training sessions for new tenants and increasing resources going into prevention work.

Accommodation – Refurbishment of Howe Hill and the travellers site, the opening of the new women aid centre, increasing the section 106 quotas to 50% and the development of the new Archlight and Peasholme resettlement centres.

Consultation

5. The development of the strategy and ultimately the monitoring of the action plan have been overseen by a Homeless Strategy Steering group. The membership of this group reflects the fact that the issues of homelessness are far reaching and effect a wide range of services. Membership includes The Primary Care Trust (PCT), The Probation service, resettlement services, Supporting people, Learning, Culture and Children Services, Registered Social Landlords, The voluntary advice agencies (HARP) and Housing Services. The Homeless Strategy Steering Group have signed off the final draft on 21stMay 2008.
6. A significant part of the review has been to consult with stakeholders and customers. Between June 2007 and February 2008 City of York Council led a number of reviews aimed at increasing understanding and knowledge of homelessness and homelessness services in York. The reviews took many different forms including external inspection, peer review; staff self-assessment and extensive service user consultation. The user consultation included individual users completing a user survey and running group discussions on what the services are like now and how they could be improved
7. The key findings of the consultation with customers/stakeholders are available on request.
8. Following the completion of the review of the strategy the draft documents have been shared with stakeholders and customers at events held in April 2008. The feedback from these sessions was that the strategy was well received, it had captured the main issues in a form that was concise and easy to read and the action plan was challenging.

Options

Option one

9. To endorse the review of the homeless strategy.(See appendix V)

Analysis

10. The overarching aspiration of the strategy is to eradicate the use of emergency accommodation and move away from a reactive approach to homelessness. Taking a planned route toward rehousing and independent living is key to reducing the need for temporary accommodation.
11. Within the strategy there are four key strands
 - Partnership working – Only through the development of partnerships and development of the shared objectives with this strategy will the city successfully achieve its targets. Critical to this has been to align the strategy with other relevant strategies for a full list of these are available on request. The National indicator 156 to half the number of households in temporary accommodation is now a key priority within the Local Area Agreement.
 - Advice and information and prevention – Prevention advice is key to planned housing and significant emphasis has been put in this areas. A wide range of services contribute directly and indirectly to the prevention of homelessness, from those improving people's education and skills and identifying and supporting those at risk at an early stage, through to those ensuring an adequate supply of affordable housing.
 - Accommodation – Improving the quality and redesigning the use of temporary accommodation to support a planned move on approach will be critical to the strategy over the next five years. Equally important is the need to satisfy the demand for accommodation National indicator 155 Number of affordable Housing delivered is also a key indicator within the local area agreement. The supply of accommodation is critical to achieving the target of halving the number in temporary accommodation. The annual level of casual vacancy in the council's own stock has reduced by 20% in the last twelve months. 2007/8 the level of new affordable housing generated is expected to be approximately 50 homes and over the next two year the target is 425 affordable homes.
 - Support Services – These will need to develop towards providing support that either sustains customers in their existing accommodation or provides them with the tools, which will ensure that they are able to sustain independent living.
12. Details of what is required over the next five years are contained within the action plan which is available on request.
13. To achieve the aims set out in the action plan there is a need for both members and stakeholder agencies to adopt new working practices, develop forward thinking and dynamic policies and pro-actively address the future challenges

Corporate Priorities

14. The Homeless strategy is closely link to various strategies and priorities. In terms of the corporate priorities it is critical to the following priorities.
 - Increase peoples skills and knowledge and improve future employment prospects
 - Improve the economic prosperity of the people of York with a focus on minimizing income differentials
 - Improve the health and lifestyles of the people of York, particularly amongst groups whose levels of health are the poorest
 - Improve the life chances of the most disadvantaged and disaffected children, young people and families in the City
 - Improve the quality and availability of decent affordable homes in the City
 - The Council will provide strong leadership for the city using partnerships to shape and deliver the Sustainable Community Strategy for the city

Financial Implications

15. There are no direct financial implications to this report. However, it may not be possible to deliver all the actions contained in the strategy within the existing resources allocated to homelessness services. The financial implications of delivering the strategy will therefore need to be kept under review.

Equalities Implications

16. As part of the process of reviewing the homeless strategy an equalities impact assessment has been completed.

Legal Implications

17. The Review and Strategy are legal requirements under the Homelessness Act 2002.

Risk Management

18. The risk is that the council doesn't achieve its targets to reduce the number of households in temporary accommodation. These target are set out in the action plan and are in the council's Local Area Agreement. Within the strategy and the action plan there are measures to ensure that the risks are mitigated.
19. The risk/s associated with the recommendation of this report are assessed at a net level below 16. The risks have been assessed as moderate at 14, the strategy will be regularly monitored at the Homeless Strategy Steering Group.

Recommendations

20. The Executive Member is asked to endorse the strategy and recommend it to the Council's Executive for approval.

Reason : It is a legal requirement that the council has a Homeless Strategy

Contact Details

Author:
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Steve Waddington
Head of Housing Services

Report Approved **Date** 19th May 2008

Bill Hodson
Director of Housing and Adult Social Services

Report Approved **Date** 19th May 2008

Specialist Implications Officer(s)

Finance

Debbie Mitchell
Head of Housing & Adult Social Services Finance
Tel: 554161

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers:

2003/08 homeless strategy

Action plan for Homeless Strategy 2008/2013

List of links to other strategies

Outcomes form consultation

Appendix

Draft Homeless strategy

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York Homelessness Strategy 2008-2013

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Foreword

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3. Homelessness in York

4. Homelessness review

5. Our aims and priorities for the future

6. Keeping the strategy relevant

Appendices:

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- ii. Glossary of terms
- iii. Relevant legislation, policy and good practice
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- v. Service review activities
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Foreword (sample text)

This strategy outlines a vision for homelessness services in York and sets out the evidence on which our strategic aims and future priorities have been based. It demonstrates our serious commitment to reducing the number of people who experience homelessness and to providing the best possible services to people whose homelessness we are unable to prevent.

The strategy seeks to build upon the key achievements delivered since publication of the first homelessness strategy in 2003. Since then great improvements have been made both in terms of our knowledge of homelessness and our ability to prevent it.

The effects of homelessness are felt not only by individuals and their families but also impact on the wider community. It is important that efforts to tackle homelessness are seen as part of this bigger picture, which includes tackling social exclusion and improving access to health and social care services.

Successfully addressing homelessness can only be achieved by people working together. The strategy sets out how we will build on multi-agency working to prevent homelessness and continue to make the best possible use of all partners' expertise and resources in this area.

We look forward to regularly reviewing progress in the years to come to ensure the strategic aims set out in this strategy are achieved.

Cllr...

July 2008

Executive summary

- Homelessness is the most extreme form of housing need. It can affect anyone, including families, childless couples and single people. Homelessness has many causes, some relating to the wider economy and the housing market and some more personal to the individual or household.
- This strategy sets out what needs to be done to address homelessness in York over the next five years. It builds on key achievements delivered through the last homelessness strategy published in 2003. The strategy aims to reflect national policy objectives and tie them into priorities identified at the local level.
- Whilst York is a relatively prosperous city, pockets of deprivation do exist. Demand for housing far exceeds supply, pushing up prices and creating barriers to the market. Ongoing population and household growth looks set to increase competition further, making it more difficult for younger people, vulnerable households and those deemed to be homeless to access housing.
- In recent years homelessness services in York have increasingly focussed on preventing homelessness before it happens. As a result there has been a steady decline in the number of people presenting as homeless, and an increase in the number of successful homelessness preventions. However, there are still too many younger people coming through the homeless route, and too many vulnerable households whose housing needs could have been planned for much earlier.
- There are a wide range of services seeking to meet the needs of homeless people and those at risk of homelessness. These include housing advice and information services, the provision of temporary or permanent accommodation and services that support people to live independently and sustain their accommodation.
- In 2007 service providers from across the statutory and voluntary sectors came together to undertake a review of homelessness and homelessness services York. The review began with an assessment of homelessness in York and went on to consider the views of customers and those involved in delivering homelessness services. The review was completed in April 2008 and findings from it used to inform the strategic aims and priorities of this homelessness strategy.

Summary of the strategic aims and priorities

- Strategic Aim 1 - Ensure the effective co-ordination of all service providers, across all sectors, whose activities contribute to preventing or addressing homelessness.

Key priorities:
 - Improved strategic leadership
 - More joint working, particularly for young people and those with complex needs
 - Ongoing customer consultation to improve services
 - Better value for money
- Strategic Aim 2 - Ensure people who are at risk of homelessness are aware of, and have access to, the services they need to help them prevent homelessness.

Key priorities:
 - Increased homeless preventions
 - Increased number of planned moves for those most at risk
 - Reduced numbers of young people coming through the homeless route
 - Increased housing options for all customers
- Strategic Aim 3 - Ensure the provision of, and fair access to, accommodation sufficient to meet identified housing needs.

Key priorities:
 - Increased access to affordable housing for homeless and potentially homeless households across all sectors
 - Reduced use of temporary accommodation
 - Ensure appropriate accommodation for black and minority ethnic (BME) groups, including Gypsies and Travellers
- **Strategic Aim 4** - Ensure people with housing related support needs have these needs fully assessed and have access to the support services required to sustain independent living and prevent homelessness.

Key priorities:
 - Increased tenancy sustainment through provision of appropriate support

DRAFT HOMELESSNESS STRATEGY 2008-13. CONSULTATION DOCUMENT

- Increased number of joint assessments for those most at risk and in particular for those with more complex needs
- Reduction in the number of people with mental illness coming through the homeless route through the provision of more specialist accommodation with support

Why have a homelessness strategy?

Homelessness can destroy lives and damage communities. It can breed despair, anger and desperation and lead to mental and physical illness. It can stand in the way of tackling health inequalities, raising education standards and getting more people into work. It can undermine independence, freedom, choice and self reliance. It is an affront to social justice and to us all¹.

This strategy sets out what needs to be done to address homelessness in York. It builds on key achievements delivered through the last homelessness strategy published in 2003.

Local authorities are required to carry out a review of homelessness in their area and to publish a strategy based on the results of this review at least every five years². The strategy is framed by a wide range of Government legislation, policy and good practice including the Housing Act 1996, the Homeless Persons Act 1997, the Homelessness Act 2002 and the Homelessness Code of Guidance 2006.

The main homelessness duties:

The main duty placed on local authorities is to provide free housing advice and information, with particular emphasis placed on preventing homelessness or assisting people to find suitable alternative accommodation. Additional responsibilities are placed on local authorities to assess homeless cases and to secure permanent accommodation for people who have a priority need, are not intentionally homeless and have a connection with the local area. Priority needs groups include households with children and people who are vulnerable as a result of age, disability, violence or leaving institutionalised care. Customers may spend time in temporary accommodation until more [permanent accommodation can be found.

People in non priority need categories are entitled to receive advice and assistance on how to find suitable accommodation. Other groups of people also homeless or at risk of homelessness but not automatically given statutory protection include rough sleepers and people living in temporary accommodation or other insecure accommodation.

National policy places a high priority on the prevention of homelessness. Key to this is understanding the main causes of homelessness so that agencies can work together to address these causes at an early stage.

Addressing the needs of all homeless people, those at risk of homelessness and the needs of different groups, including Gypsies and Travellers, is also emphasised.

This strategy aims to reflect national policy objectives and tie them into more localised priorities identified through the homelessness service review (see Chapter 4).

The Government has set a number of specific objectives and targets it expects local authorities to meet. These include:

- keeping rough sleeping as close to zero as possible
- reducing the number of households in temporary accommodation by 2010 to half the figure it was in 2004
- ending the use of bed and breakfast accommodation for homeless families with children, except in short term emergencies
- ending the use of bed and breakfast for 16-17 year olds, except in an emergency, by 2010.

A list of relevant legislation, policy and good practice used to inform the development of this strategy is available at www.york.gov.uk.... or by contacting Homeless Service Manager at the address shown in Chapter 7.

¹ Homelessness Link 2007

² Unless rated as an 'Excellent' authority

DRAFT HOMELESSNESS STRATEGY 2008-13. CONSULTATION DOCUMENT

The local policy context and strategic links:

Homelessness is not just a housing problem, it can disrupt other parts of a person's life, including their health, education, training, work and relationship with the wider community. If not addressed swiftly it can turn what should be temporary crisis into a life damaging event.

In York there are already a wide range of local strategies and plans that contribute directly or indirectly to preventing homelessness and addressing the needs of those who are homeless. This strategy aims to build on this work and link to it.

Homelessness can be caused by;

- lack of affordable housing,
- loss of income, unemployment
- getting into debt, especially mortgage or rent arrears
- relationship breakdown, death of a spouse or partner
- domestic abuse,
- problems with landlord,
- family disputes or friends or relatives no longer being able to provide accommodation,
- Leaving institutions
- mental health issues
- substance misuse
- lack of skills to maintain independent living
- lack of suitable Gypsy and Traveller site provision

The overall supply of, and access to, decent affordable housing is a key structural factor influencing levels of homelessness in York and a number of existing plans are already in place seeking to address this as a priority. These include the Regional Housing Strategy, York Sustainable Community Strategy, York Housing Strategy and the Council's Corporate Strategy.

Other existing strategies and plans aiming to address the personal and individual causes and affects of homelessness include those tackling poverty, those aiming to improve the life chances of young people and families, those aiming to address the housing and support needs of vulnerable adults and those aiming to reduce health inequalities. The York Local Area Agreement (LAA) provides an important focus for the delivery of many of these objectives.

York Local Area Agreement Indicators relevant to this strategy:

- Number of affordable homes delivered (gross)
- Number of households living in temporary accommodation
- Number of vulnerable people achieving independent living
- Under 18 conception rate
- Young people not in education, employment or training
- Substance misuse by young people
- Alcohol-harm related hospital admission rates
- Inequality gap in the achievement of a level 3 qualification by the age of 19
- Reducing health inequalities within the local area

The action plan at the back of this document cross references the plans and actions that contribute to preventing and addressing homelessness. A full list of local strategies that link to the homelessness strategy and the achievement of its aims can be found at www.york.gov.uk..... or by contacting Homeless Service Manager using the contact details in Chapter 7.

Joint working:

The development of jointly managed youth homeless posts between Foundation Housing and CYC Pathway Team ensures that 16 and 17 year olds in danger of finding themselves homeless within the City of York are assessed and proactively linked into support to prevent their homelessness and directed towards some specialist support.

Joint working:

Peasholme Resettlement Centre established a training post approximately 12 months ago originally to provide residents with independent living skills as part of the resettlement process. Following customer consultation, the training has now been tailored and accredited to provide a comprehensive programme of 'higher certificates', including effective communication, money management, relaxation, addiction awareness, and assertiveness. The courses have become a foundation of preparing people for independent living that they have been expanded into other services including CYC temporary accommodation hostels, SASH and Foundation Housing

Strategic links – reducing re-offending rates through provision of stable accommodation. A York Offender Protocol has been developed across York with the aim of ensuring that offenders consider housing options at start of sentence and appropriate support and advice is provided to ensure that they can retain their accommodation or relinquish it proactively, without debts or eviction in order for a planned housing move out of prison to be facilitated

2. The York context

York has a population of almost 187,000 and rising. The estimated growth rate to 2021 is almost twice that of the region. This, alongside a reduction in the number of persons per household, will bring a significant increase in the overall number of households.

The black and minority ethnic (BME) population is relatively small, though it has grown significantly in recent years from 4.9 per cent in 2001 to an estimated 6.1 per cent in 2003³. There are around 350 Gypsy and Traveller households in the city.⁴ Information about the size of the gay, lesbian and transgender population in York is limited.

York is more economically prosperous than the surrounding areas, and is classed as a sub-regional centre. There are high levels of economic activity and skills with strong representation in higher end occupations. However, one in four people aged 16-74 have no formal qualification, which, though better than the national average, remains high. Agencies in the city are focussed on improving the skills of this group to increase access to the changing job market.

Whilst York is seen as a relatively affluent city, pockets of deprivation do exist. Of the 22 council wards, eight contain areas that are amongst the 20 per cent most deprived in England⁵. Whilst the average household income is £30,000, 43 per cent of households earn less than £20,000 per annum⁶.

A recent study of housing in York found a requirement for 425 affordable homes each year up to 2012⁷. This is against a net supply of around 130 affordable homes each year over the past three years. House prices in York are almost 30 per cent above the regional average⁸ and there is a significant gulf between average house prices and average earnings. The study concluded that housing need in York was higher than almost any other level of need found in the North of England⁹.

³ Annual Population Survey 2003

⁴ Gypsy and Traveller Accommodation Assessment – North Yorkshire 2007/08

⁵ Indices of Deprivation 2007

⁶ York Strategic Housing market Assessment 2007

⁷ Ditto

⁸ Ditto

⁹ Ditto

Projected population growth and economic prosperity mean residents are likely to experience greater levels of competition for housing. Those not able to access owner occupation must look to other sectors to meet their housing needs, but even then competition can be tough.

York has a relatively low proportion of social rented housing at just 15 per cent of all housing stock, yet around 2,500 households on the Housing Register. The proportion of private rented accommodation is in line with the national average at 10 per cent but entry level weekly rents are more than twice as high as rents in the social rented sector.

The private rented sector is expected to grow over future years as immigration, student and households excluded from home ownership continue to fuel the market. In turn, other households such as younger people, vulnerable groups or those deemed to be homeless may find access to the sector more difficult.

The proportion of owner occupied homes is higher than the regional and national average at 73 per cent of total stock. One in three households in this sector are under occupying their home¹⁰.

There is evidence locally of growing numbers of households facing housing related debt problems. One advice agency in York has reported a significant increase in the number of enquiries concerning housing possession proceedings.¹¹

The well-being of children and young people is a key priority. York performs well by comparison to other areas but there is a continuing need to tackle variations between different groups of young people and between different parts of the city. The teenage conception rate for under 18 year olds is 42.2 per 1000, slightly higher than the national average.¹² Less than 1 in 5 teenage parents are in education, employment or training.

Overall the health of the city's population is very good, with life expectancy significantly higher than the national average. However, there is a disparity in health outcomes between the more affluent and more deprived area and closing this gap is a priority for the city.

¹⁰ Assessed against the Bedroom Standard

¹¹ Housing Advice Resource Project (HARP)

¹² York Parenting Strategy 2008/11- Appendix 2

4. How do we currently tackle homelessness in York?

Homelessness services in York fall within three broad service areas;

- those aiming to prevent homelessness happening in the first place, including housing advice and information
- those addressing the accommodation needs of homeless people
- those addressing the support needs of homeless people and those at risk of being homeless.

Within these there are also more specialised services tailored around the needs of particular groups with emphasis at present on rough sleepers, resettlement, floating support and domestic abuse services.

The estimated total cost of homelessness services in York is around £4.4 million, with over half of this funded through the Supporting People programme.

Partnerships and the strategic housing role

City of York Council, as the local strategic housing authority, co-ordinates a range of homelessness forums and user groups. The forums promote a shared understanding of homelessness issues, the exchange of information, joint training and the development of new services.

The council also takes a lead role in commissioning housing needs surveys and other related research to provide a robust evidence base on which homelessness policies and services can be based

Example box:

Partnership working:

- Peasholme Resettlement Centre established a training post approximately 12 months ago originally to provide residents with independent living skills as part of the resettlement process. Following customer consultation, the training has now been tailored and accredited to provide a comprehensive programme of 'higher certificates', including effective communication, money management, relaxation, addiction awareness, assertiveness. The courses have become a foundation of preparing people for independent living that they have been expanded into other services including CYC temporary accommodation hostels, SASH and Foundation Housing
- The successful development and implementation of the Rough Sleepers Strategy 2002-5 and 2005-8 through a series of multi-agency strategy meetings involving Arc Light, Salvation Army, CYC Homeless Services, Future Prospects, and Peasholme Charity and recently extended to include Foundation Housing and YACRO. Meetings are supplemented by twice yearly multi-agency training and extensive joint working, joint protocols and procedures and shared vision and beliefs.
- Peasholme Resettlement Centre in partnership with the Riccall Regen Centre offers access to the ASDAN Employability Award equipping participants with basic employability skills and level 2 numeracy and literacy certificates. The programme also includes elements of volunteering work; which is allowing the centre to build working relationships with local projects. The award is joint funded through Jobcentre Plus and the Learning and Skills Council, and is part of a national strategy to increase the employability skills of the workforce, and reduce the number of benefit recipients. .

Homelessness prevention, advice and information services

A wide range of services contribute directly and indirectly to the prevention of homelessness, from those improving people's education and skills and identifying and supporting those at risk at an early stage, through to those ensuring an adequate supply of affordable housing.

Early advice, information and support is a key prevention tool to ensure the moves people make in their lives are planned. City of York Council's Customer Advice Centre is a one stop shop providing general housing advice, specialist interviews, home visits and support to remain in the existing home. It also offers limited debt advice, some private landlord services, advice about court and re-possession and signposting to more specialist services.

There are also advice services meeting particular needs, such as the Castlegate Young persons advice centre and the Citizen's Advice bureau Housing and Debt Project.

Example box:
Advice and Prevention

- In 2005 HARP were successful in a bid to develop a duty court advice scheme a York County Court , but an estate manager recognised the need for easily accessible debt advice to supplement this legal advice and through contract re-configuration the CLG grant was used to support the Citizens Advice Bureau in providing a Housing and Debt Project, providing 4 surgeries across the city and provide a fast and effective 'triage' debt service.
- The 2003-08 Homelessness strategy identified the need for a central advice centre for young people. In 2007 'Castelgate' was opened – bringing together youth services, advice services, young persons mental health and counselling services, Connexions, and other relevant agencies. Through housing training and improved staff interaction the prevention agenda has been highlighted, with successful planned moves being the norm!
- City wide estate managers are focusing on preventative work - a recent case of rent arrears , where CYC were going to ask for immediate possession was reduced to request for Postponed Possession Order because the tenant engaged with Citizens Advice Bureau to resolve an outstanding Housing Benefit issue and completed an income and expenditure form and agreed a realistic payment plan.

Accommodation

City of York Council seeks to provide permanent accommodation to those households to which it owes a statutory duty. However, addressing the accommodation needs of homeless people is made more difficult by the lack of decent affordable housing in York. The Council cannot always find immediate permanent accommodation so a range of temporary accommodation is used until such time as suitable permanent housing can be found.

The provision of temporary accommodation is primarily from City of York Council housing stock - including 71 shared hostel units, self contained supported units within a 'hostel complex' and around 100 self contained dispersed units. Local Registered Social Landlords provide an additional 35 self contained homes through the private sector lease scheme.

Property sizes vary and it is often necessary to move people between temporary units before a permanent suitable offer is available. In emergency situations Bed and Breakfast (B&B) accommodation is used, but no families or young people remain in B&B for longer than six weeks.

City of York Council owns and manages three traveller sites, providing 55 permanent pitches across the city.

Example box

- Refurbished and expanded Howe Hill Hostel
- In February 2006 a newly built women's refuge opened as a result of partnership working between York Women's Aid, xxx and Yorkshire Housing Association, providing modern accommodation with en suite rooms, crèche facilities, improved communal areas.
- In 2006 CYC introduced a new Allocations and Lettings policy including an element of choice based lettings, prioritising people who access early advice and support housing services. This banding system has been instrumental in the prevention of homelessness as a result of giving priority to those at risk of homelessness.

The York Resettlement Service is a multi-agency partnership that provides a range of accommodation enabling rough sleepers to move through a planned housing route into independent accommodation. The success of this partnership is recognised by the Homeless Link Move-On-Planned Protocol.¹³ Arc Light provides a direct access hostel providing 38 beds, with second tier accommodation being available through the Peasholme Resettlement Centre, YACRO¹⁴ and Peasholme Shared Housing. Floating support is offered in permanent accommodation through Salvation Army, the Peasholme Charity, YACRO and Foundation Housing.

Example box

Accommodation:

Foundation Housing: The private rented scheme has developed from pilot funding initially made available from the DAAT to open up the private rented sector for drug users, through provision of bond pot. Following the initial pilot, Supported People has now taken over the support element of the scheme.

P was referred to the scheme through DIP at Compass. He felt his homelessness was part of his cycle of re offending and he was classified as a prolific offender.

Pre tenancy work looked at reasons for his previous failed tenancy and encouraged him in his work with probation to get qualifications and find paid work, which he successfully achieved. His current housing with his mother was creating a strain on this supportive relationship.

Through the scheme we were able to secure accommodation with a landlord the scheme had previously worked with and provide a months rent in advance which P was able to begin paying back as he was still working. He was able to access the housing tenancy support which enabled him to settle into the accommodation and ensure he could manage this tenancy more successfully than previous ones.

He has continued to engage well with this support and has had his prolific offender status removed.

¹³ MOPP.....

¹⁴ York Care and Resettlement of Offenders

Accommodation options for young people are limited to short term supported housing (York Nightstop and a young persons 'crash pad'), three self contained units with high level support, nine shared units with medium level support and ten supported lodging placements . Move on accommodation is offered by Foundation Housing and the Scarcroft Project. These services are also utilised by care leavers in preparation for independent living.

Example box

Accommodation

- A creative scheme was developed though York Action Youth Homelessness (YAYH) to ensure that young people 16 and 17, were not excluded from permanent accommodation because social landlords required a financial guarantor. YAYH holds a pot of money and allocated a financial guarantor to a maximum of £1000 for those young people unable to find a suitable family member or friend to act as guarantor. Since being established in 2003 no claim has been made on the scheme, and in last 2 years 23 young people have been assisted into permanent accommodation.

Support services

Support services are available to a number of customer groups, offering a wide range of support at different levels. These services are delivered by a wide range of agencies, primarily funded through the Supporting People programme.

Housing support services include an independent living scheme (Foundation Housing), a Youth Offending Team accommodation worker, an early intervention and prevention team (Salvation Army) and a family support worker (York Housing Association). There are also intensive Connexions Personal Advisors, Connexions universal support and specialist drug / mental health support services.

Example box

Support

- Intensive Support Scheme – York Housing Association. Mr M- referred to scheme as mental health appeared to be deteriorating as he was drinking again. Neighbours were complaining on daily basis and property was deteriorating. Mr M supported to access appropriate services. Drinking stopped with support and property improved.
- Change to Supporting People contract has enabled the travellers support workers (part of CYC temporary accommodation team) to provide housing support for travellers on roadside and in bricks and mortar accommodation , rather than just of the 3 CYC sites. This change in contract recognises the changing needs of travellers within York. Since this change xxx households have been supported off sites.

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Services for drugs and alcohol

Specialist support is provided in York for people with alcohol issues through York Alcohol Advisory Service (YAAS), which is funded through xxxx offering a range of services including Advice, information and support, structured counselling, day programmes and access to patient detoxification.

Drug services in York are provided by Crime Reduction Initiative (Cri) – offering drug testing, group work intervention, key work (one to one situation) and alternative therapies. The aim is to provide treatments to help clients develop their confidence and commitment to remain drug free. Cri are contracted through North Yorkshire Probation Service for those customers subject to court order aged 18+ and a voluntary programme through REACH funded through DAAT (drug alcohol action team). In addition a joint Foundation Housing / Cri project First base provides drug support for young people 0-19 support

Compass One referred to above in the Housing Advice and Prevention Section also provide a needle exchange for drug misusers and provide support to substance abusers and their families. They provide an advice and counselling service. There is an appointment service, drop in and telephone service. They also have a court based working operating from York Magistrates Court.

Compass Drug Dependency Clinic York provides drug dependency clinical services for substance misusers. They provide structured courses of treatment for heroin users. Clients have to be referred by their GP or DTTO. The service is provided via an initial assessment and there is a waiting list for treatment.

Mental health- A number of support services, some of which are self help organisations are available in York, including MIND, Our celebration, City of York Council Mental Health Day Centre and Mainstay providing counseling, advocacy, therapeutic groups and support plus a range of accommodation based services providing specialist supported housing or floating support. Access to specialist supported housing is via referral from mental health services including Community Psychiatric Nurses (CPN's) or psychiatrists. There are 30 bed spaces within 8 schemes. All accommodation is fully furnished and some is permanent accommodation. Through Supporting

People there are floating support places for 27 customers provided by Housing Associations and 28 customers provided by the Council.

An A-Z guide detailing the remit and contact details of all service providers involved in preventing and addressing homelessness in York is available at www.york.gov.uk..... or by contacting Homeless Services Manager using the contact details in Chapter 7.

4. Homelessness review

In 2007 the Homelessness Strategy Steering Group was set up to review homelessness and homelessness services in York and to develop a new strategy based on the findings of this review. The Steering Group includes a range of service providers from the statutory and voluntary sectors.¹⁵

The review began with an assessment of homelessness in York, its key causes and the needs of particular groups. It went on to consider the views of customers and service providers about how services might need to change or adapt both now and in the future to effectively address homelessness. The review included external inspection, peer review, staff self-assessment and extensive service user consultation¹⁶.

Key findings from the review were used to inform the strategic aims and priorities identified in this strategy.

Homelessness in York

Homeless prevention and the main causes of homelessness:

- The shift in focus and investment over recent years towards preventing homelessness and away from crisis management seems to be working. In 2007/08 there were 278 successful homelessness preventions, almost three times more than in 2003/04.
- As preventions rise the number of homeless decisions taken by the local authority as a result of a household presenting as homeless has fallen steadily over the past three years from 656 in 2004/05 to 406 in 2007/08.
BAR CHART?
- The three main causes of homelessness in York over the past three years has been:
 - Parents, relatives or friends no longer able or willing to provide accommodation (52 per cent in 2007/08)
 - Relationship breakdown (19 per cent in 2007/08)
 - End of assured short hold tenancy (14 per cent in 2007/08)

¹⁵ See Chapter 7 for a list of Steering Group members.

¹⁶ A full list of service review activities can be found at www.york.gov.uk/.....

PIE CHART?

- Homelessness arising as a result of parental or family licence terminations in York predominantly involves young people. Levels of exclusion by parents is significantly above the all England rate and has been for the past three years.
- The incidence of homelessness due to mortgage arrears has risen sharply to 11 per cent of all homeless acceptances in 2007/08, up from 2 per cent in 2006/07.
- When asked what are the main reasons people do not seek advice, around 68 per cent of respondents thought people did not know who to go to for advice. Around 75 per cent of respondents thought debt advice and payment negotiations would be useful if they were threatened with re-possession or eviction from their home¹⁷.

Homeless acceptances

The profile of those accepted as homeless and in priority need:

- In 2007/08, 258 households were accepted as being homeless and in priority need. Over half of these households were between 16 and 24 years of age. Almost 19 per cent were young person households¹⁸, over twice the rate for England as a whole.
- Almost half of all households accepted as homeless and in priority need were lone parent female households and 20% couples with dependent children, largely consistent with the all England rates.
- Of those accepted as homeless and in priority need 97 per cent described their ethnic origin as either white or unknown

Accommodation:

- In recent years there has been a significant reduction in the number of properties available for let each year, resulting in increased pressure on accommodation for households to which the authority owes a statutory duty (see table below).

¹⁷ City of York Council 'Talkabout' survey March 2008

¹⁸ Includes 16-17 years olds and 18-20 year olds formerly in care

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Year	Total lets	Let to Homeless	%
2004/05	605	178	29
2005/06	597	163	27
2006/07	623	113	18
2007/08	523	90	17

- There are around 3,900 Registered Social Landlord (RSL) properties across York and until recently relatively few were allocated to homeless households. Increased partnership working and a growing commitment by RSL's to tackle homelessness has led to a recent increase, but there is scope for further growth.

Year	Total Lets	To homeless	% to homeless families
2006-7	196	23	11.7%
2007/8			

Temporary accommodation:

- The target is to reduce the number of households in temporary accommodation to 121 or lower by 2010 and an action plan is in place to meet this. However, recent statistics show that the Council still relies heavily on this type of accommodation. At the end of 2007/08 there were 211 households in temporary accommodation.

BAR CHART – TARGET AND ACTUAL 2004/05 - 2007/08

The percentage of households placed in bed and breakfast accommodation has declined steadily since 2005 to under 5 per cent. The local authority has a duty to ensure no family with children or a pregnant woman to whom the authority has a duty is placed in bed and breakfast accommodation other than in emergencies, and then only for a maximum of 6 weeks.

Accommodation type	31.3.01	31.3.02	31.3.03	31.3.04	31.3.05	31.3.06	31.3.07	31.3.08
Bed and Breakfast	68	44	62	34	33	14	11	10
B&B use as % of all temp accommodation	32%	17%	20%	12%	13%	6%	5.3%	4.7%

- Of the 16-17 year olds placed in temporary accommodation, 65 per cent of them have failed their tenancies, resulting in eviction or abandonment of the property. In the three years since the adoption of Introductory Tenancies¹⁹ 70 households either abandoned their accommodation or were evicted and a significant proportion of these were under the age of 20.

Rough sleepers and resettlement:

- The local authority has a target to keep rough sleeping as close to zero as possible and at least two thirds below the 1998 average (12). A strategy for rough sleeping was developed in 2002 and this has led to a significant improvement in outcomes, with the outturn figure for 2007/08 standing at 2.
- The introduction of the Move On Planned Protocol (MOPP) has seen the numbers of successful, planned re-settlement moves. 69 people have move into secure tenancies.
- Consultation with customers show that a high proportion of people seeking resettlement have multiple needs, including mental illness. Such groups have difficulties maintaining tenancies, sustaining occupations and social networks. It is estimated there are currently 50 people in the city who would meet this criteria. Failed tenancies have been very low with only 3 of the 69 failing in their tenancy, which is very positive in light of the complex needs of the customers being re-housed.

Young people:

- Between April and November 2007 Children's Services dealt with 130 young people aged 16-17 with a housing issue. There is a close connection between homelessness and educational achievement. Over 60 per cent of these young people had no qualifications and less than 10 per cent had gained 5 GCSEs at grades A-C. Eleven were noted as having at least 1 permanent exclusion.

¹⁹ introductory tenancies 'probationary tenancies' which gives new tenants less rights than a secure tenancy, but if the tenancy is conducted in a satisfactory way during this trial period will automatically become a secure tenancy after 12 months.

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- Evidence shows that a significant proportion of young people presenting as homeless are from areas of known relative deprivation.

Black and minority ethnic (BME) groups:

- The limited data available suggests BME households in York access homelessness services broadly in line with their representation in the population as a whole. However, it is recognised that more detailed information is required before a full analysis can be undertaken.
- There is a relatively large Gypsy and Traveller community in York and a relatively high level of local authority site provision, compared with neighbouring areas. However, a recent survey found that York requires an additional 56 pitches to meet current and projected need up to 2015. Over 90 per cent of those on unofficial encampments regarded themselves as homeless as they did not have a permanent or winter base.

Ex offenders

Data from the Probation service shows that of the 28 offenders returning to York on release 30 per cent had no qualifications, around 40 per cent felt they had a problem with drugs and around 50 per cent expected a problem finding accommodation on release²⁰.

What did the wider review of homelessness and homelessness services tell us? / What we need to do:

Partnership and the strategic housing role:

- Whilst there are many examples of good partnership working there is scope for improving the way agencies work together to tackle homelessness. The local authority strategic housing role should be further strengthened to better co-ordinate the activities of agencies across all sectors.
- There needs to be improved promotion and understanding of homelessness prevention, particularly to Registered Social Landlords and

²⁰ Information Related to Resettlement Issues report – Heidi Scott, Senior Psychologist 2004

other partners, including health and probation services. This should include improved and expanded multi-agency training.

- There is scope for developing more joint assessments and protocols between partners to ensure early identification of those at risk, particularly for those customers with more complex needs
- There is particular scope for effective joint working between Children's Services and Housing teams to address the high levels of young people coming through the homeless route
- There needs to be better understanding and sharing of information regarding the size and needs of the homeless client group, including the needs of non priority homeless.
- There needs to be better much better understanding about the low representation of BME households accessing homelessness services in York
- There is insufficient information regarding the costs of homelessness services across all sectors.

Homelessness prevention, advice and information:

- The focus on prevention over recent years has succeeded in significantly reducing the number of people being made homeless. There needs to be an increasing shift away from crisis management towards planned moves for people going through transition, with particular emphasis on the three main causes of homelessness.
- Tackling youth homelessness should be a high priority. More holistic assessments and interventions are needed to help identify young people most at risk, including more use of mediation and early prevention work with families. Increase educational attainment and access to employment and training for this group, as well as improved family support and a reduction in teenage pregnancies. The disparity of youth homelessness between different areas of the city should be reduced.
- There is a need to improve awareness of housing advice and information services. Advice and information services should be redesigned so that a better, broader offer is available to those that

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seek assistance, with clear linkages to other forms of support. There is particular scope for improvement in our knowledge of and services offered to non priority customers.

- Household debt and a rise in the number of households seeking advice about mortgage repossession may require additional focus on debt advice services in the coming years.
-
- Around three-fifths (59%) of the panel would seek advice at the first signs of a problem, if they had rent or mortgage arrears, whilst only 4% would never seek advice.
- Respondents were asked what would encourage them to seek advice at an earlier stage, to which three-fifths (60%) said a confidential helpline would encourage them. Furthermore, half (50%) of the sample said home appointments would be encouraging.
- The sample were further asked what advice or support would be useful to prevent homelessness, if they were having family or relationship problems. Around half said relationship or marriage counselling (49%) would be useful and family counselling (48%).
- One-fifth (20%) would prefer to find out about homelessness and prevention services through a leaflet enclosed with a letter and 16% would prefer to use the internet.

Accommodation:

- Increase the supply of, and access to, housing across all sectors and promoting better use of the existing stock. There should be a particular focus on tackling barriers to accessing the private rented sector for homeless and potentially homeless households.
- There have been many improvements in the provision of accommodation for homeless households in recent years. Targets to end the use of bed and breakfast for families or pregnant households have been met, temporary accommodation provision has increased and improved, a new women's refuge has been built and access to RSL properties has improved. However, there needs to be ongoing focus on reducing the use of temporary accommodation, particularly for the young and the more vulnerable, and the standard of some accommodation still gives cause for concern.

- All 16-17 year olds to be accommodated through specialist planned housing provision. Consideration should be given to the provision of a dedicated young persons direct access hostel or foyer project with a review or restructure of second tier young persons accommodation and support programmes
- Increase provision of supported accommodation for teenage parents or for a specialist mother and baby unit.
- Consideration should be given to enable families with children who have become homeless intentionally (or are ineligible for housing assistance) to secure accommodation.
- Increase the number of planned moves out of hospital for people with mental illness, personality disorders, complex needs and multiple excluded customers through the provision of specialist accommodation. Whilst it is recognised there is a rich network of multi agency working in York to meet people's needs and support clients tenancies, there is no model for providing suitable and sustainable accommodation for this group.
- The management and future provision of Gypsy and Traveller sites should be reviewed based on recommendations arising from the Sub Regional Gypsy and Traveler Accommodation Assessment (July 2008).

4. Support services

- Key successes include extending support to people in transition from temporary to permanent housing, introducing a range of training sessions in hostels, offering structured support to rough sleepers or those at risk of rough sleeping.
- Reduce the number of failed tenancies, particularly for those with drugs and alcohol problems, complex needs, mental health problems, personality disorders and learning disabilities. Loss of accommodation can be a cause of mental health problems. There is a need to understand better the links between drug use and mental disorder.
- Reduce the number of families or family members losing their accommodation due to anti social behaviour through a Family Intervention Scheme and parenting support.

- Successful outcomes have been delivered through the Move On Planned Protocol, enabling customers to move successfully from rough sleeping into independent accommodation. This approach should be mainstreamed and extended to other client groups.
- Increase the number of joint assessments and joint care planning. Support for vulnerable customers should be further developed and embedded.
- There is a particular need to identify and access additional services to meet the needs of entrenched customers and develop improved pathways through services for them.
- Expand young people floating support contracts to include all tenures and improve floating support services to customers with complex needs.

5. Particular Groups

- The black and minority ethnic population in York is growing rapidly but our knowledge of these groups in relation to homelessness is limited. Additional monitoring should be considered to increase understanding of the needs of these groups.
- Develop a Gypsy and Traveller service plan that sets out a more coordinated approach to meeting the needs of this customer group, including improved liaison with City of York Council Street Environment Service and the Gypsy and Traveller education project. There is a need to improve consultation and liaison with this customer group.
- Mental health - need to develop hospital discharge protocol, provide specialist support in some hostels and develop more specialist accommodation for people with mental health problem
- Offenders need to embed the prison discharge protocol, improve planned housing options for people being released from prison

6. What are our aims and priorities for the future?

The following strategic aims have been agreed based on the review of homelessness services and an assessment of the needs of homeless people and those at risk of homelessness,:

Strategic Aim 1 (Partnership and the strategic housing role). Ensure the effective co-ordination of all service providers, across all sectors, whose activities contribute to preventing homelessness and/or meeting the accommodation and support needs of people who are homeless or at risk of homelessness.

Priorities:

- Stronger local authority leadership on the homelessness agenda
- A greater role for a wider set of agencies in tackling homelessness, and a greater use of shared protocols and agreed principles for joint working
- Increased sharing of information between agencies and more joint training to promote wider understanding
- Increased and ongoing user consultation to inform the development of future services and increased understanding of the needs of the growing BME community
- Ensuring the services provided are value for money through a better understanding of what services cost.

Strategic Aim 2 (Homelessness prevention, advice and information). Ensure that people who are at risk of homelessness are aware of, and have access to, the services they may need to help them prevent homelessness.

Priorities:

- A further shift of resources towards prevention so that there is no longer a need to invest so heavily in crisis management
- Increased focus on the earlier identification of those most at risk of homelessness and earlier interventions
- Increased number of planned housing moves
-
- Increased focus on tackling the main causes of homelessness to prevent people from being homeless in the first place
- A particular focus on young people as the proportion approaching the authority for help is too high

- Pro-active services addressing the needs of all customers, including non priority homeless, through provision of wider 'housing options'
-

Strategic Aim 3 (Accommodation). Ensure the provision of, and fair access to, accommodation sufficient to meet identified housing needs.

Priorities:

- Increased housing supply
- Increased access to affordable housing across all sectors for homeless and potentially homeless households
- Reduced use of temporary accommodation
- Increased provision of specialist accommodation for young people and improved pathways through services for them
- Ensure appropriate accommodation for black and minority ethnic (BME) groups, including Gypsies and Travellers
- Increased access to affordable housing for homeless and potentially homeless households across all sectors

Strategic Aim 4 (Support services). Ensure people with housing related support needs have these needs fully assessed and have access to the support services required to sustain independent living and prevent homelessness.

Priorities:

- Increased number of joint assessments, in particular for those with more complex needs
- Increased tenancy sustainment through provision of appropriate support
- Reduction in the number of people with mental illness coming through the homeless route through the provision of more specialist accommodation with support

Homelessness Strategy Action Plan

An action plan showing how progress towards the strategic aims and priorities will be measured is attached at Appendix X.

7. Keeping the strategy relevant

This strategy will be monitored against actions and targets set out in the action plan and updated on an annual basis by the Homelessness Strategy Steering Group . A full review will take place in 2010/11.

Members of the Homelessness Strategy Steering Group include:

- York and North Yorkshire Primary Care Trust
- City of York Council
 - Housing Services
 - Children's Services
 - Supporting People Team
- Registered Social Landlords Provider Group
- Resettlement Services
- Housing Advice Resource Project ?
- Probation Service

A bi-annual newsletter outlining progress to date delivering the strategy action plan will be circulated to all contributors to this strategy and published on the council's website at www.york.gov.uk..... Notes from Steering Group meetings will also be available at this location.

Equality and diversity:

The contents of this strategy have been tested²¹ to ensure they do not discriminate either directly or indirectly on the grounds of gender, ethnic origin, disability or sexual orientation.

Contact details:

Copies of this document are available to download from City of York Council website www.york.gov.uk....

Hard copies are available on request from

For further information about this strategy document please contact...

Signatories to the Strategy

The following organisations were represented on the Homelessness Strategy Steering Group have pledged their commitment to delivering the actions and targets set out in the action plan and through them the aims and priorities of this strategy.

For and on behalf of City of York Council

For and on behalf of York and North Yorkshire primary Care Trust

For and on behalf of the Registered Social Landlords Provider Group

For and on behalf of the Probation Service

For and on behalf of Housing Advice Resource Project

For and On behalf of Peasholme centre

For and on behalf of Arclight Centre

²¹ City of York Council Equality Impact Assessment July 2008