

Executive Member for Housing and Adult Social Services and Advisory Panel

26th March 2007

Report of the Director of Housing and Adult Social Services

Housing and Adult Social Services Departmental Plan

Purpose of Report

1. To advise the Executive Members of the key strategic issues facing housing and adult social care in the next few years and how these high level issues link the 6 service plans for 2007-10.

Introduction and Vision

2. One of the difficulties in describing the work of Housing and Adult Social Services (HASS) is the diversity of the activities. Six service plans are produced for approval to cover the period 2007-10 and attached as annexes to this report. However, the danger is that these are seen as separate plans and that the links are not apparent.
3. There are strong reasons why housing and adult social services are managed together:
 - An integrated approach to support people e.g. one route in for adaptations and equipment
 - Housing is often key to independence and the safe delivery of community care e.g. extra care housing and supported living schemes
 - Long term commissioning strategies are needed to meet rising demand and these need to reflect both housing and care needs
4. To try and make this clearer and more explicit the departmental management team have identified 5 High Level themes that summarise the future developments in HASS :
 - Long Term Planning for Change
 - Independence, Choice and Control
 - Preventative Strategy
 - Quality and Excellence
 - Customer Involvement and Participation

These are set out in more detail in Annex 1 with key examples of work-streams in the 6 service plans that need to be seen as linking across the department.

Vision

5. To try and express this more plainly the departmental management team have also drafted a vision for Housing and Adult Social Services in York:

To enable people in York to live independent, healthy lives in decent, affordable homes.

We will focus our work on providing well managed and maintained homes, supporting communities, ensuring that all customers have equality of opportunity to access services, and supporting people to remain active and independent in their own homes.

Our role is to act as the commissioner or provider of services to work with our partners so that people are enabled to achieve these outcomes in their lives :

- ❑ *Improved health*
- ❑ *Improved quality of life*
- ❑ *Making a positive contribution*
- ❑ *Exercise of choice and control*
- ❑ *Freedom from discrimination or harassment*
- ❑ *Economic well-being*
- ❑ *Personal dignity*

Context

6. In considering the service plans for 2007-10 we need to be aware of the key contextual issues both nationally and locally. These include:

a) The White Paper – Our Health, Our Care Our Say

An outline implementation document has been published by the Department of Health which gives key milestones for some of the initiatives promised by the White Paper. Our service plans for 2007-10 will need to anticipate these changes and move in the direction set out in the White Paper e.g. more work is being done to promote direct payments and to develop individualised budgets for self directed support (the 'In Control' project for people with a learning disability) whereby people directly manage the money for their care costs.

The White Paper has also confirmed the shift to achieving outcomes for adults – broad concepts that focus on basic aims that all people want to achieve e.g. choice and control over the way they live, freedom from harassment, economic well being and dignity. This presents a challenge to how services are provided and how community support networks function.

b) The Respect Standard for Housing Management

The Respect Standard sets out that all residents must respect their neighbours and the local environment and be aware of and abide by the conditions of their tenancy. It states that social landlords should be accountable to residents, so everyone is clear about what they can reasonably expect of each other.

Signing up to the standard will mean considering the level, quality and scope of services we provide and whether this meets the benchmark set by the Standard. This will be done in close consultation with residents. Through creating a more accountable model where residents are clear about what they can expect they will be better able to hold landlords to account. Critical to its success within York will be engaging with RSL landlords and gaining their commitment to signing up to the standard.

c) Increasing demand for services and the need for long term commissioning decisions

The work on the long term needs of older people in York and the gap analysis (i.e. what needs to be put in place to meet those needs) was presented to the January HASS EMAP meeting. This will be key to determining some of our long term commissioning decisions and we will want to work on this in partnership with the PCT, care providers and customers/carers.

This has set out the growth in the number of people over 85 (from 3,700 to 6,000 by 2020) and the potential impact on services (e.g. 700 more people with dementia). If services remain as they are it would cost over £7m more to provide care in the current way. That is why the next step will be to look at alternative means of supporting people in the community. York is not alone in facing this challenge but we will need to agree solutions that meet our local situation. Alternative forms of extra care housing, possibly through private sector partners, is likely to be key as well as the use of assistive technology in the home.

Work is also well underway on a commissioning strategy for people with a learning disability. There are significant demographic issues here as well with a clear trend for customers in transition from children's services having increasingly complex support needs. The number of 'transitions' customers is expected to increase by 70% by 2010. This will encompass a 55% increase in customers with complex support needs. There are currently approximately 70 customers in transitions, half of whom have complex support needs. There is also an aging population of both customers and carers which presents a different range of issues but cumulatively also adds to the number of people remaining in need of services.

There is a clear link across housing and social care in responding to these challenges e.g. the opportunities that the redevelopment of the Discus bungalow sites offers to commission new homes that will meet future care needs.

d) Affordable Housing

It is one of the council's 13 corporate priorities "to improve the quality and availability of decent, affordable homes in the city".

The council is showing the way as a landlord and is on course to hit the government's target for decent homes by 2010/11.

Affordability is a key issue that underpins the social and economic

life of the city and is inextricably linked to supply and demand issues e.g. the shortage of affordable homes has a direct link to the levels of homelessness and the availability of locally based staff to deliver key services in the city. The outcome of key planning enquiries and the planning for other key brownfield sites will be key to the supply issue.

There is also a key role to play in the regulation of private rented homes (especially homes in multiple occupation – HMO's) and the condition of privately owned homes – through the use of grants for adaptations and repairs. The Housing Act 2004 brought the statutory the licensing of HMO's, a new fitness standard, the Housing Health & Safety Rating System. April 2007 see the introduction of a Tenancy Deposit scheme for private landlords. Major consultation is also underway looking at the future of Disabled Facilities Grants (DFG's).

e) Health Improvement and the Local Area Agreement

This is also one of the council's 13 corporate priorities – to improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest. Increasing importance is being given to tackling the social, economic and lifestyle issues that affect the demand on health and social care services. The ban on smoking in public places in 2007 and the rising concerns about obesity and diabetes are examples of this. Without changes to some of these factors the demands will become unworkable in terms of the finance and staffing required. The Local Area Agreement offers an opportunity to bring all the key statutory and voluntary partners together to work on joint objectives and programmes.

f) The need to continue the momentum to modernise and improve services for customers

The extensive work done in 2006 to reconfigure home care services arose from the need to improve efficiency and sharpen the focus of services. A major piece of work is underway to modernise day care for people with disabilities to build on the success of previous projects e.g. the re-provision of Hebden Rise. This is being linked to the opportunity to enable people to take more control of their care by determining their own care package and having the money to purchase it (see 2a) above). The replacement of the Peasholme hostel will provide residents with en suite facilities and space for training and support within the building.

g) The introduction of improved IT systems to enable the council to meet statutory requirements and improve efficiency

The first phase of the implementation of the new social care system, Frameworki, is due to take place in July 2007 with 2 further phases until completion in Summer 2008. This is the biggest project in the department and will have very significant impacts on staff time in the run up to July. The departmental management team have identified the benefits that need to be realised by this investment and there will be a major programme of staff training to

prepare people for the new ways of working.

The development of mobile working within the Housing Services area is critical to the long-term delivery of the service to our customers and the way in which staffs working practices will change. Currently the Housing Services have 40 staff that operate out in the field. It is envisaged that tenancy management, income management, repairs, homeless support and verification of housing registrations could all be carried out in the customers home resulting in significant improvements in customer satisfaction.

Issues and Mechanisms

7. More details can be found in the 6 HASS service plans for 2007-10 which are attached as annexes to this report but I have picked out the following themes in terms of how the council could tackle the key housing and social care issues facing York in the next 15-20 years:

a) A corporate approach

The statutory post of Director of Adult Social Services (fulfilled in York through the post of Director of HASS) has a parallel role to the other statutory post Director of Children's Services – but is less well developed. It is based on the recognition that the health and well being of adults is not primarily determined by health and social care services but by broader issues such as quality of housing, safe neighbourhoods, good transport systems, education and training, employment, air quality etc.

Progress has been made on corporate planning in 2006 and a number of the corporate improvement statements reflect the need to plan across departments to achieve broader community outcomes. This approach needs to be supported and strengthened. The service plans also pick up relevant issues from the council's Organisational Effectiveness Programme (OEP) covering issues such as partnership, customers, efficiency and leadership.

b) A community based approach

The concept of community is less well developed for health and social care than it is for safety, housing or physical improvements to neighbourhoods. We need to do more to work in some local communities where there are isolated, vulnerable people or a lack of community infrastructure to engage local people in what they can do. The long term commissioning work on the needs of older people will enable us to present information on needs within wards and to concentrate efforts on those where inequalities are most evident.

The government is asking authorities to move forward on what has become known as the RESPECT agenda that includes tackling anti-social behaviour but also seeking to address the root causes. Housing has a particularly key role to play in this.

c) A commissioning approach

The recent work on the long term strategy for older people has demonstrated the need to understand the challenges ahead so that we can begin to plan for them now. This also raises fundamental issues about the need for new approaches to service provision as the current framework is not sustainable in the longer term. By defining outcomes that need to be achieved we can be more confident about specifying what services are required and which organisations are best placed to deliver them.

However, it has also highlighted the challenge of carrying out this analysis in a small authority. Even with support from the Department of Health and Oxford Brookes University it has taken about 18 months to pull together the key data into a coherent picture. Some good work (on a much smaller scale) is also being done for the needs of people with a learning disability but there are not sufficient staff resources to extend this approach to other areas e.g. physical and sensory disabilities.

d) A Value for Money approach (Gershon Efficiencies)

Given the council's low funding base it is essential that progress continues to be made on finding efficiencies. Increasingly this will come from fundamental changes to systems and work processes and so will be closely linked to our commissioning strategy, partnership working and use of new technology. Effective procurement will also remain central to the department's work including the use of regional or sub regional partnerships (e.g. for the purchase of assistive technology and the e-procurement of building materials.)

e) A partnership based approach

Much will depend on the effectiveness of our partnerships with the NHS and although the latest restructuring has been predicated on a clear separation between commissioners (the Primary Care Trust) and providers (e.g. York Hospitals Trust) we have made it clear that the council wants to plan in partnership with both as part of the whole health and social care system.

Integration is sometimes the key to success and that has been true in mental health and learning disability services. However, more progress needs to be made in terms of work with primary care staff working in the community and in the areas of older people and people with long term health conditions and disabilities. More integration may be appropriate in these areas to achieve better outcomes and greater efficiencies.

There is also a need to strengthen the relationship with the key private providers who have expressed an interest in having more involvement in shaping the future direction for services so that they can adapt their businesses accordingly.

Voluntary sector partners have a vital role to play but there is a need to look across services at what role they fulfil at a community

level given the increasingly corporate approach the council is taking to issues such as homelessness, social exclusion, health improvement and community sustainability in the broader, social sense.

The Local Area Agreement can be the vehicle for delivering much of this partnership agenda as it focuses on high level objectives.

f) A preventative approach

We need to get the balance right between intensive services for people with complex and long term needs and the benefits of investing in services or community infrastructure that can reduce or delay the need for intensive services. The council is likely to have to prioritise its support to people with substantial care needs but there is a role for other organisations to be commissioned to provide more social support and advice.

Our partnerships need to look at improvements to health and care systems that can prevent breakdowns in care. The new Promoting Independence Team (PIT) in home care is focussed on care plans that will enable some people to manage without long term care. We believe that more can be done in collaboration with primary care colleagues to support vulnerable people and carers to remain independent as well as looking at safety in the broadest sense e.g. preventing falls in the home, smoke detectors etc.

g) An inclusive approach (Equalities)

York is changing. People from ethnic minorities are beginning to form a more substantial proportion of the population which will in time increase the demand for culturally sensitive services. We need to be preparing for that by talking with community representatives about future needs. Equally we need to be championing the cause of people with disabilities to take a full part in the life of the city. The move to more individualised budgets is likely to enable people to access community facilities more easily and to raise expectations about their quality of life. The council needs to be ready to respond to that positively. One concept that has been discussed at the Social Inclusion Working Group is a Centre for Independent Living which could include being a venue for social contact as well as place where people can get advice, support and some services. This concept would be of a user led and independent centre rather than a council service.

h) A caring approach (Customer based)

Quality of care needs to be at the forefront of our work but is not always easy to reflect in the way we report on performance. We need to engage with customers and carers about the future shape of social services and enable them to comment on and influence the way care is provided. In particular we need to do more to recognise the role that informal carers fulfil and develop the support they need to continue in their caring role. Important steps have been taken in the last 12 months to involve carers and

develop new services but more could be done in partnership with the PCT and the voluntary sector in terms of advice, practical help and support.

We know from the Annual Housing Service Monitor that levels of satisfaction from tenants need to be improved but to do that we must re-connect to the needs of tenants and their priorities. This is a key part of the service improvement plan for housing.

Consultation

8. There has not been any specific consultation on this report but elements of the service plans will have been consulted on e.g. the long term commissioning strategy was formulated with the input of key stakeholders.

Options

9. Options are not part of this report which is intended to set out the high level issues that influence the departmental service plans.

Corporate Priorities

10. The strongest links are to the corporate priorities to
 - Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of healthy are the poorest.”
 - Improve the quality and availability of decent, affordable homes in the city

Implications

Financial

11. None arising specifically from this report.

12. Other Implications

Human Resources (HR)

None arising specifically from this report.

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)

None arising specifically from this report.

Property

There are no immediate implications to report.

Other

None

Risk Management

- 13. This report focuses on high level issues that the Executive Members should be aware of in the future and therefore does not analyse more detailed risks that would be dealt with through service planning.

Recommendation

- 14. That the Executive Members note and comment on the content of this briefing.

Reason : So that the Executive Members are briefed on the key challenges facing housing and adult social care in the next few years.

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Bill Hodson
Director

Report Approved **Date**

Bill Hodson
Director

Report Approved **Date**

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: None