



Notice of meeting of

Executive Member for Housing & Adult Social Services Advisory Panel

- To:** Councillors Morley (Chair), Bowgett (Vice-Chair), Sue Galloway (Executive Member), Horton, Simpson-Laing, Sunderland, Taylor, Wiseman, McLaughlin (Non-voting Co-opted Member) and Gumley (Non-voting Co-opted Member)
- Date:** Monday, 8 December 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 5 December 2008, if an item is called in *before* a decision is taken, *or*

4:00 pm on Wednesday 10 December 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 - 4)

To approve and sign the minutes of the meeting held on 20th October 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 Friday 5 December at 5.00pm.

ITEMS FOR DECISION

4. Approval of the Private Sector Housing Strategy 2008 - 2013 (Pages 5 - 38)

This reports asks the Executive Member to note the review of the private sector housing strategy and to approve the contents of the new strategy that will cover the period between 2008 and 2013.

5. Housing and Adult Social Services Capital Programme – Monitor 2 (Pages 39 - 46)

The report informs Members of the likely outturn position of the 2008/09 Capital Programme based on the spend profile and information to October 2008 / 2009 and seeks approval to any resulting changes to the programme. It also informs the Executive Members of any slippage and seeks approval for the associated funding to be slipped between the relevant financial years to reflect this.

6. Changes to the Disabled Facilities Grants Programme (Pages 47 - 56)

This report outlines proposed changes to the Grants and Assistance Policy to take account of statutory changes to the disabled facilities grant (DFG). It also advises Members about the pressures on the adaptations budget this year and forecasts the potential impact to next years budget and highlights the additional funding requirements that has been requested through the capital resource allocation model (CRAM) process.

7. Strategy for the commissioning of support to people with a physical and/or sensory impairment (Pages 57 - 76)

This report outlines the outcome of consultation undertaken since June 2008 to develop a Physical & Sensory Impairment Strategy for adult social care in York.

[The Executive Summary of the Strategy for the Development of Services to Support People with a physical and/or sensory impairment is appended to the report as Annex 1. The full strategy is available online on the Council's website at www.york.gov.uk]

8. Mental Health Commissioning Strategy 2008-2011 (Pages 77 - 124)

This report seeks Executive Member endorsement of the multi agency North Yorkshire and York Mental Health Commissioning Strategy that has been agreed within the North Yorkshire and York Partnership arrangements.

ITEMS FOR INFORMATION

9. 2008/9 Service Plans and Budget 2nd Monitor report (Pages 125 - 166)

This report advises the Executive Member of progress against the service plan targets for housing and adult social services and the projected financial outturns for 2008/9 based on half year results.

10. Independence, Well Being and Choice – Outcome of inspection by the Commission for Social Care Inspection (CSCI) (Pages 167 - 180)

This report gives Members an opportunity to comment on the detail of the CSCI inspection report received at the meeting on 20th October 2008 and the improvement plan presented at the same meeting.

11. Annual Performance Assessment of Adult Social Services 2007/8 (Pages 181 - 202)

This report informs the Executive Member of the outcome of the annual performance rating by the Commission for Social Care Inspection (CSCI) of adult social services in York.

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

Democracy Officers:

Name: Catherine Clarke and Heather Anderson (job share)

Contact Details:

- Telephone – (01904) 551031
- E-mail – catherine.clarke@york.gov.uk and heather.anderson@york.gov.uk

(If contacting us by e-mail, please send to both democracy officers named above)

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.

About City of York Council Meetings

Would you like to speak at this meeting?

If you would, you will need to:

- 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.

A leaflet on public participation is available on the Council's website or from Democratic Services by telephoning York (01904) 551088

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

We will make every effort to make the meeting accessible to you. The meeting will usually be held in a wheelchair accessible venue with an induction hearing loop. We can provide the agenda or reports in large print, electronically (computer disk or by email), in Braille or on audio tape. Some formats will take longer than others so please give as much notice as possible (at least 48 hours for Braille or audio tape).

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.

Every effort will also be made to make information available in another language, either by providing translated information or an interpreter providing sufficient advance notice is given. Telephone York (01904) 551550 for this service.

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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

Who Gets Agenda and Reports for our Meetings?

- Councillors get copies of all agenda and reports for the committees to which they are appointed by the Council;
- Relevant Council Officers get copies of relevant agenda and reports for the committees which they report to;
- Public libraries get copies of **all** public agenda/reports.

City of York Council

Committee Minutes

MEETING	EXECUTIVE MEMBER FOR HOUSING & ADULT SOCIAL SERVICES ADVISORY PANEL
DATE	20 OCTOBER 2008
PRESENT	COUNCILLORS MORLEY (CHAIR), BOWGETT (VICE-CHAIR), SUE GALLOWAY (EXECUTIVE MEMBER), HORTON, SIMPSON-LAING, TAYLOR AND WISEMAN TERRY MCLAUGHLIN (NON-VOTING CO-OPTED MEMBER) AND SHIRLEY GUMLEY (NON-VOTING CO-OPTED MEMBER)
APOLOGIES	COUNCILLOR SUNDERLAND

26. 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.

No interests were declared.

27. MINUTES

RESOLVED: That the minutes of the meeting held on 8 September 2008 be approved and signed by the Chair and the Executive Member as a correct record.

28. PUBLIC PARTICIPATION

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

29. INDEPENDENCE, WELL BEING AND CHOICE – OUTCOME OF INSPECTION BY THE COMMISSION FOR SOCIAL CARE INSPECTION (CSCI)

Members received a report which provided the background about the inspection by the Commission for Social Care Inspection (CSCI), some of the key issues arising from it and action taken so far, and which informed them of the detailed improvement plan in response to the inspection report.

Jan Clark, the lead inspector for CSCI presented the inspection report to the meeting and copies were circulated to Members. The inspection had focused on the areas of safeguarding vulnerable adults and delivering personalised and preventative services for older people. The presentation outlined key strengths and key areas for improvement for each of these

three services, and then discussed the Council's capacity to improve. The services had received the following ratings:

- Safeguarding vulnerable adults – adequate;
- Delivering personalised services for older people – adequate;
- Delivering preventative services for older people – good;
- Capacity to improve – uncertain.

The Director of Housing & Adult Social Services outlined the officer response to the report and referred Members to Annex 1 of the officer report, which set out the principal actions, the lead officers and the timescales for key milestones in the improvement plan.

Members expressed concern that they could not fully consider and respond to the report as they had only received copies at the meeting, owing to the CSCI embargo, and requested that a further opportunity be provided to comment on it at the next meeting.

Advice of the Advisory Panel

That the Executive Member be advised:

- (i) That the report on the inspection by the Commission for Social Care Inspection be received;
- (ii) That the improvement plan, attached as Annex 1 of the report, be approved¹ and the plan be brought back to the next meeting to allow Members to make further comments and amendments;²
- (iii) That a progress report on the improvement plan be brought back in six month's time.³

Decision of the Executive Member

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

- REASON:
- (i) To enable formal consideration of the inspection's findings;
 - (ii) To ensure the improvement plan is supported and implemented, and that Members have sufficient opportunity to read and consider the report in detail;
 - (iii) To ensure effective scrutiny of the improvement plan.

Action Required

- | | |
|---|----|
| 1 - To implement the improvement plan; | SB |
| 2 - To bring the report back to the next meeting; | SB |
| 3 - To bring back a progress report. | SB |

30. PORTFOLIO CHANGES

Members received a report which informed them of changes to the portfolios of the three Assistant Directors in the department who were primarily responsible for adult social care. The changes had been approved by the Staffing Matters and Urgency Committee on 13 October 2008.

The following portfolios had been created, as detailed in paragraph 8 of the report:

- Commissioning and Partnerships;
- Assessment and Personalisation;
- Service Delivery and Transformation.

The post-holders affected by the proposals had been consulted and had consented to accept the revised portfolios with effect from 1 November 2008, as detailed in paragraph 9 of the report.

Advice of the Advisory Panel

That the Executive Member be advised:

- (i) That the changes to the portfolios of the Assistant Directors, as set out in Option 1, be endorsed and supported.

Decision of the Executive Member

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

REASON: To align the senior management structure of the department more closely to the agreed objectives for adult social care.

31. FORMER TENANTS ARREARS – WRITE OFF

Members received a report which sought agreement to write off a number of former tenants arrears.

The report presented the following options for consideration:

- Option A – To maintain the former tenant arrears on accounts;
- Option B – To write the debts off on the understanding that they could be reinstated at a later date if necessary.

The Executive Member congratulated staff on the reduction in the amount being written off.

Advice of the Advisory Panel

That the Executive Member be advised:

- (i) That Option B be approved and former tenants arrears of £20,497.04, as detailed in Annex A of the report, be written off.¹

Decision of the Executive Member

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

REASON: In line with the Audit Commission's Housing Inspection report, dated October 2002, and as the write offs could be contained within the bad debt provision of the Housing Revenue Account.

Action Required

1 - To update the accounts.

SB

S GALLOWAY, Executive Member

J MORLEY, Chair

[The meeting started at 5.00 pm and finished at 6.00 pm].



Meeting of the Executive Member for Housing and Adult Social Services and Advisory Panel**8th December 2008****Report of the Director of Housing and Adult Social Services****Approval of the Private Sector Housing Strategy 2008 - 2013****Summary**

1. To note the review of the private sector housing strategy and approve the contents of the new strategy that will cover the period between 2008 and 2013.

Background

2. The City of York Council Private Sector Housing Renewal Policy was published in 2003 and included objectives and action plans that took into account two key pieces of legislation, 2002 Regulatory Reform (Housing Assistance) (England and Wales) Order which gave general power to local authorities to provide financial assistance through grants, loans and equity release products, and the Housing Act 2004, which introduced a new test of housing fitness (HHSRS) and mandatory licensing. These along with PSA:7, which extended the requirement to achieve decent homes standard in the private sector informed the key outcomes of the strategy
2. Key objectives for 2003-07 strategy were:
 - Introduction of a new grants policy to include 3 categories of grants, disabled facilities grants, repair grants and landlords
 - Preparation on an empty homes policy
 - Setting up a Home Improvement Agency
 - Assessment of the impact of the Housing Act 2004 and the introduction of mandatory licensing
 - Establishment of a sub regional equity release scheme for owner occupier who are not eligible for grant assistance
3. There have been significant achievements in the last five years:

- A reduction in the overall proportion of Unfit¹ homes from 4.9 per cent in 2002 to 2.1 per cent, representing a net reduction of 1,793 dwellings. The national average in 2008 was 3.9 per cent.
- Less than 20 per cent of private sector homes failing the Decent Homes Standard² against a national average of 37.5 per cent.
- Less than 10 per cent of homes containing hazards detrimental to health or posing a serious risk to safety against a national average of 23.5 per cent.
- Almost 80 per cent of vulnerable private sector households living in homes classed as Decent, well ahead of the Government target of 70 per cent by 2010.
- A significant increase in the overall energy efficiency of dwellings to levels well above the national average.³
- Very low rates of long term empty properties⁴ and low rates of overcrowding.
- Good use of partnership working particularly with the Energy Savings Trust Advice Centre, Safer York Partnership and Home Improvement Agency. Regular forms of engagement with key stakeholders through landlords conference, focus groups and Voluntary Code of Practice for student landlords.

Private Sector Housing Condition Survey

4. During 2008 consultants, David Adamson, undertook a condition survey of the private housing in York. This included owner occupied and private rented housing. This survey provides the evidence base for the development of the strategy and informs the priorities.
5. A sample of 1721 houses were surveyed, and concluded that housing conditions in the city are better than the national average and have continued to improve since the last survey undertaken in 2002. However, although significant progress have been made, and this needs to continue, in addressing poor housing conditions, some underlying problems remain and will addressed in any future strategy
6. Specifically the issues highlighted were:

¹ An Unfit home is one that fails to meet Section 604 of the Housing Act 2005

² The Decent Homes Standard has now replaced the Fitness Standard and prescribes a minimum standard for domestic dwellings.

³ Energy efficiency is measured using the Standard Assessment Procedure (SAP). SAP is expressed on a scale of 1 to 100 – the higher the number, the more energy efficient the dwelling. Average SAP levels for the city have increased to 47 in 2002 to 65 in 2008, against a national average of 47.

⁴ Less than 1 per cent of the private sector housing stock in York is empty for more than six months.

- Above average rates of poor condition in the Micklegate, Guildhall and Hull Road areas
 - Poor performance in the private rented sector especially in shared multi occupation properties
 - Concentration of poor conditions in pre 1919 housing and converted flats
 - Association of poor housing conditions and vulnerable households
 - Levels of equity owner occupiers have in their properties
8. Although the key messages from the survey are that the housing stock is generally in a good condition it should be recognised that significant resources are required to bring all the homes in York up to decent homes standard. However, it must be emphasised that the majority of this cost will be met by owner occupiers and landlords improving and repairing their homes. The focus of the strategy is to these owners to maintain their properties, and to provide a safety net for vulnerable households. A copy of the Private Sector House Condition Survey report executive summary is attached as Appendix 1. A full copy of the survey is available on request.

Consultation

9. The strategy has been developed by the Private Sector Partnership group and it is this group that will ultimately monitor the action plan. The membership of this group reflects the fact that the majority of the housing in York (83%) is privately owned, and with increasing pressure on the city's affordable housing stock we must ensure that the private sector plays a full part in meeting the city's housing need. Membership includes Primary Care Trust (PCT), Safer York Partnership, Learning, Culture and Children Services, Age Concern, Older Peoples Services, Home Improvement Agency, Energy Savings Trust, Executive Member for Housing and Adults Social Services, City Strategy Local Development Framework and Housing Services. The steering group signed off the final draft strategy and action plan in November 2008.
10. As well as the partnership group, views on the strategy and priorities for the future have been sought from landlords at the landlords conference and through individual mail outs, and with landlord representative bodies. The key messages from the landlords is that they would like to have more training and information, and work with the council to improve the overall image of the private rented sector.
11. A short questionnaire was sent out to individual home owners, who were a representative sample of households across the city who participated in the stock condition survey. The key messages from these individuals is that awareness of services across the city is low and therefore we need to increase

public awareness to encourage and support owner occupiers, as well as targeting the most vulnerable

12. Further details of the consultation responses are available on request.
13. Feedback from stakeholders has been incorporated within the strategy and action plan.

Options

Option one

14. To endorse the review of the Private Sector Strategy and the objectives and priorities identified to 2013.

Option two

15. Not to endorse the review of the Private Sector Housing Strategy and the objectives and priorities identified to 2013.

Analysis

16. The strategy sets out how the council and its partners will work to help improve and maintain the condition and management of owner occupied and privately rented homes in York.
17. Investing in private sector homes and ensuring standards are maintained goes a long way in delivering a wider range of positive outcomes for local residents .
18. The partnership group has agreed five strategic aims that will contribute towards the outcomes:
 - Encourage and support owner occupiers to maintain and repair their homes and introduce energy efficiency measures
 - Encourage private landlords to provide good quality and well managed properties for their tenants
 - Help people whose independence may be at risk remain in or return to their homes
 - Maximise use of existing housing stock to increase the supply of decent affordable homes
 - Strengthen existing and develop new partnerships to support the private housing sector
19. The action plans focus on the outcomes we would like to achieve and will be developed, updated and monitored regularly with an annual review to ensure that it keeps pace with changing needs. The monitoring will be against the objectives as it is recognised that the actions might change depending on circumstances.

Council resolution on Fuel Poverty and Energy Conservation

20. In September 2008 Council made the following resolution:

'Request officers to prepare a report within 3 months outlining options for a Council led area based insulation scheme (as proposed by the LGA) to urgently address fuel poverty within the City for both public and private housing'.

21. In response to this resolution, officers approached the CERT (carbon energy reduction target) utility providers earlier this year regarding a possible 'Warm Zone'⁵ scheme in York. The initial response from the utility companies was unenthusiastic, given the good overall energy efficiency of both the public and private sector housing stock in York. However, officers are actively pursuing this line of enquiry and, along with the Energy Savings Trust, have made a further approach to the utility companies with a more robust base of evidence derived from the private sector house condition survey 2008. We are aiming for a definitive response from CERT providers by the end of this year.
22. The CERT funding is linked to clear targets on carbon reduction. However, the issue for many York residents is not necessarily the condition of their home (although we recognise that there are some areas and property types that need targeting) but fuel and actual poverty.
23. It is proposed in the strategy that these issues be addressed by working with partners to develop a dedicated fuel poverty action plan for the city. This would include links to the Inclusive York Forum and their work on anti poverty initiatives, as well as awareness raising with owner occupiers, tenants and landlords on fuel reduction measures. We anticipate this action plan will be completed and ready for consideration by Members by April 2009.
24. The action plan will specifically show how the Council and its partners will work towards delivering National Indicator 187 - Tackling fuel poverty – Percentage of people receiving income based benefits living in homes with a low and high energy efficiency rating. This is a key target in the Sustainable Community Strategy Local Area Agreement.

Corporate Priorities

25. The Private Sector Strategy is linked to various strategies and priorities. In terms of the corporate priorities it is critical to the following:
- Improve the quality and availability of decent affordable homes in the City

⁵ Warm Zones aim to identify all households that need help (in particular the vulnerable and fuel poor) in a given area and give them all available help in a concentrated, cost-effective way. Much of the work to deal with fuel poverty is about installing measures - thermal insulation, draught-proofing and heating to improve comfort in the home. At the same time, sound advice on energy efficiency and benefits entitlement can help to reduce the amount spent on energy and maximise household income.

- Improve the actual and perceived condition and appearance of the city's streets, housing estates and publicly accessible spaces
- Improve the economic prosperity of the people of York with a focus on minimising income differentials
- Improve the health and lifestyles of the people who live in York, in particular amongst groups whose level of health are the poorest
- Reduce the greenhouse gas emissions from council activities and encourage, empower and promote others to do the same
- Improve the life chances of the most disadvantaged and disaffected children, young people and families in the city

Financial Implications

26. There are no direct financial implications for the council, as planned activities will be delivered within existing budgets. We recognise that the responsibility for repairing and maintaining homes rests primarily with the owner of the property. There is significant equity potential within the owner occupied sector estimated at over £9 billion. A key challenge will be to help owners release some of this money, or to draw on other private resources, to fund the necessary repairs.
27. The limited public grant funds available to support delivery of the strategic aims and objectives will be targeted to help vulnerable households who are not in a position to maintain their homes or where it is a cost effective way of meeting broader objectives e.g. increasing the amount of affordable homes in York. The majority of this funding (£900,000 per annum) comes from the Regional Housing Board and the level of this investment is set to continue for the foreseeable future.
28. The strategy sets out our intention to explore the feasibility of a number of new approaches to help meet our strategic aims and objectives. It may not be possible to deliver these within the existing resources allocated to housing services, so these approaches will remain subject to approval of elected Members at the appropriate time.

Equalities Implications

29. As part of the process of reviewing the private sector strategy an equalities impact assessment has been completed.

Legal Implications

30. There are no immediate legal implications

Risk Management

31. In compliance with the Council's risk management strategy, there are no risks associated with the recommendations of this report.

Recommendations

32. That the Advisory Panel advise the Executive Member to endorse the strategy and recommend it's approval.

Reason : To ensure that the housing in York continues to be maintained and managed to a high standard.

Contact Details

Authors:

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Paul McCabe
Policy and Planning Manager
Tel No 01904 554527

Chief Officer Responsible for the report:

Steve Waddington
Head of Housing Services

Report Approved **Date** 19th Nov 2008

Bill Hodson
Director of HASS

Report Approved **Date** 24th Nov 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:

Private Sector Housing Renewal Strategy 2003 – 2008
Private Sector Stock Condition Strategy 2008-11-03

Appendices

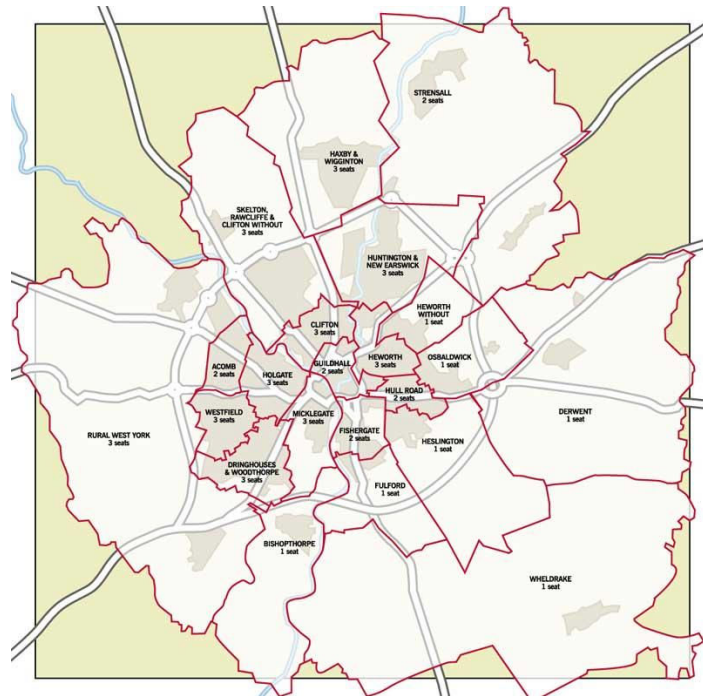
1. Executive Summary Private Sector Stock Condition Survey 2008
2. Draft Private Sector Housing Strategy
3. Draft Private Sector Housing Strategy Action Plan

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Private Sector House Condition Survey 2008

EXECUTIVE SUMMARY



Prepared on behalf of

City of York Council



David Adamson & Partners Ltd.

September 2008

Ref : E1807



PRIVATE SECTOR HOUSE CONDITION SURVEY 2008



SURVEY METHOD

The survey was conducted using national guidance issued by The Department for Communities and Local Government.

- ◆ Sample of 1600 private sector dwellings.
- ◆ Full internal and external survey. Supporting interview with occupying households.
- ◆ Survey reporting City-wide and for targeted sub-areas.
- ◆ Condition measurement within a Housing Act 2004 framework.
- ◆ Comparability with previous survey in 2002.



HOUSING STOCK

The City contains 71473 private dwellings.

- ◆ 68145 dwellings or 95.3% occupied at the time of survey.
- ◆ 641 dwellings or 0.9% vacant over 6 months.

The city exhibits a mixed housing age profile but with significant pre-war construction.

- ◆ 25731 dwellings (36.0%) constructed pre-1945.
- ◆ 12814 dwellings (17.9%) constructed pre-1919.
- ◆ Oldest housing age profiles associated with the private-rented sector and with the Clifton, Micklegate, Guildhall, Fishergate and Holgate areas.

Owner occupation is the predominant form of tenure in the City.

- ◆ 55541 dwellings or 77.7% owner occupied.
- ◆ 12727 dwellings or 17.8% private-rented.



HOUSEHOLDS

The City contains 72706 households and a private household population of 162140 persons.

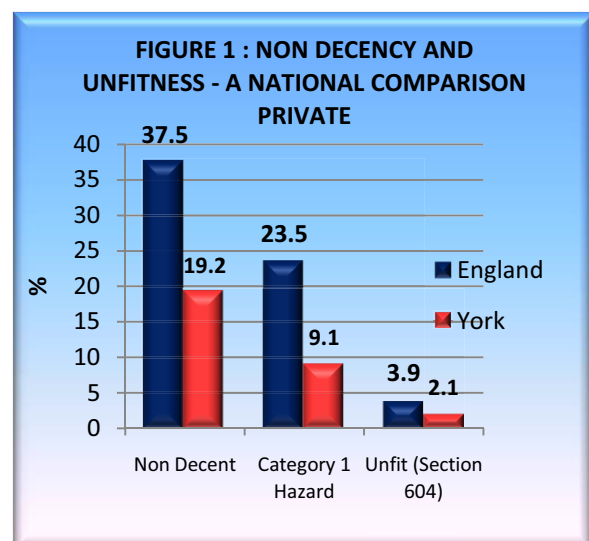
- ◆ 20888 households (28.7%) are single person in size, an additional 30318 households (41.7%) are two person in size.
- ◆ 23146 households (31.8%) are elderly.
- ◆ 3547 households (4.9%) have an annual household income less than £7800.
- ◆ 18868 private households are economically vulnerable (26.0%).



HOUSING CONDITIONS - AN OVERVIEW

Housing conditions in the City are better than the National average for private housing.

- ◆ 13702 dwellings (19.2%) are non-decent.
- ◆ 6496 dwellings (9.1%) exhibit Category 1 hazards.
- ◆ 1481 dwellings (2.1%) are unfit.





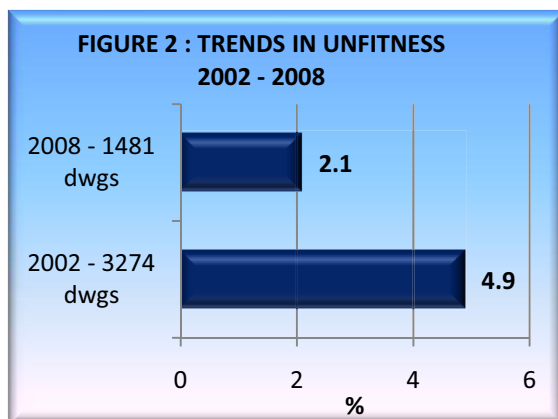
PRIVATE SECTOR HOUSE CONDITION SURVEY 2008



CHANGES IN HOUSING CONDITIONS

Housing conditions in the City have continued to improve since the last survey in 2002.

- ◆ Rates of unfitness have reduced from 4.9% to 2.1% representing a net reduction of 1793 dwellings.



CURRENT HOUSING CONDITIONS

Although better than the national average, housing condition problems remain significant within the City.



HEALTH AND SAFETY RATING SYSTEM (HHSRS) CATEGORY 1 HAZARDS

6496 dwellings in the City exhibit Category 1 hazards representing 9.1% of total private housing stock.

- ◆ The most common hazards relate to excess cold and the risk of falls on steps and stairs.
- ◆ Category 1 hazards are not evenly distributed across the City but are higher in particular areas and housing sectors:

- Guildhall, Micklegate and Hull Road.
- Private-rented sector.
- Pre-1919 terraced housing.
- Converted Flats.



NON-DECENT HOMES

13702 dwellings are non-decent representing 19.2% of all private dwellings in the City.

- ◆ The most common defects on the Decent Homes Standard relate to energy efficiency, and Category 1 hazards within the HHSRS.
- ◆ Patterns of non-decent housing are similar to those for Category 1 hazards with higher rates for:
 - Guildhall, Micklegate and Hull Road.
 - Private-rented sector.
 - Pre-1919 terraced housing.
 - Converted Flats.



HOME ENERGY EFFICIENCY

Home energy efficiency rates in private housing in the City are above the national average.

- ◆ Average SAP Rating of 65 compared to an average of 47 for all private housing in England.
- ◆ 99% of dwellings centrally heated compared to 86% for all private housing in England.



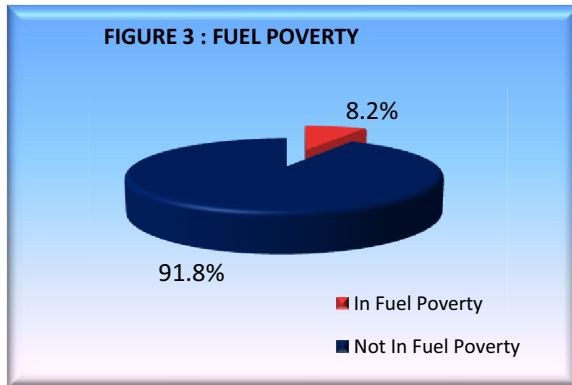
FUEL POVERTY

5976 households in the City (8.2%) are in fuel poverty.

- ◆ Higher rates of fuel poverty in Acomb/Westfield, Fishergate and Guildhall.
- ◆ Higher rates of fuel poverty in the private rented sector.



PRIVATE SECTOR HOUSE CONDITION SURVEY 2008



- ◆ Core investment costs related to achieving Decent homes for vulnerable households are estimated at £19.981M.
- ◆ Expenditure within the owner-occupied sector is estimated at £46.148M where many households will not qualify for Council support.
- ◆ Equity potential within the owner-occupied sector is substantial and estimated at £9.054 billion. 17% of owner-occupiers would re-mortgage to carry out repairs; 8% are interested in a Council sponsored scheme for equity release.



HOUSEHOLDS AND HOUSING CONDITIONS

Poor housing conditions within the City are associated with households in social and economic disadvantage although the City has met previous PSA 7 targets for vulnerable households in decent homes.

- ◆ Elderly households comprise 32.9% of all households living in non-decent homes.
- ◆ Economically vulnerable households comprise 26.3% of all households living in non-decent homes.
- ◆ Currently 14985 vulnerable households (79.4%) live in decent homes exceeding the previous PSA 7 targets.



HOUSING INVESTMENT REQUIREMENTS

Costs to repair and improve non-decent housing in the City are estimated at £63.367M but not all are related to Council intervention.



EMERGING ISSUES

The City has made significant progress in addressing poor housing conditions since 2002 but underlying house condition problems remain and require to be addressed in any future strategies.

- ◆ Above average rates of poor condition in the Micklegate, Guildhall and Hull Road areas.
- ◆ The continued poor performance of the private-rented sector, with additional issues emerging on multiple occupation through sharing.
- ◆ The continued concentration of condition problems in the pre-1919 terraced housing sector, and in converted flats.
- ◆ Remaining linkages between vulnerable households and non-decent housing.
- ◆ The existence of significant owner-occupied equity and methods for its release.

Appendix 2

DRAFT

**York Private Sector Housing
Strategy 2008-2013**

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Introduction

This strategy sets out how the council and its partners will work to help improve the condition and management of owner occupied and privately rented¹ homes in York.

Excellent progress has been made since publication of the last private sector housing strategy in 2003. The overall condition and energy efficiency of private sector homes has improved significantly, to levels well above those found nationally. Almost 80 per cent of vulnerable² households now live in homes classed as decent.

Whilst we celebrate these achievements we know there is still more to do. A survey in 2008³ revealed a number of ongoing and new challenges to which we now need to respond. For example, whilst overall standards are good there are disparities in outcomes between different parts of the city and between different types of dwellings and households. A key focus of our strategy over the next five years will be to help reduce these disparities so that the successes are shared more widely.

With so much pressure on the city's housing stock we must help ensure the private rented sector plays a full role in meeting local housing needs. And we must continue to help develop and adapt private sector homes to meet the needs of different sections of the community, such as the elderly, to promote independence and social inclusion.

It is primarily the responsibility of homeowners to maintain their own property. We must continue to provide advice and information to help home owners arrange their own financial packages to maintain their homes where possible. And the limited public funds available must be used as a safety net for those that do not have access to the necessary resources.

¹ Collectively known as private sector housing

² The Government define vulnerable households as those over 60 years of age, have a disability, or are family with young children and on a means tested benefit.

³ Private Sector House Condition Survey 2008

This strategy supports and links directly to a wide range of other strategies that seek to improve the opportunities, health and well being of local people. It has been developed in consultation with stakeholders from the public, private and voluntary sectors. By working closely together we are confident the objectives set out in this strategy will be met.

Introduction

Prosperous and sustainable communities need good quality homes that are decent and safe and that meet the needs of the people that live in them. The location, type and quality of the homes we occupy can have a significant impact on all aspects of our lives.

Investing in private sector homes and ensuring standards are maintained goes a long way in delivering a wide range of positive outcomes for local residents:

- Fewer homes that pose a risk to health or well being,⁴ and savings for health and care budgets further down the line.
- Improved energy efficiency, a reduction in domestic carbon emissions and fewer households in fuel poverty⁵.
- More choice for those whose housing needs cannot be met through owner occupation or the social rented sector.
- More choice and independence for those who may be elderly or vulnerable and who wish to remain in their own home.
- Less anti social behaviour.
- Improved outcomes for families and young people.
- Communities that are more cohesive, attractive and economically vibrant.

The York context:

By far the vast majority of homes in York are in the private sector, either privately owned or rented from a private landlord⁶. Whilst most of the private sector homes were built after 1945 a significant proportion are of pre war construction and almost 13,000 were built before 1919. Not surprisingly, the highest concentration of older housing is to be found in the inner city areas.

⁴ Such as falls, excess winter deaths, stress and mental health issues.

⁵ Fuel poverty is usually defined by an annual expenditure on fuel in excess of 10 per cent of annual household income.

⁶ 83 per cent (71473) of all homes in York are in the private sector. 12,727 of these are rented.

Ever smaller households and net in-migration are placing increasing pressure on housing in York. The supply of new homes, particularly affordable ones, has not kept pace with demand.⁷ In this context we must ensure every dwelling is maintained to maximise the length of its useful life.

The availability of social rented homes has reduced over time and market housing has become less accessible due to high cost. There are growing numbers of people on the council's housing waiting list and too many households living in temporary accommodation, including hostels. The city's growing private rented stock will play an increasingly important role in meeting local housing needs in the years ahead.

Advances in healthcare and better standards of living have led to a growing number of older households. Almost one in three private sector households are elderly. With this has come increasing numbers of people that are frail or disabled and who need adaptations to their homes to help them retain independence and live safely. Keeping people healthy and safe in their homes reduces the need for health and care services later on.

The expansion of higher education has led to an increased number of younger people. Around 20,000 students reside in the city in term time, making up 11 per cent of the population. Younger people, and students in particular, have helped fuel a growth in shared housing. We must continue to improve standards in this sector as it develops.

Whilst York is a relatively prosperous city not everyone shares in this wealth. One in four private sector households (19,000) are classed as economically vulnerable⁸, with rates being highest in the private rented

⁷ York Strategic Housing Market Assessment 2007

⁸ Households who are in receipt of the following benefits: Income Support; Income-based Job Seekers Allowance; Housing Benefit; Council Tax Benefit; Working Families Tax Credit; Disabled Persons Tax Credit; Disability Living Allowance; Industrial Injuries Disablement Benefit; War Disablement Pension, Attendance Allowance, Child Tax Credit, Working Tax Credit, Pension Credit.

sector and in certain areas⁹. Addressing the causes of economic vulnerability so that more people share in the city's prosperity is a key priority for the city.

An ageing housing stock occupied by an increasing number of households with growing needs means a requirement for significant ongoing investment. We must encourage and support owners to make use of all available funding sources to meet these costs and direct the limited public funds towards those who need it most.

Strategic aims:

The partnership group¹⁰ behind this strategy has agreed five strategic aims that will contribute towards the outcomes noted above over the next five years:

1. Encourage and support owner-occupiers to maintain and repair their homes and introduce energy efficiency measures.
2. Encourage private landlords to provide good quality and well managed properties for their tenants.
3. Help people whose independence may be at risk remain in or return to their homes.
4. Maximise use of the existing housing stock to increase the supply of decent affordable homes in York.

5. Strengthen existing and develop new partnerships to support the private housing sector.

⁹ Of the 22 council wards, eight contain areas that are amongst the 20 per cent most deprived in England. The Acomb and Westfield area has levels of vulnerability of 52 per cent.

¹⁰ Age Concern, City of York Council, Energy Saving Trust Advice Centre, Safer York Partnership, York and North Yorkshire Primary Care Trust, York Home Improvement Agency

Our current approach to private sector housing

Most would agree that the primary responsibility for repairing and maintaining homes must rest with the property owner. Indeed owners have invested significant resources into the private sector housing stock over recent years helping raise standards across the board. Several agencies in the city have worked closely together to help encourage and support this investment.

City of York Council:

- General advice and information to owners, landlords and tenants regarding legal rights and responsibilities and home maintenance.¹¹
- Advice about how to access sources of finance, such as savings tied up in the property, to fund repairs and improvements.¹²
- The York Repair Grant to help households who cannot afford to undertake repairs or improvements.
- The Disabled Facilities Grant for people who need to adapt their home to make it easier and safer to live in and a specialist equipment loan service.
- A Landlord Grant to help bring certain existing tenanted houses in multiple occupation up to the council's decency standard.
- Financial help to bring empty properties back into use for vulnerable households, particularly homeless families.
- A code of best practice for student accommodation agreed with a number of organisations and educational establishments. The

code provides recognition to landlords who take a responsible approach to letting their properties.

- Mandatory licensing for properties that are three or more stories and have five or more unrelated occupants.
- An annual landlords conference to share good practice.
- Wider planning and neighbourhood management services working to create safe and sustainable communities.
- Enforcement powers granted under the Housing Act 2004, used as a last resort, to ensure owners maintain properties to relevant standards, address anti social or nuisance behaviour and tackle long term empty properties.

Home Improvement Agency:

- Provides advice and help to elderly, disabled and vulnerable people to remain independent in their own homes by identifying necessary repairs, finding contractors and managing work. Also provides a handy person service for vulnerable private sector residents.

Energy Saving Trust Advice Centre:

- Promotes energy efficiency and provides free, impartial, locally relevant advice on what people can do in their home to reduce its impact on the environment and access to energy efficiency grants.
- Targets its services at the worst performing areas, tenures, dwelling types and households.

Safer York Partnership:

- Provides advice and information on home security and safety.

¹¹ Home Maintenance Advice Pack

¹² Provided by the Home Appreciations Loan service

- A Home Security Grant for vulnerable households in partnership with City of York Council.

Age Concern:

- Provides advice and information to older people on a wide range of issues.

North Yorkshire and York Primary Care Trust

- Commissions primary care services and makes referrals to the private sector housing team for aids and adaptations.

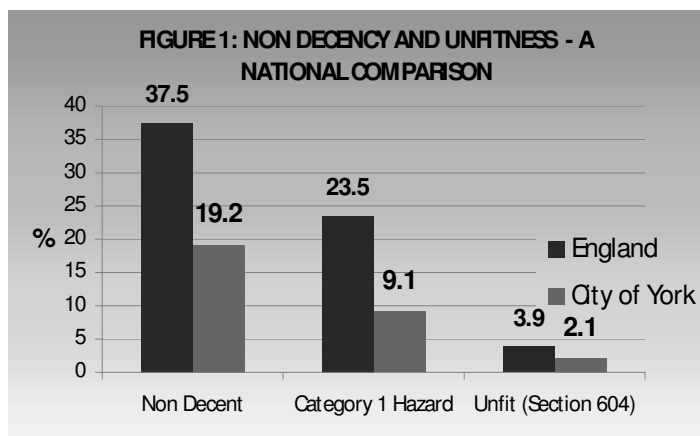
North Yorkshire Fire and Rescue Service

- Provides fire safety checks for vulnerable households and assists with the inspection of Houses in Multiple Occupation (HMOs). Helps deliver the Code of Practice for student housing.

What progress has been made

The last private sector housing strategy was published in 2003. In it we set out a number of key objectives designed to address the challenges identified at that time. Progress towards these include:

- A reduction in the overall proportion of Unfit¹³ homes from 4.9 per cent in 2002 to 2.1 per cent, representing a net reduction of 1,793 dwellings. The national average in 2008 was 3.9 per cent.
- Less than 20 per cent of private sector homes failing the Decent Homes Standard¹⁴ against a national average of 37.5 per cent.
- Less than 10 per cent of homes containing hazards detrimental to health or posing a serious risk to safety against a national average of 23.5 per cent.



¹³ An Unfit home is one that fails to meet Section 604 of the Housing Act 2005

¹⁴ The Decent Homes Standard has now replaced the Fitness Standard and prescribes a minimum standard for domestic dwellings.

- Almost 80 per cent of vulnerable private sector households living in homes classed as Decent, well ahead of the Government target of 70 per cent by 2010.
- A significant increase in the overall energy efficiency of dwellings to levels well above the national average.¹⁵
- Overall fuel poverty rates of 8.2 per cent against a national average of 11 per cent.
- Very low rates of long term empty properties¹⁶ and low rates of overcrowding.

The services provided to property owners and private tenants were reviewed in 2007¹⁷. The review found:

- Good customer satisfaction results across all services.
- Good use of partnership working to deliver services, such as the Energy Savings Trust and the Home Improvement Agency. The use of regular forums to engage with key stakeholders, such as landlords focus groups.
- Prompt implementation of powers granted under the Housing Act 2004.
- The development and implementation of a grants policy targeted at vulnerable groups and an empty property policy.

¹⁵ Energy efficiency is measured using the Standard Assessment Procedure (SAP). SAP is expressed on a scale of 1 to 100 – the higher the number, the more energy efficient the dwelling. Average SAP levels for the city have increased to 47 in 2002 to 65 in 2008, against a national average of 47.

¹⁶ Less than 1 per cent of the private sector housing stock in York is empty for more than six months.

¹⁷ The review included both internal and external inspections.

- Ethnic minority monitoring across all services to inform service development.
- The introduction of the Regional Loan Scheme advising householders on how to release savings tied up in the value of their home to fund repairs and improvements.

Future challenges

We undertook a private sector house condition survey in 2008 and talked to a wide range of households and service providers to help identify the types of issues and priorities we must address in the years ahead.

Housing conditions

Our survey found that the overall condition of private sector homes in the city is very good and compares well to the national picture. However, around 13,700 dwellings (19.2 per cent) are classed as non Decent. The main cause of Decent Homes failure are associated with energy efficiency and hazards such as risk of falls on stairs and excess cold. Generally, where problems exist they tend to be in dwellings:

- that are privately rented as opposed to owner occupied
- that have been poorly converted into flats
- in the inner city areas and Acomb / Westfield
- dwellings constructed pre-1919
- that are occupied by vulnerable households and the elderly

Our research shows that a majority¹⁸ of owner occupiers living in non decent housing have not completed any major repairs or improvements in the last five years and have no intention of carrying any out in the near future. Obstacles to carrying out work include the costs of work, lack of savings, knowing what is needed and difficulty in finding reliable trades people.

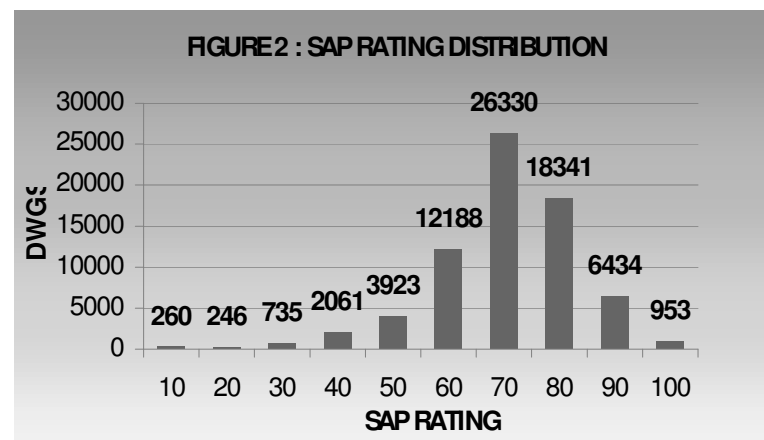
A key challenge will be to ensure the overall improvement in housing conditions achieved in recent years is maintained and that areas of worst performance are targeted to help reduce the disparities in outcomes between different tenures, areas, dwelling types and

¹⁸ 66 per cent (5893)

households. We will address this under strategic aims 1 and 2 of the attached action plan

Energy efficiency

The city's private housing stock shows good overall levels of energy efficiency when compared to what it was five years ago and the current national level.¹⁹ However, we also know some areas fall below the high city average. An estimated 1,669 dwellings have an energy efficiency (SAP) rating of below 35.



Over 6,300 dwellings fail the energy requirements of the Decent Homes Standard, meaning they generally offer significantly lower levels of loft insulation and exhibit a higher dependency on off-peak electricity as the primary heating fuel. The areas exhibiting high failure rates are generally inner city and characterised by:

- private rented accommodation

¹⁹ Energy efficiency is measured using the Standard Assessment Procedure (SAP), measured on a scale of 1-100, with 100 being the highest level of efficiency. York has an average SAP of 65 against a national average of 47. The York SAP level in 2003 was 47.

- converted and purpose built flats
- properties of pre war construction

A key challenge will be maintaining the overall high energy efficiency of housing stock over the next five years, at the same time as addressing those areas of worse performance highlighted above as a priority. We will be address this under strategic aims 1 and 2.

Affordable warmth

Households that spend more than ten per cent of their income on keeping warm are deemed to be in fuel poverty. Whilst the incidence of fuel poverty in York is lower than that found nationally we know there are still around 6,000 private sector fuel poor households (8.2 per cent).²⁰

Our research shows the incidence of fuel poverty is not evenly distributed across the city. The private rented sector shows three times the rate of fuel poverty than the owner occupied sector. Some of the highest rates of fuel poverty are found in areas of higher economic vulnerability and with large student numbers such as Acomb / Westfield and Fishergate.

Our research also shows that fuel poverty in York is driven largely by household circumstances, such as incomes, rather than by significant variations in energy efficiency. Acomb and Westfield, for example, have some of the highest rates of fuel poverty in the city (21 per cent) yet also display higher levels of energy efficiency.

A key challenge over the next few years will be to further reduce overall fuel poverty levels across the city at a time of rising fuel costs and a slowdown in the national economy. Particular focus will be on the target areas, tenures and households outlined above to help reduce disparities in the incidence of fuel poverty between these sectors.

²⁰ Private Sector House Condition Survey 2008

Future measures will need to be more holistic in nature, addressing wider households circumstances such as economic vulnerability and linked to the wider work of the Inclusive York Forum. A separate fuel poverty strategy would help direct future work on this issue. We will address this under strategic aims 1 and 2.

Vulnerable households

The target to ensure at least 70 per cent of vulnerable private sector household are in homes classed as Decent by 2010 has already been significantly exceeded in York²¹. However, of the 18,868 vulnerable households in the city around 3,882 still live in non Decent homes. The highest rates of vulnerability are associated with:

- the private rented sector
- in pre 1919 housing
- flats in converted buildings and purpose built flats
- in inner city areas

A key challenge will be to ensure vulnerable households remain a priority for assistance so we can maintain, and where possible improve on, the current high level of decent homes for this target group. We must pro-actively target vulnerable households in the private rented sector and in older dwellings. We will address this under strategic aim 3 in the attached action plan.

Adapting dwellings for illness or disability

Almost 4,850 private sector households have at least one household member affected by a long term illness or disability and of these just over 3,000 require adaptations to their homes.

²¹ 79.4 per cent of all vulnerable private sector households live in Decent homes. Private Sector House Condition Survey 2008

The Private Sector House Condition Survey 2008 revealed that around 2,517 households still require an adaptation and this represents the target market for support in the future. Around 70% of these households are owner occupiers and largely elderly and over 55 per cent are classed as economically vulnerable. The main types of adaptations required include adapted bathroom/WC, lifts and level or ramped access.

A key challenge will be to continue to meet the growing demand of families with disabled children who have complex needs. Disabled children need, as far as possible, to have the same opportunities in their home to play, learn, develop social skills and grow as non-disabled children have. For many seriously disabled children there is also a need to house medically related equipment and supplies. Provision for all these needs begins with extra space and, where the condition and equipment allow, spontaneous access around the home and garden.

The need for adaptations is already high and will continue to increase over coming years. This presents a key challenge. The Disabled Facilities Grant can be used to meet some of this demand, however the amount available each year is set by the Government and is limited. We must encourage owners to look at a wider range of funding options. We will address this under strategic aim 3.

Houses in multiple occupation

The city contains a large stock of shared houses, much of it serving the student market and occupied by a transient population of young single households. Housing conditions within this sector look to be generally worse than for occupied housing as a whole.²²

Almost 40 per cent of shared houses are estimated to fail the Decent Homes Standard compared to around 20 per cent of all occupied private sector dwellings. The rate of hazards posing a serious risk to

health in shared housing is also double that of all occupied housing as is the rate of poor energy efficiency.

Larger shared houses are subject to mandatory licensing by the housing authority under the Housing Act 2004. This ensures relevant standards are maintained. However, almost 1,000 of the 1,437 shared houses identified in our research fall outside this legislation due to their smaller size.

Houses in multiple occupation must be a key priority for the future given the relatively high levels of non decency and hazards serious to health that characterise the sector. A key challenge will be the need for ongoing targeting of flats in converted buildings and all types of shared dwellings, including smaller units, to help bring standards more in line with other sectors.

There should be particular focus on raising the standard of flats in converted buildings and smaller shared dwellings through better joint working with local landlords and consideration of additional licensing or accreditation schemes. We will address this under strategic aim 2 of the attached action plan.

Funding repairs and improvements

The total costs to address all non Decent homes in the city is estimated at around £63.3 million. Within this figure costs of £20 million are required to ensure all vulnerable households live in Decent Homes.

The vast majority of repair and improvement costs will be met by owners through their ongoing repair and maintenance work. A key challenge will be to encourage and support the necessary investment in private sector dwellings to maintain standards. Average equity levels for owner occupied households living in non Decent Homes are estimated at £155,500 whilst average improvement expenditure for each non Decent property is £4,750.²³ We must promote and make available a wider

²² Private Sector House Condition Survey 2008

²³ Private Sector House Condition Survey 2008

range of funding sources, such as home appreciation loans and equity release²⁴ to achieve an increase in funding for home improvement, adaptation and repair.

The cost to achieve decency for economically vulnerable households is estimated at £20 million. We must encourage those that have sufficient equity in their home to release it to help meet these costs and reserve what limited public funds there are for those that have the lowest financial capacity.²⁵ We must also seek ways to make these funds go further by developing more mixed loan plus grant packages. We will address this under strategic aims 1 and 2.

Under occupation and overcrowding

Almost 8 out of 10 private sector homes in the city are under occupied.²⁶ Having such a high rate of under occupation means the city is not maximising the use of its housing stock. A large proportion of households currently under occupying are elderly.

Less than 2 out of every 100 private sector homes is overcrowded (1,136 dwellings), though the rates are slightly higher in the private rented sector (4 out of every 100) and in older properties and converted flats. Whilst these are relatively low figures, where overcrowding occurs it can have serious negative impacts on a person's health and well being.

Under occupation is a key issue for the city but not one with obvious answers. We must explore best practice from elsewhere for ideas about how best to address this issue and seek a better understanding of what incentives might encourage people to move. A key challenge will be to develop a wider range of housing options for older people to

²⁴ Equity release involves drawing on some of the savings tied up in the property.

²⁵ Financial capacity is measured by a household's income, savings and equity levels.

²⁶ Under occupation is measured using the Bedroom Standard. This says that a household is under occupying if it has more than one spare bedroom.

consider. This will be addressed under strategic aim 4 of the attached action plan.

Vacant dwellings

Our research showed that 3,328 private sector dwellings were vacant out of the total housing stock of 71,473. The vast majority of these dwellings were transitional in nature and expected to return to occupancy in the short term.

Only 641 dwellings have been vacant for over six months. This represents just under 1 per cent of the city's private sector housing stock and is in line with normal housing market expectations.

Long term empty properties are running at a sufficiently low level for this not to be a key priority at this time. However, we need to monitor numbers closely over the coming years to ensure this low figure is maintained. We will address this under strategic aim 4.

Home security

Our research shows there are variations in levels of home security provision across the city. These include a greater absence of core measures in private rented sector, converted flats, pre 1919 housing and in Micklegate, Fishergate and Guildhall wards. Elderly households and young single person households are least protected. These will be our priorities for the future.

A key challenge will be to ensure levels of home security are evenly distributed across all housing sectors, wards and household types. We will work with Safer York Partnership and other agencies to target those areas with the lowest security levels and seek to map these areas against crime incidence statistics. We will address this under strategic aim 2.

Partnership working

We know that successfully addressing standards in the private sector housing stock will depend greatly on how agencies work together. The city council plays a key strategic housing role in ensuring a firm evidence base on which strategy and policy can be based and on helping share knowledge and good practice amongst relevant stakeholders. A recent inspection showed good use of partnership working to deliver services, such as the Energy Savings Trust and the Home Improvement Agency. The use of regular forums to engage with key stakeholders, such as landlords focus groups was also noted.

We must ensure the council continues to provide strong strategic leadership to the city and effectively coordinates the partnership working that will be necessary to deliver this strategy. Landlords are a key target group to help improve the relatively low standards in the private rented sector and a key challenge will be to effectively engage and work with this group. We will address this under strategic aim 5 of the attached action plan.

What we plan to do: the strategy action plan

Appendix A details what we plan to do under each of our stated strategic aims to address the key challenges identified above.

The action plan focuses on the outcomes we would like to achieve and shows how we will measure progress towards these. As part of our planning we consulted with householders, private sector landlords and agents about the types of help and support they find most useful.

We will monitor progress regularly and review the strategy each year to ensure it keeps pace with changing needs.

This strategy and action plan have been tested to ensure it does not discriminate either directly or indirectly on the grounds of gender, ethnic origin, disability of sexual orientation²⁷.

Resourcing the strategy

We recognise that the responsibility for repairing and maintaining homes rests primarily with the owner of the property and that public money should only be used to help vulnerable groups who are not in a position to maintain their homes or where it is a cost effective way of meeting broader objectives e.g. increasing the amount of affordable homes in York.

There is significant equity potential within the owner occupied sector estimated at over £9 billion. Our key challenge will be how to help owners release this money to fund necessary repairs.

The indicative funds available to support this strategy for 2009-10 are:

	£000's
City of York Council's grants programme (funded through the Regional Housing Board)	900

²⁷ City of York Council Equality Impact Assessment December 2008

Energy Savings Trust Advice Centre	tbc
Home Improvement Agency	105
Safer York Partnership (Home Security)	tbc
CYC Staff resources FTE's	tbc
Regional Loans Service (North Yorkshire)	870
Disabled Facilities Grant (DFG)	850
City of York Council Social Services DFG top up	110
Total	£tbc

Contact details

Copies of this document are available to download from the City of York Council website www.york.gov.uk/housing

Printed copies and further information about this strategy are available from the Housing Standards and Adaptations Manager, 10-12 George Hudson Street, York, YO1 6ZE. Telephone 01904 554092

Contact details for agencies mentioned in this strategy:

- Age Concern (York): 70 Walmgate, York, YO1 9TL. Tel: 01904 627995. Website and email contacts: www.ageconcernyork.org.uk
- City of York Council Housing Standards and Adaptation team:, PO Box 402, George Hudson Street, York YO1 6ZE Tel: (01904) 554093 Email: housing.standards@york.gov.uk
- Energy Saving Trust Advice Centre: 20 George Hudson Street, York YO1 6WR Tel: 01904 554412
- Home Appreciation Loan Service: PO Box 402, George Hudson Street, York YO1 6ZE Tel: (01904) 554434 Email: housing.standards@york.gov.uk
- North Yorkshire and York Primary Care Trust: The Hamlet, Hornbeam Park, Harrogate, HG2 8RE, Tel: 01423 815150 email: enquiries@nyypct.nhs.uk

- Safer York Partnership: York Centre for Safer Communities, Lower Friargate, York, YO1 9SL Tel: 01904 669069 Email: safercommunities@northyorkshire.pnn.police.uk
- York Home Improvement Agency: Yorkshire House, 6 Innovation Close, Heslington, York YO10 5ZF Tel: 01904 754438

Appendix 3. York Private Sector Housing Strategy Action Plan 2008-2013

Strategic Aim 1. Encourage and support owner occupiers to maintain and repair their homes and introduce energy efficiency measures					
Objectives:	Why	Baseline position	Target/date	Resources	Lead*
Maintain, and where possible improve, the overall condition of owner occupied dwellings in the city, with particular focus on the worst performing areas and dwelling types*	Overall condition is relatively good, though some disparities in performance exist between different areas and dwelling types	9786 households live in non Decent homes	180 homes made Decent per year	Regional housing Board Investment Programme bid 20011-14	CYC Housing
Encourage and support greater access to home appreciation loans and equity release products to fund repairs and maintenance	Equity potential among owner occupied households is high. Attitudes to equity release for households in non decent housing is encouraging	Grants and assistances policy that focuses on grants rather than loans	Develop a new assistance policy that makes more use of mixed loan / grant packages by April 2009	Existing	CYC Housing
Maintain, and where possible increase, the average energy efficiency of homes in the city and target as a priority the worst performing areas	The current overall SAP level is relatively high when compared to the national figure though disparities in performance exist between some areas	Average city wide energy efficiency rating (SAP) 66 in 2008. Hull Road and Fishergate wards have average SAP rating of 46 and 58 respectively	City wide SAP rating of 66 or higher by 2013	Existing	ESTAC
Continually investigate funding opportunities to tackle poor energy efficiency and ensure York residents maximise the opportunities available					
Reduce the incidence of fuel poverty in the city, particularly in the worst performing areas of the city and amongst the most vulnerable households	Tackling fuel poverty is a key priority in the York Local Area Agreement. The government has set challenging fuel poverty targets**	No fuel poverty action plan in place	A fuel poverty action plan in place by April 2009	Existing	ESTAC
Increase public awareness of the range of services available to encourage and support owner occupiers	Overall awareness of key services is low	26% awareness of the Home Improvement Agency / 56 % awareness of ESTAC 2008	Ensure at least 50% public awareness of key services, especially in target areas and households by 2013	Existing	CYC Housing

KEY: tbc = To be confirmed / *Guildhall, Micklegate and Hull Road wards and pre 1919 terraced houses and converted flats / **the Government wants to see an end to fuel poverty in all vulnerable households by 2010 and in all households by 2016 / ESTAC = Energy Saving Trust Advice Centre / CYC Housing = City of York Council Housing and Adult Social Services

Appendix 3. York Private Sector Housing Strategy Action Plan 2008-2013

Strategic Aim 2. To encourage private landlords to provide good quality and well managed properties for their tenants					
Objectives:	Why	Baseline position	Target/date	Resources	Lead*
Improve the condition of private rented homes in the city more in line with the city average for all occupied dwellings	Overall standards in the private rented sector are worse than other occupied houses	28.3% non Decent (3602 dwellings) against an average of 19.2 per cent for all occupied dwellings	By 2013 to bring rate of non decency in line with all occupied dwellings -19.2%	tbc	CYC Housing
Maintain and where possible improve energy efficiency of private rented homes and in particular flats in converted buildings	The energy efficiency of some private rented accommodation is much lower than for occupied dwellings as a whole	SAP 54 2008 for converted flats	By 2013 to bring the SAP rating of converted flats in line with the other sectors	tbc	ESTAC
Reduce the incidence of fuel poverty in private rented sector dwellings	Fuel poverty in the private rented sector is twice the rate of all occupied dwellings and three times that of owner occupied dwellings	No dedicated fuel poverty strategy	A dedicated fuel poverty strategy by April 2009	tbc	ESTAC
Improve the condition of houses in multiple occupation (HMOs) and smaller shared houses	Housing conditions within this sector are significantly worse than occupied housing as a whole	37.2% non Decent in 2008	By 2013 to reduce the gap between tenures	tbc	CYC Housing
Improve the security of private rented sector dwellings, particularly in the worst performing areas (Micklegate, Fishergate and Guildhall wards), dwellings (converted flats, pre 1919) and households (elderly, students)	There area a greater absence of core measures* in the private rented sector	24 per cent of private rented dwellings show an absence of core measures (compared to 9 per cent for owner occupied dwellings)	By 2013 to reduce the gap between tenures	Existing	Safet York Partnership / CUC Housing

KEY: tbc = To be confirmed / ESTAC = Energy Saving Trust Advice Centre / CYC Housing = City of York Council Housing and Adult Social Services / *Core measures include secure door and window locking

Appendix 3. York Private Sector Housing Strategy Action Plan 2008-2013

Strategic Aim 3. To help people whose independence may be at risk remain in or return to their homes					
Objectives:	Why	Baseline position	Target/date	Resources	Lead*
Maintain, and where possible increase, the number of vulnerable households in homes classed as Decent	Government target for 2010 already exceeded but need to keep a focus on this issue	79% in 2008	80% or more by 2013	Existing	CYC Housing
Ensure that those who need adaptations to help them remain in or return to their accommodation receive the appropriate level of advice, support and assistance	To meet the growing demand of an ageing population and disabled children with complex needs	110 Disabled Facilities Grants administered each year	To administer 150 Disabled Facilities Grants per year	tbc	CYC Housing
Create a comprehensive prevention strategy to support people within their own homes and communities to prevent and/or reduce risks to their independence	Improved quality of life for people needing care support and reduce the predicted deficit between available resources and projected demand for services	There are a range of services in place across the city provided by both CYC and the voluntary sector but this is not comprehensive. CSCI rating of current provision is currently 'Good'	Equity of provision to demand across all wards. CSCI rating of 'Excellent'	Social care transformation grant	CYC Housing and Adult Social Services - Commissioning
To establish a user led Centre for Independent (CIL) Living	This is a national Government objective based on good practice examples elsewhere	No CIL in place	Deliver CIL by 2010	Existing resources	CYC Housing and Adult Social Services
Meet the increasingly complex needs of families with disabled children	Growing demand from this client group requiring extra resources	Ruth Abbott	Ruth Abbott	tbc	CYC Housing
KEY: tbc = To be confirmed / CSCI =					

Appendix 3. York Private Sector Housing Strategy Action Plan 2008-2013

Strategic Aim 4. Maximise use of the existing housing stock to increase the supply of decent affordable homes in York					
Objectives:	Why	Baseline position	Target/date	Resources	Lead*
Maintain, and where possible reduce further, the current low level of long term empty properties in the city	Need to ensure ongoing low level of long term empty properties	0.9% in 2008	0.9% or below by 2013	Existing	CYC Housing
Tackle under occupation of private sector housing (this objective will be addressed as part of the wider Sub Regional Housing Strategy 2009-2012)	Very high levels of under occupation	77% in 2008	tbc	Existing	CYC Housing

KEY: tbc= To be confirmed / CYC = City of York Council /

Appendix 3. York Private Sector Housing Strategy Action Plan 2008-2013

Strategic Aim 5. Strengthen existing and develop new partnerships to support the private housing sector					
Objectives:	Why	Baseline position	Target/date	Resources	Lead*
Maintain clear strategic leadership for private sector housing standards in the city	To help all stakeholders with a role to play in improving private sector housing standards work together effectively	Agreed private sector housing strategy 2008-13	New private sector housing strategy agreed by 2013	Existing	CYC Housing
Improve joint working between key agencies delivering services relevant to this strategy	To achieve greater efficiencies working towards shared goals	Private sector housing strategy 2008-13 steering group established	Undertake annual progress review in November each year for the lifetime of the	Existing	CYC Housing
Improve partnership working with private sector landlords	To help bring improvements in the management and maintenance of the private rented housing stock	No Landlords Forum	Establish Landlord Forum by 2009	Existing, plus additional £10k annual funding for landlord forum administration	CYC Housing
Maintain and improve the North Yorkshire Local Authorities Strategic Partnership	Sub regional partnership is an important arena for sharing good practise and bring investment in to the city	North Yorkshire Private sector Steering group quarterly meetings	Maintain programme of quarterly meetings and investment bids. Sharing good practise from across the Region and country	Existing	CYC Housing
Maintain, and where possible improve, the level of customer satisfaction with services	To ensure our policies and service delivery meets customer needs	82 per cent of customers rated the grants and assistance service in 2007 excellent	90% satisfaction with services by 2013	Existing	CYC Housing
KEY: tbc = To be confirmed / CYC = City of York Council					

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

8th December 2008

Report of the Director of Housing and Adult Social Services

Housing and Adult Social Services Capital Programme – Monitor 2

Summary

1. The purpose of this report is to:
 - Inform Members of the likely outturn position of the 2008/09 Capital Programme based on the spend profile and information to October 2008 / 2009;
 - To seek approval to any resulting changes to the programme;
 - Inform the Executive Members of any slippage and seek approval for the associated funding to be slipped between the relevant financial years to reflect this.

2. The 2008/09 – 2010/11 capital programme was approved by Council on 21st February 2008. Since then a number of amendments have taken place as reported to Executive Members in the 2007/08 Capital Outturn report. These changes have resulted in a current approved capital programme for 2008/09 of £9,149k, financed by £8,711k of external funding, leaving a cost to the Council of £438k. Table 1 illustrates the movements from the original budget to the currently approved position.

	Gross Budget £k	External Funding* £k	Revenue Contributions £k	Right to Buy Receipts £k	Capital Receipts £k
Original Budget Approved by Council at 21 Feb 2008	8,834	7,681	287	611	255
Re-profiling to 09/10 & 10/11 from 07/08 outturn report	0	0	0	0	0
Additions / Reductions from 07/08 outturn report	451	(56)	351	130	26
Approved Changes at Monitor 1	(136)	42	149	-484	157
Current Approved Capital Programme	9,149	7,667	787	257	438

*External funding refers government grants, non government grants, other contributions, developers contributions and supported capital expenditure.

Table 1 Current Approved Capital Programme

3. The capital receipts column above implies receipts generated from the sale of Council assets will be used to fund the difference between the gross budget less all other specified funding sources. Due to the current economic climate not being favourable to achieving maximum receipt value from asset disposals, consideration will be given to the use of prudential borrowing to fund the capital programme as a temporary measure. When the economic climate returns to a more favourable state assets will be sold with the receipts being applied to finance the programme thus replacing the temporary borrowing.
4. A corporate reporting template has been set for reporting progress with capital programmes across all directorates and hence there is a change to the previous formats members will have been familiar with.

Consultation

5. The capital programme was developed under the Capital Resource Allocation Model (CRAM) framework and agreed by Council on 21 February 2008. Whilst the capital programme as a whole is not consulted on, the individual scheme proposals do follow a consultation process with local Councillors and residents in the locality of the individual schemes.

Summary of Key Issues

6. Against the current approved budget of £9,149k, there is a predicted outturn of £9,249k, a net increase of £100k.
7. The net increase is comprised of the following:
 - Overspends costing £382k
 - Under spends of £282k
 - Additional schemes in 09/10 and 10/11 costing £143k, fully funded by government grant
8. Table 2 highlights scheme specific information:

Gross HASS Capital Programme	2008/09 £k	2009/10 £k	2010/11 £k	Total £k	Paragraph Ref
Current Approved Capital Programme	9,149	8,756	8,899	26,804	
Adjustments:					
External Communal Areas	2			2	10
Assistance to Older and Disabled People	65			65	11

(HRA)					
Tenants Choice Backfills	247			247	12
Tenants Choice – Tang Hall	(123)			(123)	13
Tenants Choice – Horsman Avenue	(109)			(109)	14
Window Replacement	68			68	15
Telecare	(50)			(50)	16
Adults Social Care IT grant		92	51	143	17
Revised Capital Programme	9,249	8,848	8,950	27,047	

Table 2 Capital Programme Forecast Outturn 2008/09 – 2010/11

9. To the end of October there was £4,720k of capital spend representing 51% of the approved budget, compared to 51% for the same period in 2007/08.

Scheme Specific Analysis

10. External Communal Areas – reporting a slight increase in costs.
11. Assistance to Older and Disabled People (HRA) – an overspend is forecast to occur due to an increasing need for urgent disabled adaptations and staff costs to facilitate these.
12. Tenants Choice Backfills – the authority pledges to undertake backfill Tenants Choice modernisations within 12 months of customers taking up tenancies of homes that qualify and hence the value/volumes are not fixed but linked to number and spread of void properties. An increase in costs in the scheme has occurred by an increase in properties coming forward from an estimate of 40 to a projection of 58. Additional to the increase in units there has also been an increase in the average unit cost of approximately £1200 due to the level of need per home.
13. Tenants Choice – Tang Hall – An underspend has occurred through savings on the scheme resulting predominantly in a reduced average unit cost per home than projected.
14. Tenants Choice – Horsman Avenue – An underspend has occurred through reserves being made at the end of 2007/08 being over-estimated by officers and not required.
15. Window Replacement – There has been an increase in properties requiring window replacement causing an overspend, these windows were initially due for painting and repairing in 2008/09 however it quickly became apparent their condition had deteriorated since their last painting and it proved better value for money to replace them with uPVC.

16. Telecare – The project to embed telecare services as part of the whole social service support package has begun, the initial part of this project includes significant staff training and customer awareness as opposed to capital spend. The project is fully funded in future years and hence the funds this years can be offered as an underspend.
17. Adults Social Care IT Grant – The Department has received grant funding in this area however notification was only in October and hence spend will not occur until next financial year given the preparation work required.
18. Disabled Facilities Grants - As is outlined within the Changes to the DFG Programme report, elsewhere on the agenda, the disabled facilities grants pay for adaptation work so that vulnerable disabled customers in the private sector can remain safe and independent in their own homes and reduce the need for customers requiring care.
19. The tables below, the current budget position at the end of October 2008 giving:
 - An accurate record of the value of the work and number of the adaptations which we have paid for;
 - An estimate of the value of the work and number of adaptations which we have committed;
 - An estimate of the value of the work and the number of adaptations where the customer has been visited by this service but the work has yet to be committed/approved;
 - An estimate of the value of the work and the number and type of adaptations which are on our waiting list.
20. The total budget for DFG's this year is £625k (only major adaptations). There is a separate budgets to support minor adaptation work in the private sector.

	Paid £000's	Committed £000's	Visited but not committed £000's	Waiting list £000's
Value	£495	£ 130	£ 382k	£ 365
Number of Adaptations	72	15	32	58 all adaptations including those required for health and safety

21. By the end of September we had fully committed the budget and by the end of October we had spent £495k. Given this the council is currently holding 90 applications at different stages including customers who require adaptations for essential health and safety and access reasons. 32 of these cases have received a visited from this service and the value of the work for these cases is estimated to be approximately £382k.
22. There are a further 58 customers (estimated value of work £365k) held on a waiting list who have not received a visit..
23. All of these will be carried forward to next year and it should be noted that:

- there are still five months of referrals to be included;
- this report doesn't seek to comment or reduce the waiting list with the occupational therapist service.

24. However any changes to improve the response times in the occupational therapist service will have a direct impact on this service. It should be noted that last financial year we received 152 new enquires for DFG's. This year, by the end of October, we had received 127 new DFG enquires, a significant increase in referral rate. If this referral rate continues it is expected that the additional costs associated with this increase is in the region of £225k per annum. However, it should be noted that this may increase if the referral rate continues to grow. It also does not include the costs of clearing the back log which is being created this financial year.

Summary

25. Summary of the latest position -

	Gross Budget £k	External Funding* £k	Rev Con £k	Right to Buy Receipts £k	Capital Receipts £k
Latest Monitor 2 Position	9,249	7,830	787	130	502

* External funding refers government grants, non government grants, other contributions, developers contributions and supported capital expenditure.

26. Members will recall that the first monitoring report in September noted that no Right To Buy Sales had been completed during the current financial year. As a result the sales forecast was reduced from the original estimate of 30 sales was reduced to 6 sales. The position has not changed since the September report and therefore the forecast for sales has been revised downwards from 6 to 0. The RTB receipts showing in the table above are those brought forward from 2007/08 to fund slippage on the Howe Hill scheme. There are no new receipts now forecast for 2008/09.

27. The consequence of this is to increase the call on corporate capital receipts to fund the HASS capital programme. The impact of this has been reduced by the underspend on Telecare which had required corporate funding.

Options

28. The report is primarily an information report for Members and therefore no options are provided to Members.

Corporate Priorities

29. The capital programme is decided through a formal process, using a Capital Resource Allocation Model (CRAM). CRAM is a tool used for allocating the Council's scarce capital resources to schemes that meet corporate priorities.

Implications

Financial Implications

30. The financial implications are considered in the main body of the report.
31. There are no **HR implications, Equalities, Legal, Crime and Disorder, Information Technology** or **Property** implications as a result of this report

Risk Management

32. The capital programme is regularly monitored as part of the corporate monitoring process. In addition to this the Capital Asset Management Group (CAMG) meets regularly to plan monitor and review major capital receipts to ensure that all capital risks to the Council are minimised.

Recommendations

33. That the Advisory Panel advise the Executive Member to:
- Note the progress on schemes;
 - approve variations in paragraph 8

Reason : to enable the effective management and monitoring of the Council's capital programme

Contact Details

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HASS

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

**Report
Approved**
Bill Hodson
Director of HASS



Date 24/11/08

**Report
Approved**



Date 24/11/08

Specialist Implications Officer(s)

None

Wards Affected:

All

For further information please contact the author of the report

Background Papers: None

Annexes: None

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Meeting of the Executive Member for Housing and Adult Social Services and Advisory Panel 8th December 2008

Report of the Director of Housing and Adult Social Services

Changes to the Disabled Facilities Grants Programme

Summary

1. This report outlines proposed changes to the Grants and Assistance Policy to take account of statutory changes to the disabled facilities grant (DFG).
2. The report also advises members about the pressures on the adaptations budget this year and forecasts the potential impact to next years budget and highlights the additional funding requirements that has been requested through the capital resource allocation model (CRAM) process.

Background

3. As members may recall earlier this year the government announced a package of changes to the disabled facilities grant policy some of which have already been implemented for example increasing the maximum grant from £25,000 to £30000- as this required no local policy change

However two potential changes do require members to make decisions as to how they should be implemented.

- i) **A general consent** - which enables councils to place limited charges on adapted properties of owner occupiers, where the cost of the DFG exceeds £5,000, this is limited to maximum charge of £10,000.
- ii) **Access to gardens** - a more explicit requirement to fund adaptations for disabled people to be able to access gardens, where this is reasonable and practicable.

General consent

4. Until now there has been no ability for Local Authorities to recover grant monies for works carried out under the Disabled Grant Process. The Government has now provided consent for councils to use their discretion to impose a limited charge on the property, if the property is sold **within 10 years** from the certified date of the grant. It may apply to owner-occupiers where the cost of the works is over £5000. The proposed policy will enable the council to recycle funds however it should be noted that this will be limited and there is clear expectation that the monies are recycled back into the disabled facilities grant budget and at this time we are unable to assess how much money this will be.

Access to gardens.

5. Whilst the DFG can be used to fund access to gardens, the existing legislation had not been clear on the provision of works to enable access to gardens as a specific purpose for grant. The legislation has therefore now been changed making access to gardens a specific criterion for entitlement for the grant, where this is **reasonable and practicable**. Members should note that customers are still subject to the occupational therapist service assessment to ensure that the works are necessary and appropriate
6. However the council will be able to exercise discretion when considering the works that will be necessary for the purpose of allowing access to the garden. In determining whether the works are reasonable and practicable the council must satisfy themselves having regard to:
 - The age and condition of the dwelling or building.
 - The practicalities of carrying out adaptations to the property with narrow doorways, difficult or limited access.
 - Conservation considerations and planning constraints
 - Impact on other occupants of the proposed works, if those works could reduce or limit the existing facilities or amenities in the dwelling.
7. The proposal in Appendix A seeks to ensure that the disabled person has reasonable access to the garden or yard however It does not seek to provide grant help to pay for works to enable access to the whole garden or to every outhouse or structure within a property's curtilage. There will be an impact on our already stretched budgets, which at this stage, because it is a new requirement is difficult to assess.

Future Budget Provision

8. As you are aware the disabled facilities grants pay for adaptation work so that vulnerable disabled customers in the private sector can remain safe and independent in their own homes and reduce the need for customers requiring care.
9. The tables below, the current budget position at the end of October 2008 giving:
 - An accurate record of the value of the work and number of the adaptations which we have paid for;
 - An estimate of the value of the work and number of adaptations which we have committed;
 - An estimate of the value of the work and the number of adaptations where the customer has been visited by this service but the work has yet to be committed/approved;
 - An estimate of the value of the work and the number and type of adaptations that are on our waiting list.
10. The total budget for DFG's this year is £625k (only major adaptations). There is a separate budget to support minor adaptation work in the private sector

	Paid £000's	Committed £000's	Visited but not committed £000's	Waiting list £000's
Value	£495	£ 130	£ 382k	£ 365
Number of Adaptations	72	15	32	58 all adaptations including those required for health and safety

11. By the end of September we had fully committed the budget and by the end of October we had spent £495k. Given this the council is currently holding 90 applications at different stages including customers who require adaptations for essential health and safety and access reasons. 32 of these cases have received a visited from this service and the value of the work for these cases is estimated to be approximately £382k.
12. There are a further 58 customers (estimated value of work £365k) held on a waiting list who have not received a visit..
13. All of these will be carried forward to next year and it should be noted that:
 - a) There are still five months of referrals to be included;
 - b) This report does not seek to comment or reduce the waiting list with the occupational therapist service.
14. However any changes to improve the response times in the occupational therapist service will have a direct impact on this service. It should be noted that last financial year we received 152 new enquires for DFG's. This year, by the end of October, we had received 127 new DFG enquires, a significant increase in referral rate. If this referral rate continues it is expected that the additional costs associated with this increase is in the region of £225k per annum. However, it should be noted that this may increase if the referral rate continues to grow. It also does not include the costs of clearing the back log which is being created this financial year.
15. Reasons for the increase in pressure on the budgets are many. Undoubtedly the increase in referrals from the OT's early this year due to the employment of two locum occupational therapists to improve the performance of the occupational therapist service by reducing the backlog did have an impact on this service and consequently the budgets. However, there are other factors, which also contribute to the budget pressures:
 - Reduced/static budgets – there has not been increase in these budgets for some years;
 - Increases in prices – not only due to inflation but also due to changes in legislative requirements for example the changes to Part P of the Building Regulations relating to electrical work has been reflected in the prices for bathing adaptations;
 - Changes to the DFG policy in 2006- in particular increase in referrals for large adaptations for disabled children with complex needs and no requirement to means test the families;

- Changes to the DFG means testing rules introduced this year e.g. pass-porting of customers on council tax benefits.
 - Increase in the disabled facilities grant from £25,000 to £30,000
16. Also when assessing future demand for the service regard must be had to York's growing ageing society and it must recognize that the vast majority of older people are choosing to live in their own homes in the community well into later life, often with the informal support of their family.
 17. Officers have formally approached the Government office for additional financial assistance in July this year. We were advised that that the regions DFG allocations have been awarded for this year and that there are no indications that any more money will become available. They have however advise that our request for additional funding has been sent to the Department for Communities and Local Government to add their evidence base for additional resources the support DFGs. In addition to this formal approach officers also highlighted the need of additional funding with in the Councils annual Housing Strategy statistical appendix (HSSA) return. Within this return the council has requested a substantial increase in funding need to meet demand.
 18. However, the council is legally required to approve and pay for DFGs. This means that that it cannot refuse to approve any DFG where the work is deemed to be necessary and appropriate and the proposal is considered to be reasonable and practical simply because of the lack of resources. There is a clear expectation from Government that councils will continue to support DFG expenditure from their own resources.
 19. Obviously there are implications for next year budget. We are currently anticipating that we will receive our normal £375k from central government. But given that there is no longer the requirement to match fund (60:40 split) .The additional resources to fund DFGs to meet demand have been identified through the capital resource allocation model (CRAM) process.

Consultation

20. Regarding proposed policy changes consultation has taken place across the sub region to provide a North Yorkshire approach to the these two areas of work

Options

21. The options available to the Executive Member are:
22. **Option 1** – To revise the existing policy in line with above proposed policy changes relating to
 - a) The general consent; and
 - b) Access to the gardens.
23. **Option 2** - Maintain the current policy with no revisions

Analysis

24. Option One

- a) This will provide an opportunity for the council to recover grant funding provided for a DFG where the property is sold within 10 years of the certified date of the grant. The recycling of any income back to the DFG funding stream will enable the council to re-invest finding into this critical area. It could be argued that the to recover DFG is insensitive, especially if the sale of the property is as a result of the death of the original recipient. However, conversely where a property has increased in value as a result of the grant, it could be argued that this should be recycled to enable future customers to benefit form this essential service.
- b) Creating access to an outdoor space could in some cases significantly improve the quality of an individual's life. When considering a request for a DFG for access to the garden, the LA will be able to exercise discretion as set out in Para 6. Agreeing this element of policy change will result in a more customer focused service however, approval of this option must acknowledge that the budget will need to be increased to meet this additional demand.

25. **Option Two** - The council will not have clear policies to implement the changes to the disabled facilities grants and could be challenged damaging the council reputation to deliver high quality services.

Corporate Priorities

26. This report contributes to three of the Council's seven direction statements and four corporate priorities.

Direction statements

27. Our ambition is to be clear about what we will do to meet the needs of our communities and then to delivery the best quality services that we can afford We want services to be provided by whoever can best meet the need of our customers. We will promote cohesive and inclusive communities

Corporate Priorities

- Improve the health and lifestyles of the people who live in York
- Improve the quality and availability of decent, affordable homes in the city.
- Improve the actual and perceived condition and appearance of the city's streets and housing estates and publicly accessible spaces
- Improve the life chances of the most disadvantaged and disaffected children , young people and families in the city

Implications

28. The implications arising from this report are:

Financial Implications

29. The financial implications directly arising from the report are the increased cost of DFG's linked to the increasing access to gardens. Given that this work has not previously been carried out it is not possible to quantify the quantity of referrals that may be received for this work or the costs associated with it.
30. If members approve the recommendation regarding to impose a change on the property where the costs of the DFG in excess of £5000, one would expect, in time monies to be recycled back into the budget. However, given the uncertainty surrounding when the owner may sell a property, it is not possible to predict what or when money may be available.

Legal Implications

31. There are legal implications associated with introducing a waiting list system in that under the Housing Grants and Regeneration Act 1996 a council can only hold a full application for a disabled facilities grant for a maximum of six months without making a decision.

Equalities

32. Disabled facilities grants help the provision of adaptations to help the elderly and people with disabilities to remain in their homes. Any reduction in the council's ability to meet the demand for DFGs will impact on the lives of the elderly and disabled people who will have to wait longer for much needed adaptation works.
33. There are no Human Resources (HR), Crime and Disorder, Information Technology (IT), Property or Other implications arising directly from this report.

Risk Management

34. In compliance with the Council's risk management strategy there are serious risks associated with Option 2 of this report and the increased referrals for DFG's.
35. Vulnerable customers may be put at risk by living in difficult and dangerous conditions. The council has a duty to assess and make arrangements for adaptations via the Chronically Sick and Disabled Persons Act 1970. The council also has a mandatory duty to provide grants for adaptations via the Housing Grants Construction and Regeneration Act 1996. Lack of funding could prevent the council fulfilling its legal duties. This puts additional pressure on already stretched resources, as we will not be able to deliver timely and quality services leading to an increase in complaints. Failure to provide this statutory service could result in reputational damage and negative media coverage, and we could be open to legal challenges. This also has a knock on effect to other services resulting in additional financial burden in areas such as nursing and residential care.
36. The main risk that has been identified in this report is not maximising the funding available to the residents of York.
37. The risks associated with the recommendation of this report are assessed at a net level of 21.

Recommendations

38. That the Advisory Panel advise the Executive Member to note the briefing regarding pressures on the adaptations budget this year and the forecasted potential impact to next years budget, and approve:

Option 1 – To revise the existing policy in line with above proposed policy changes relating to:

- a) The general consent; and
- b) Access to the gardens.

Reason: To ensure that vulnerable people remain independent and safe in their own homes by the provision of a fast and responsive service which provides value for money.

Contact Details

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Chief Officer Responsible for the report:

Steve Waddington
Head of Housing Services

Report Approved

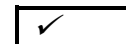


Date

24th Nov 2008

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

All



For further information please contact the author of the report

Specialist Implications Officer(s)

Implication: Financial
Debbie Mitchell
Head of HASS Finance
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Implication: Equalities
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Implication: Legal
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Background Papers:

Proposed Changes to the Grants And Assistance Policy – Energy Efficiency Grants and the Disabled Facilities Grant Programme – -June 2008

Annexes

Appendix A – Disabled Facilities Grants

Appendix A – Disabled Facilities Grants

Policy on Property Charges for Disabled Facilities Grants

Property Charges will apply to all grant works that exceed £5000 (excluding any agency or professional fees)

The following exceptions will apply

- External and internal lifts and through floor lifts.
- Permanent ramps within the existing footprint of the property
- Where a low level wheelchair accessible kitchen has been installed.
- Where adapted bathing or toileting facilities have been provided within the existing footprint of the property.

Where multiple works have been carried out on one application and the works exceed £5,000 excluding any of the above named items then a charge shall be made.

Time scale

The charges will last for **ten years** from the Certified date of the grant.

Multi application DFG's

Where a client has several Disabled Facilities Grants successively, each, if over £5000, will have its own land charge applied to it.

Repayment of grant

It is a condition of grant that if an owner (also being the recipient of the grant) to which the application relates, disposes of the property (whether by sale, assignment, transfer or otherwise) then they shall repay to the Council on demand the amount of grant, over and above £5,000, that has been paid, subject to a maximum repayment of £10,000.

In addition, the normal conditions prescribed under the Housing Grants, Construction & Regeneration Act 1996 that relate to Disabled Facilities Grants will remain.

In the event of a breach of a condition, the owner for the time being of the dwelling shall on demand repay to the Council the amount of the grant.

Policy on Access to Garden

In determining whether the works are reasonable and practicable the Council must satisfy themselves having regard to:

- The age and condition of the dwelling or building.
- The practicalities of carrying out adaptations to the property with narrow doorways, difficult or limited access.
- Conservation considerations and planning constraints

- Impact on other occupants of the proposed works, if those works could reduce or limit the existing facilities or amenities in the dwelling.

The council will only provide a grant that is sufficient to enable the disabled person reasonable access to the garden or yard. The grant is not intended to pay for works to enable access to the whole garden or to every outhouse or structure within a property's curtilage where it is clear that the disabled person does not specifically need such access.

The new provision is, therefore, solely for access as follows:-

1. The garden should be immediately adjacent to the building, within the same curtilage as the applicant's home.
2. The grant to cover one access doorway to the garden. (It is appreciated that in some properties the existing level entry may be to the front of the property therefore access to the back garden may be included provided this is used as the main leisure/garden area.)
3. Access does not include the following:
 - access to an area of decking(or similar area) separated from the main house
 - provision of, or access to, raised garden beds
 - access to outhouses/garages and garden buildings including greenhouses, sheds etc.
 - where access is not deemed reasonable and practicable, for example where steplifts or platform lifts are required
4. Normally access to gardens criteria would be fulfilled by either improving existing access, or by providing a suitable outdoor space that can be accessed safely from the dwelling to allow appreciation of the outdoor area by the disabled person.

A suitable outdoor space should where possible be 4m wide x 2m deep, level, free from tripping hazards and be provided with curbing / safety rails as appropriate.

Exceptional Circumstances

The Housing Standards 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

Review

This policy is subject to periodic review.



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

8th December 2008

Report of the Director of Housing and Adult Social Services

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

Summary

1. This report outlines the outcome of consultation undertaken since June 2008 to develop a Physical & Sensory Impairment Strategy for adult social care in York.

Members are requested to:

- 1.1 Approve the attached strategy
- 1.2 Seek further reports as the action plan for delivering the strategy is put in place.

Background

2. The Executive Member approved a draft strategy in June 2008 following initial consultation and taking account of Government drivers over the previous three years.
3. The draft strategy has subsequently been submitted to a range of individuals and organisations (see Annex 1) for comment.
4. Comments have now been received and the strategy has been amended to reflect this. Whilst the number of responses has been low, this does reflect the extensive consultation that went in to producing the initial draft.
5. A revised strategy is attached. This has been kept deliberately at a broad level in order that the detailed planning can involve a range of stakeholders when the Partnership Board, approved previously by Members, is established. This will involve service users, and partner agencies working with council Officers to create detailed plans and support the implementation of the strategy. The first meeting of the Partnership Board is planned to take place early in 2009.
6. The Partnership Board once created will be formally linked to the Local Strategic Partnership and Local Area Agreement by reporting to the Healthy City Board. The priorities for the Partnership Board will be in respect of the development of inclusive responses for people with impairment in order to improve local progress against key national objectives and indicators.

7. The requirement for the City to have in place a user led Centre for Independent Living (CIL) by 2010 has been followed up by officers in conjunction with York CVS. A series of meetings has been planned and has now commenced with a view to supporting the creation of a User Led Organisation. It is the User Led Organisation that will have the role of coordinating the development of the CIL. The objective is that a Steering Group will be established in January.
8. This series of meetings in respect of the CIL has been planned to precede the start of the Partnership Board in order to avoid confusion of the two initiatives which whilst mutually exclusive may involve similar personnel.

Consultation

9. 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 the draft strategy has been circulated widely to customers, potential customers, carers, service providers and other interested individuals and organisations.
10. The main priorities for outcomes from the consultation remain:
 - Access to information
 - Access to support
 - Access to leisure & employment
 - Choice and control
 - Mobility & transport
 - Economic well being

Options & Analysis

11. Option 1
To continue current provision as it is without implementing the strategy.
12. Option 2
To work on the first draft action plan attached to the PSI Strategy for implementing the strategy over a period utilising current resources as they become available for alternative use and utilising partnerships for developing access to new resources. The first draft action plan has been produced following the consultation events. It uses the seven outcomes from the White Paper, Our Health, Our Care, Our Say as a framework and highlights themes, desired outcomes and work already in progress. It is anticipated that the Partnership Board, once created, will develop the action plan further.

More immediately this would entail the production of information on local service provision in different formats for individuals with a physical or sensory impairment. This can be specifically commissioned action in order to support the infrastructure required. The resources required for creating improved information and in different formats will need to be assessed through market testing and can be funded from Directorate resources. Financial implications for

the development of the Centre for Independent Living will be reported as it becomes clearer what those implications will be.

Corporate Priorities

13. The development of the strategy supports broad corporate and partnership outcomes especially as they relate to the Equalities element of the Single Improvement Plan, and Healthy WOW, Inclusive WOW and Business WOW.

The development and implementation of this strategy would be supported by and would support the Healthy City Board in its delivering the refreshed priorities focussing on the impact of an ageing society.

Implications

14. **Financial** - Apart from the provision of information in different formats there are no immediate financial implications. The resources required for the production of information are available within Directorate resources. 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.
15. **Human Resources (HR)** - There are no implications to this report
16. **Equalities** –The strategy and its action plan support the objectives of the corporate Equality Strategy and will contribute to the corporate and directorate Equality Schemes for 2009 and beyond. In addition the strategy will help CYC meet the Duties arising from disability legislation. An Equalities Impact Assessment is attached to this strategy.
17. **Legal** – There are no implications to this report
18. **Crime and Disorder** – There are no implications to this report
19. **Information Technology (IT)** – There are no implications to this report
20. **Property** – There are no implications to this report
21. **Other** – There are no implications to this report

Risk Management

22. 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

23. Members are asked to advise the Executive Member to approve the strategy and seek further Officer reports on the implementation of the Strategy and progress towards the development of a Centre for Independent Living.

Reason:

To support the social inclusion and development of support to people with a physical or sensory impairment.

Contact Details

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Tel 554354

Chief Officer Responsible for the report:

Report Approved Date 24th November 2008

Bill Hodson
Director of Housing and Adult Social Services

Report Approved Date 24th November 2008

Specialist Implications Officer(s)

Finance

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

Equalities

Evie Chandler
Equalities Officer, Chief Executives
551704

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

All

For further information please contact the author of the report

Background Papers: PSI Strategy (attached as Annex 1)

Annexes

Appendix 1: PSI strategy (Executive Summary only)
[A copy of the full strategy is available on the Council's website at
<http://democracy.york.gov.uk/ieListDocuments.asp?CId=441&MId=3568>]

Appendix 2: Equalities Impact Assessment for PSI Strategy

City of York Council

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

November 2008

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. Most of the data and messages presented in the strategy relate to people age 18 to 64 years, though we recognise that older people, people with mental health problems and people with learning disabilities will access services that people with physical and/or sensory impairments use. This document begins to identify the priorities to deliver the vision of services that people with physical and/or sensory impairment want.

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 to enable them to take up the challenge, and 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 impairment amongst adults aged 18-64 over the next 20 years will not be significant, though this may be affected by social life-style changes that lead to more people being affected by long term conditions.

Alongside this, the number of children surviving with complex conditions is 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 people aged 65 and over 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. This is to ensure that people who have a physical and/or a sensory impairment have support that promotes independence and inclusion, and does not create dependence and/or institutionalisation.

Chapter 2 identifies whom this strategy is for and what its 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 projected population of people with a physical or sensory impairment.

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

Chapter 6 begins to identify the gaps in services and 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.

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. Nevertheless, colleagues from the wider council and local health services have been involved in the development of the strategy. A Partnership Board approach has been proposed to bring agencies and representatives of disabled people 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.
- At this stage there is no formalised route for further consultation across the whole community of people in York who have a physical or sensory impairment. However there will be feedback available from social care customers and the wider consultation may be rectified through the work being undertaken within the Council to establish a Disabled Person's Forum.
- The strategy will need to be developed to form specific commissioning and service plans within the corporate framework for delivery over the more traditional 3-5 year timescales. These plans will influence and support the development of the right services across all sectors.
- At this stage we have not been able to include very much information about those people who use or provide neurological services. Links with the implementation of the

neurological long-term conditions activity will be made as this strategy develops.

Key messages from needs analysis

Having looked at what we know about the needs and aspirations of people with a physical and/or sensory impairment we have concluded the following:

- Clear, concise and up-to-date information about the local disabled population is difficult to get hold of
- In the 2001 Census, 12,506 people of working age (i.e. 16-64 inclusive for men and 16-59 for women) in York consider they have a health problem or limiting long term illness (this figure includes all impairments, not just physical and sensory impairments)
- 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
- 6 Wards in York have above the national average of people who consider they have a health problem or long-term illness: Fulford; Guildhall; Heworth Without; Huntington and New Earswick; Osbaldwick; and Westfield
- Nationally the majority (85%) of people with sight problems are aged over 65. Numbers are set to double over the next 25 years due in part to the ageing population, but also to an increase in underlying causes such as diabetes
- Nationally there is an estimated 9 million deaf and hard of hearing people in the UK, about 688,000 of these are severely or profoundly deaf. Approximately 41% of all over 50 year olds have some kind of hearing loss, this increases to approximately 71% of over 70 year olds
- Nationally there are about 24,000 people in the UK who are dual sensory impaired. These figures do not take into account the large number of older people who are losing both their sight and hearing

- Further work is required to develop our understanding of local need across agencies, in particular to understand whether people are already getting the help and support need they need from low level, preventive services in the community
- We should share what we know about the local disabled population to influence the development of universal services which promote independence

Key messages from service mapping

We have looked at some of the services that are currently available in York specifically for people with a physical and/or sensory impairment:

- We have a good range of low level, preventive services in the City, provided mainly by the voluntary sector
- There has been a steady increase in the number of direct payment recipients over the last five years enabling more service users to have choice and control over their social care services.
- Traditional, building based council day services have ceased and have been replaced by individually tailored packages of support facilitated by Direct Payments or individual budgets
- We need to better understand the needs of those disabled people who want to access learning and employment opportunities
- We need to better understand the needs of parents with a physical and/or sensory impairment.
- We need to ensure that where an informal carer contributes to helping a person with a physical and/or sensory impairment to live at home that we support the carer as well as the cared for person
- We recognise that people may well be getting the help and support they need from universal services

Changes needed over the next 10-15 years

We have begun to identify some of the improvements that will need to take place over the next 10-15 years:

- The way we collect and analyse information will need to change to allow us to understand more about local needs to ensure we deliver services that provide 'best value'
- A range of council and NHS services will need to change to ensure that the needs of people with a physical and/or sensory impairment are addressed
- We need to increase the number of opportunities for self-directed support
- Where we know a condition can be best managed by early intervention we should target resources to achieve better outcomes in these situations
- A greater focus on employment support will be required
- Improvements investment to adapt the home environment will support greater numbers of individuals to achieve independence.

Plans for delivery

To achieve these changes we will need to agree priorities with our partners and make clear plans for the future.

The proposals to strengthen the local infrastructure by establishing a disabled person's network or forum, a partnership board and a centre for independent living will support this in time.

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Equalities Impact Assessment Toolkit for High Level Strategies

This toolkit uses many of the questions from the Government Office's toolkit for Local Area Agreements. It provides a basic set of challenging questions to assess the extent to which equality issues are considered and incorporated into high-level strategies (e.g. the LAA, Sustainable Community Strategy, Community Safety Strategy, Corporate Strategy etc.). Omit any questions that are not relevant to your strategy.

The toolkit asks various questions and then gives you 2/3 possible answers (yes, no or some) and an explanation and evidence column to add:

- What evidence you have to support your answer (if in the positive),
 - giving practical examples, or
- If you have no evidence, why this is so and, what plans you have to rectify this.

Name of Strategy	Who is conducting this EIA?
Strategy for the Development of Services to Support People with a Physical and/or Sensory Impairment	Name: Jenny Gardner
	Job Title: Policy and Planning Manager (Adult Social Care)
	Contact Details: Housing and Adult Social Services, 10/12 George Hudson Street, York YO1 6ZE Tel: 01904 554354 Email jenny.gardner@york.gov.uk
Describe the Strategy:	
What is the purpose of the strategy (describe in simple, easy to understand terms)	
This strategy takes a long-term view of the services that people with physical and/or sensory impairment will need in York.	

Equality Aims in the Strategy

	Yes	No	Explanation and Evidence
<p>Does the Strategy have an equalities statement (or vision / policy) that specifically mentions the 6 strands?</p> <p>(Race, disability, gender, sexual orientation, religion and belief and age)</p>	Yes		<p>The Strategy has an overall vision statement of “a society where all citizens are respected and included as equal members, and where everyone had the opportunity to fulfil their potential.” (Chapter 2)</p> <p>Chapter 2 of the Strategy describes whose strategy is this and what it aims to cover.</p> <p>Chapter 4 identifies some of the equality dimensions linked to the need and demand for services.</p>
How did you decide what went into this statement?	The statement is based on the vision from national documents		
Has it been agreed by all partners?	Yes		There has been extensive consultation on the strategy
What processes are in place to monitor progress on achieving this statement?	The proposal in the strategy is that a Partnership Board will be established to oversee implementation and service development. The Board will also have the role to monitor progress on achieving this statement		
Whom will this be reported to?	The Partnership Board will be linked to the Local Strategic Partnership through the healthy City Board. Council members will receive updates on the delivery of the strategy		

Development of the Strategy

Has the Strategy considered:	Yes	No	Explanation and Evidence
The make up of the local population as the time of writing the strategy?	Yes		Chapter 4 provides a review of need and demand both nationally and locally. Where local data is not available assumptions have been made based on national data.
Potential changes to the local population over the life of the strategy? e.g. aging population (and therefore an increase in disabled people), increasing Black and minority ethnic population etc.	Yes		Chapter 4 provides a review of need and demand both nationally and locally. Changes in disability prevalence are predicted to small and not statistically significant for any of the age or sex groups, though 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. There is an increase in the number of children with disabilities, possible explanations include children with complex conditions surviving longer, and improved diagnosis/reporting.
How information on different communities' needs is collected and used by the council and partners. E.g. to: a. plan and manage services b. develop indicators/targets c. monitor progress		No	This will be developed in more detail as the strategy is developed further
Any limitations of current data and what will be done to address this?	Yes		There are limitations with current data. Sometimes data exists but can't be accessed because it isn't collected

			centrally. Sometimes data doesn't exist at all. This could be improved as health and social care work more closely together and possibly share information systems in the future. Improving data collection is one of the actions on the PSI Strategy Action Plan.
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Equality Legal Duties

What actions are in the strategy to promote our legal duties to:	Yes	No	Explanation and Evidence
Eliminate <u>discrimination and harassment</u> on the grounds of race, disability, gender, age, sexual orientation and religion and belief?	Yes		The strategy and service development is being undertaken within an environment with an increasing emphasis on safeguarding vulnerable adults. There are local policies and procedures to support this.
Promote <u>equality of opportunity</u> between Black and minority ethnic (BME) and white British people, disabled and non-disabled and men and women?	Yes		Links will be made with the local organisations and officers that are promoting equality of opportunity
Promote <u>good relations</u> between different ethnic groups (not just BME and white British people)		No	No specific action is recommended
Promote <u>positive attitudes</u> towards disabled people (and other communities)	Yes		Disability awareness training is recommended to support the community inclusion objectives.

Promote <u>participation by disabled people</u> in public life?	Yes		His is inherent in the proposals for supporting an infrastructure of participation.
N.B. These duties apply to everyone – private, public and voluntary and community sectors. Therefore they apply to organisations providing services or goods on our behalf (and it's our responsibility to make sure they are complying with equalities legislation in this capacity).			

Links from this Strategy to other Strategies or Policies / Working Practices

	Yes	No	Explanation and Evidence
Do any policies or other strategies need to be changed to reflect the objectives or actions in this strategy?		No	If this is required this will be identified through the Partnership Board
Do any policies or other strategies that sit under this strategy need to be Equality Impact Assessed?		No	Not applicable
Who will do this?			

Implementation

	Yes	No	Some	Explanation and Evidence
Do staff / partners have the skills and capacity to achieve the equality aims and actions in this strategy?			Yes	Achieving the equality aims may take additional resources and time in order to meet all requirements including the provision of information in all formats. Staff awareness training and cultural change are inherent in delivery of the strategy.
If not, how is this being addressed?	This will be addressed through the action plan for strategy implementation			

Involvement & Consultation

	Yes	No	Explanation and Evidence
What consultation mechanisms are in place to engage the views of communities on this strategy?	The strategy consultation is inclusive across the community. Future consultation will be founded on new participative structures		
Are consultation methods inclusive and accessible?	Yes		The document will be available in different formats
Have you actively sought the views of groups from the 6 equality strands on this strategy? (either individuals or community or voluntary groups) If so, which groups?	Yes		Where there are known groups to take that role

Are there arrangements in the strategy for on-going dialogue with groups from the 6 equality strands?	Yes		Where there are known groups to take that role
How are these views used in the strategy decision-making processes?	Will be used by the Partnership Board		
Will groups from the 6 strands be involved in setting priorities or targets in the strategy and assessing progress on these?	Yes		Where there are known groups to take that role

Communication

	Explanation and Evidence
How has the Strategy been communicated to partners and the public?	It will be available, electronically, hard copy, on the web site and in alternative formats. Resources are to be allocated to provide information in a variety of formats.

Partnerships

Has this strategy stimulated any specific areas for partnership development or improvement?	Yes	No	Explanation and Evidence
Community involvement?	Yes		Involvement of people with a disability through representative groups
Consultation mechanisms?	Yes		There have been several consultative events
Community cohesion and equality (e.g. fulfilling legislative duties)?	Yes		Inherent in the strategy and through the consultation events
Assessment and analysis of specific community needs?	Yes		Through the analysis of data
Development or improvement of data and profiling of data?	Yes		It is recognised the data is inadequate & needs improving
Monitoring and evaluation of the strategy?	Yes		The mechanism will be confirmed through the Partnership Board
Equalities Impact Assessments?	Yes		
Priority setting?	Yes		This is a part of the consultation process



Meeting of the Executive Member for Housing and Adult Social Services and Advisory Panel 8th December 2008

Report of the Director of Housing and Adult Services

MENTAL HEALTH COMMISSIONING STRATEGY

Summary

1. To seek Executive Member endorsement of the multi agency North Yorkshire and York Mental Health Commissioning Strategy that has been agreed within the North Yorkshire and York Partnership arrangements.

Background

2. The Mental Health Commissioning Strategy (Appendix 1) has been developed by the lead Mental Health Commissioning Agency – NYYPCT. This strategy has been developed to ensure that the commissioning of services in the North Yorkshire and York area reflects national drivers and strategies, whilst providing consistency across the North Yorkshire and York Primary Care area.

The Mental Health Commissioning Strategy as currently drafted provides the high level objectives for Mental Health Commissioning across North Yorkshire and York. It is intended that local City of York Commissioning Objectives will then be developed and an action plan put in place.

3. The more specific local York Mental Health Commissioning strategy will be developed to take account of recent changes in legislation and service and National Performance Indicator developments in required outcomes from both working age adult and older people's mental health services. It will include the following priorities and commissioning intentions :
 - Personalisation
 - Improvements to acute and complex care provision
 - Support to service users from Black and Minority Ethnic communities
 - Improving access to settled accommodation
 - Access to early intervention, psychological therapy & enhanced Community Mental Health Teams
 - Community information

- Crisis response, assertive outreach & suicide prevention
 - Carer support
 - Day support development
 - Access to education, training and employment support
 - Dementia service development
4. The Primary Care Trust has recently increased its mental health commissioning capacity in order to support delivery of the strategy and recruited 2 new Senior Commissioning Managers for Mental Health, one focussed on Primary Care and one on Mental Health Transitions.

Consultation

5. The commissioning strategy has been consulted on widely across professionals, service users, carers and the voluntary sector in order to ensure that it reflects the interests of all stakeholders.

Options

6. Option 1

The first option was to continue with a partnership without a joint mental health commissioning strategy.

Option 2

The option to develop a joint commissioning strategy was approved by the York Mental Health Partnership Board in July. The capacity required to support the NYYPCT to deliver a diverse mental health strategy has been considered within the Housing and Adult Social Services Directorate. In view of the importance of mental health delivery and the importance of ensuring that the appropriate social care pathways and services are developed, the mental health commissioning capacity within the Directorate will be enhanced. This additional capacity will support implementation of the strategy through commissioning social care services for people with mental health problems across all ages, working closely with the PCT commissioners.

Analysis

7. Option one was not considered appropriate as it is essential that statutory agencies state their commissioning intentions.
8. Option two is considered to be the appropriate building block for the next stage of the partnership, providing the strategic intentions from which more specific plans can be developed.

Implications

9. Financial Implications

There are no specific financial implications to adopting the overall commissioning strategy. As the local commissioning objectives and service developments are recommended then the financial implications will be reported to Members as necessary. The enhancement of mental health commissioning capacity will be from within current resources.

10. HR Implications

There are no Human resource implications to this report. The enhancement of commissioning capacity will be undertaken within current delegations.

11. Equalities :

The development of the strategy will ensure that mental health services are available across all communities in York.

12. Crime and Disorder :

There are no crime and disorder implications

13. Information technology :

There are information technology implications

14. Property :

There are no property implications

15.. Other Implications

There are no other implications to this report.

16.. Legal implications

There are no legal implications to this report

17. Corporate implications

This strategy will support the inclusion of vulnerable adults and the health and well-being of all residents of York.

Risk Management

14.. The risk rating of this report is below 16.

15. **Recommendations**

That the Advisory Panel advise the Executive Member to endorse the Mental Health strategy and proposed action to support its delivery.

Reason: To improve services for residents in York with Mental Health problems.

Contact Details

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Tel No. 4003

Chief Officer Responsible for the report:

Bill Hodson
Director of HASS

Report Approved **Date** 24/11/08

Chief Officer's name
Title

Report Approved **Date** 24/11/08

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

Annexes:

North Yorkshire and York Primary Care Trust; City Of York Council;
North Yorkshire County Council; MENTAL HEALTH COMMISSIONING STRATEGY
2008

DRAFT VERSION 14



North Yorkshire and York Primary Care Trust

City Of York Council

North Yorkshire County Council

MENTAL HEALTH COMMISSIONING STRATEGY

DRAFT VERSION 14

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DRAFT VERSION 14**1. Introduction**

This document outlines the North Yorkshire and York PCT, City of York Council and North Yorkshire County Council commissioning strategy for people with mental health problems, over the age of 18, who reside in the North Yorkshire and York PCT area. The PCT has accepted delegated responsibility from City of York and North Yorkshire County Councils for leading on the commissioning of functional mental health services. Organic mental health problems are commissioned jointly by health and social care organisations on a partnership basis.

This strategy aims to ensure all people living within North Yorkshire and York have access to services which are responsive to their needs. Both service provision and commissioning should enable and empower people to access generic community services including appropriate health care, social care, accommodation, education, employment and day time activities.

Essentially mental health service users should be able to access the same level of generic service provision as the rest of the North Yorkshire and York population is able. All people living within North Yorkshire and York should be able to live their lives to the full regardless of other challenges presented by their mental health condition.

Health and Social Care investments should aim to deliver the outcomes people want for themselves these include:

- a shift towards services that are personal, sensitive to individual need and maintain independence and dignity
- a strategic reorientation towards promoting health and well-being, investing now to reduce future ill health
- a stronger focus on commissioning the services and interventions that will achieve better health, across health and local government, with everyone working together to promote inclusion and tackle health inequalities.

Therefore the PCT and Local Authorities expect all those people living in North Yorkshire and York to get the maximum out of life, free from discrimination, disability, and poverty - 'well being for all' is our outcome'. The PCT and Local Authorities will commission services which treat all people with dignity and respect and which provide value for money.

Mental health services in England have changed considerably over the past 20 years. Community services have developed, asylums have closed and mental health has become an NHS priority area for development. The present Government first set out its view of modern mental health services for adults of working age in the White Paper *Modernising Mental Health Services: Safe, sound and supportive* (1998). The White Paper built on already published documents detailing intended reforms to health and social services including: *Our Healthier Nation* (1998); *The New NHS: Modern and dependable* (1997); *Modernising Social Services* (1998); and *A First Class Service: Quality in the new NHS* (1998).

The publication of the *National Service Framework for Mental Health* (1999) set out for the first time a set of officially sanctioned minimum standards which mental health services were expected to attain. The *NHS Plan* (2000) amplified these by specifying the number of new community teams that were to be developed, linked

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developments with additional funding and reiterated that mental health was to be one of the three priority areas alongside cancer and coronary heart disease. The subsequent *Mental Health Policy Implementation Guide* (2001) was published with the intention of supporting local implementation teams in the delivery of adult mental health policy and set out service specifications for crisis resolution/home treatment teams, assertive outreach teams and early intervention teams.

The five-year review of the NSF-MH (2004) showed progress towards some of the targets but acknowledged that more needed to be done in some areas. In addition to reviewing the progress towards targets over the first five years, it set some priorities for the next five years:

- Inpatient care
- Dual diagnosis
- Social exclusion
- Ethnic minorities
- Care of long-term mental disorders
- Availability of psychological therapies
- Better information and information systems
- Workforce redesign with new roles for key staff.

It also put mental health services in the context of overall developments in health and social services:

“We now need to plan for the next five years in a way that re-casts our NSF in line with the direction that the NHS as a whole is taking – towards patient choice, the care of long-term conditions and improved access to services” (Department of Health, 2004).

Following on from the NSF for Mental Health, the *National Service Framework for Older People* (2001) was published with specific recommendations for older people with dementia and depression.

This *NSF* is a ten-year programme that aims to increase access to, and the quality of, health and social care services for older people on a national basis and aims to address issues of race and culture as well as old age. It emphasises that all services must be able to offer effective support irrespective of ethnic background. This requires that older people who have mental health problems have access to integrated mental health services, provided by the NHS and Local Authorities, to ensure effective diagnosis, treatment and support for them and for their carers. There are joint commissioning work streams in York and North Yorkshire for Older People’s services and this strategy links to the work of those work streams.

Everybody’s Business (2005) was a service development guide which sought to integrate mental health services for older adults. The document looked at meeting the complex needs of older people in a more co-ordinated way. Exploring the provision of a person centred approach to care, the document also promoted issues around age equality and set out the key components of a modern service for older people.

‘Older people with mental health problems want to exercise control over their lives and make choices, including decisions about their own care.’

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1. Involving service users and their carers
2. Health promotion
3. Assessment and Care planning
4. Developing culturally appropriate services
5. Workforce development
6. A whole systems approach to commissioning integrated services
7. Leadership: champions, managers and leaders

The White Paper "Our Health, Our Care, Our Say" sets out a vision to provide people with good quality social care and NHS services in the communities where they live. The document highlights seven outcomes:

1. Improving health and emotional well-being
2. Improved Quality of Life
3. Making a positive contribution
4. Increased choice & control
5. Freedom from discrimination & harrassment
6. Economic well-being
7. Maintaining personal dignity & respect

These outcomes are relevant to a range of health and social care services including mental health.

This strategy aims to ensure links between health and social care for the delivery of Local Strategic Partnerships and Local Area Agreements which should be the mechanism for making links between broader Local Government activities.

This strategy supports mental health services being based on the recognition that it is the quality of the interaction between the individual and his or her social context that is important for mental health. Negative interactions are associated with poor mental and physical health, positive interactions with good mental and physical health. There are likely to be evolving models of provision that provide accessible, navigable services that meet the specific needs of individuals and the factors that influence their health.

What is commissioning?

Commissioning in the NHS is the process by which we ensure the health and care services provided, most effectively meet the needs of the population. It is a complex process with responsibilities ranging from assessing population needs and prioritising health outcomes, to procuring products and services and managing service providers.

The NHS Plan in 2000 set out a 10-year programme of reform for the NHS, through which we will be developing an NHS characterised by free choice across a range of providers, competing on quality and outcomes as money follows the patient.

The proposals in the White Paper *Our health, our care, our say* set the strategic direction for delivering healthcare with a greater focus on prevention, on promoting well-being and on delivering services in settings that are more convenient to the people that use them. This new NHS – locally driven, looking outwards not upwards – is designed to dramatically improve the quality of care and the value we get from the public resources invested in health and care services. The interim report from the

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NHS Next Stage Review signalled where we are going in the journey towards an improved NHS. It talked about an NHS that is fair, personalised, effective and safe, and which is focused relentlessly on improving the quality of care.

Improving commissioning is at the heart of delivering this agenda. The NHS has real potential to develop world class commissioning – investing NHS funds to secure the maximum improvement in health and well-being outcomes from the available resources. As world class commissioners, primary care trusts (PCTs) must take on the mantle of trusted community leaders, working with their local population, partners and clinicians, leading the local NHS.

Ultimately, good commissioning in the NHS will help ensure people live healthier and longer lives. *World Class Commissioning – Vision Department of Health December 2007*

Why is a commissioning strategy needed?

This Strategy will link to the overarching North Yorkshire and York PCT Commissioning Strategy and other relevant strategies including; the North Yorkshire and York Personality Disorder Strategy, the North Yorkshire and York Dual Diagnosis Strategy, North Yorkshire and York CAMHS Strategies, the North Yorkshire and York Practice Based Commissioning Strategies and Local Authority Long Term Conditions and Prevention Strategies. This document will ensure that services:

- Promote prevention and mental health well-being
- Are appropriate to needs
- Are purchased in the most effective and efficient way
- Achieve positive results for people who use the services
- Are planned and delivered within an overall strategic framework

2. Mental health policy: a context in brief

The White Paper *The New NHS: Modern and Dependable* (1997) set out the Government's overall strategy for modernising the health service and ensuring that the NHS provides fair access to effective, prompt and high quality care to all patients, wherever they live. It addressed a variety of themes relevant to mental health, including the integration of services across health and social care, human resources, the more effective use of information technology and improving the quality of care.

A First Class Service: Quality in the new NHS (1998) outlined a strategic framework to monitor, evaluate and improve on the quality of individual and organisational working practice and performance within the health service. It crucially established the principle that the delivery of healthcare against national standards is a matter of local responsibility. Service governance is part of the overall programme of performance management of *National Service Framework* and *NHS Plan* implementation.

Modernising Mental Health Services: safe, sound and supportive (1998) identified seven priority areas for development:

- Strengthening comprehensive care
- Providing 24-hour access to services

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- Developing, training and recruiting staff with the skills and motivation to deliver modern services
- Improving the planning and commissioning of services
- Developing partnership working
- Improving the use of Information Technology
- Developing mental health promotion

Our Healthier Nation (Department of Health, 1999b) detailed action to tackle poor health by improving the health of everyone, especially the health of the most disadvantaged by tackling the biggest killers - cancer, coronary heart disease, stroke, and accidents. There are also targets for mental health which are to reduce the death rate from suicide and undetermined injury by at least a fifth by the year 2010. *The Health Act* (1999) provided the legislative changes required by the policy reform outlined above, including: -

- Operational flexibilities to allow joint working between NHS bodies and local authorities for the commissioning and delivery of health services
- Placing a statutory duty of quality on NHS Trusts and Primary Care Trusts
- Change in the system of regulation and the bodies responsible for devising standards and creating monitoring mechanisms to evaluate and improve the quality of health care.

The *National Service Framework for Mental Health* was the first of a series of national Government frameworks that set the policy context, values, standards and implementation programme for mental health services in England. It addressed the full range of agencies responsible for mental health care of people of working age across the health and social care fields and the statutory, voluntary and private sectors. The seven standards of the National Service Framework are outlined below:

Mental health promotion (Standard One): *Requires health and social care organisations to develop and facilitate delivery of a local strategy that 'promotes mental health for all, working with individuals, organisations and communities.'* Additional to this standard is goal two of the *National Suicide Prevention Strategy for England, DOH (2002)* which highlights the requirement 'to promote mental well-being in the wider population.'

Primary care and access to services (Standards Two & Three): *to deliver better primary mental health care and to ensure consistent advice and help for people with mental health needs, including primary care services for individuals with severe mental illness.*

Effective services for people with severe mental illness (Standards Four & Five): *to ensure that each person with severe mental illness receives the range of mental health services they need: that crises are anticipated or prevented where possible; to ensure prompt and effective help if a crisis does occur; and timely access to an appropriate and safe mental health place or hospital bed, including a secure bed, as close to home as possible.*

Caring about carers (Standard Six): *to ensure health and social services assess the needs of carers who provide regular and substantial care for those with severe mental illness, and provide care to meet their needs.*

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Preventing suicide (Standard Seven): *to ensure that health and social services play their full part in the achievement of the target in Saving Lives: Our Healthier Nation to reduce the suicide rate by at least one fifth by 2010.*

Whilst it is acknowledged these are standards from the overall NSF for Mental Health the essence of the standards is applicable to both working age and older peoples mental health services. Older Peoples mental health services are also supported by the NSF for Older People, Standard 7 and Everybody's Business, the forthcoming National Dementia Strategy and other national and local strategies for the provision of services to older people. The strategy for Child and Adolescent Mental Health Commissioning (CAMHS) is covered by the North Yorkshire and York PCT and Locality Authorities CAMHS Strategies 2007-2010.

The *National Service Framework for Mental Health* (Department of Health, 1999a) and the *NHS Plan: A Plan for Investment A. Plan for Reform* (Department of Health, 2000) represented the culmination of several years of Government policy aimed at developing inclusive and modern health and social care services to achieve consistency of access to high quality services. Since then, *Improvement, Expansion & Reform* (DoH, 2002) suggested that planning in the past has been done annually and had been constrained by time pressures and the requirement for multiple plans. Health services were required to plan on a longer term basis with local health services receiving three-year budgets. This would allow organisations to look in-depth at their services, plan change with confidence and implement improvements year on year. Against this background planning consists of the following six steps, which need to be followed through in each organisation and community:

- Identifying the national and local priorities and the key targets for delivery over the next three years
- Agreeing the capacity needed to deliver them
- Determining specific responsibilities of care organisations
- Creating robust plans which show systematically how improvements will be made and which are based on the involvement of staff and the public
- Establishing sound local arrangements for monitoring progress and NHS performance management which link into national arrangements
- Improving communications and accountability to the public locally so as to demonstrate progress and the value added year on year

Mental Health was identified as one of five national priority areas for improving services and outcomes for service users. *Improvement, Expansion and Reform: The Next 3 years-Priorities and Planning framework 2003-2006* included requirements to: -

- Reduce the suicide rate and deaths by undetermined causes by 20% by 2010.
- Improve access to general community mental health services.

Services were to be delivered in line with the standards in the Mental Health NSF, Older Peoples NSF, Everybody's Business, the Mental Health Implementation Guide, national mental health strategies and compliance with NICE appraisals/guidance. Comparative clinical audit and information from the Mental Health Minimum Data Set (which should have been implemented in all trusts by 03/2003) should be used to develop services, and the National Institute for Mental Health England will support development work. Modernisation will be supported by a new mental health legislative framework. NHS and Social Services joint responsibility will be delivered through Local Implementation Team partnership.

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The Operating Framework for 2007 highlights one of the key targets for the NHS as reducing health inequalities and promoting health and well-being, raising the importance of ensuring through commissioning that patients receive high quality healthcare, no matter where they live in the country, and that where inequalities exist, they are dealt with. It goes on *“For 2007/08, PCTs need to focus on the interventions that evidence shows can have the biggest impact on reducing health inequalities. This builds on the recommendations in a review of the life expectancy target. The introduction of local data on all age all cause mortality, introduced in both LDPs and local area agreements, provides the incentives for effective partnership working with local authorities and the other partners that need to deliver the life expectancy aspect of the health inequalities target. It will also give flexibility for organisations to focus on the interventions that are most important to their local population. The health inequalities national support team is currently being developed to provide intensive support to those areas that are most challenged”*.

In July 2008 the Yorkshire and Humber Strategic Health Authority published *Healthy Ambitions* which summarizes and makes recommendations following the Prime Minister and Health Secretary announcement that Prof. Lord Darzi would lead a review of the NHS that would advise on how to meet the challenges of delivering health care over the next decade in July 2007.

Mental Health is one of the 8 Clinical Care groups included within the review and the Clinical Pathway Group describes the key features of a generic mental health pathway as:

- Integrated primary/secondary and health and social care
- Care planning supported by ‘advocate’ challenged care navigation
- Single point of access
- Open access to a range of supportive interventions provided by a range of providers
- NICE guideline/good practice/evidence underpins the care packages
- Care elements/packages can be allocated a cost so that individuals can have their own budget
- Personal advisors or advocates are available to support people in accessing the appropriate support
- National standards for services which enable benchmarking to take place

These key features are consistent with the PCT aspirations for mental health services and will be incorporated into existing and any new commissioning arrangements for mental health service delivery.

3. Overall Vision for the Mental Health Commissioning Strategy

The Government’s vision is for a patient-led NHS (Delivering the NHS Improvement Plan), where “the starting point is the principle that everyone in society has a positive contribution to make and they have a right to control their lives”. This aspiration should feature in our Local Strategic Partnerships and Local Area Agreements.

Services commissioned should demonstrate they are designed to:

- Promote improvement of people’s overall health and well-being
- Promote mental health well-being

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- Provide access to a range of services that prevent or delay the on-set of severe and enduring mental health problems and deliver clear generic pathways of care
- Support people experiencing mental health difficulties to maintain their lives in the community with dignity and independence, and improve their quality of life
- Ensure that people experiencing mental health difficulties will be viewed holistically with open door services that are coherent with simple care plans that can be understood and changed
- Improved information about possible solutions and the journey of care for people with mental health problems and ensure that they are consulted about their recovery and care pathway
- Ensure that services will be needs-led defined by emerging new strategies, that are reviewed in consultation with service user and/or their representatives
- Provide a seamless service underpinned by single assessment, effective sign posting, clear triggers for appropriate interventions and clear pathways into specialist services
- Geographically sensitive to the patients home to support the promotion of social inclusion

Principles

This Mental Health Commissioning Strategy is based on a set of values, principles and philosophy to underpin service planning, service delivery and help shape the direction of services for the future.

The following list of principles is intended to provide a foundation for the future and become part of the way the Mental Health Partnership works jointly and is able to review the effective commissioning of services:

Commissioned Services should adopt a positive and hopeful recovery perspective, seeking outcomes that promote good health, wellbeing and a capacity to optimise individual functioning and integration within local communities;

Commissioned Services should be guided by transparency of purpose for users and carers, with good information and a clear expectation of different interventions and possible outcomes, where services are clear how they fit within the overall joint service system;

Commissioned Services should link with and influence broader services and strategies, for example in education, housing, leisure, transport and drug and alcohol areas and other changes in the organisation of care and health services;

Commissioned Services should have a focus on delivering effective and safe mental health services with robust governance systems dedicated to service improvement, through training, staff development, clinical and corporate risk management, effective use of information and clinical audit;

Commissioned Services should ensure no harm is done to users, carers or communities as a consequence of action and intervention, with no needless deaths, no needless distress, no ensuing disability or unwanted delay or waste in the use of resources;

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Commissioned Services should offer the minimum level of intervention possible compatible with meeting needs. The aim is to minimise intrusion and sustain users within as normal a setting as possible and at an appropriate level in terms of prevention, primary care support, intermediate support and acute intervention within the whole service system;

Commissioned Services should assess risk with the person concerned, in an open and sharing manner. This includes assessment of risk to self and others. Wherever possible the assessment of risk should be done jointly with the service users;

Commissioned Services should acknowledge that mental health problems may be complex and multifaceted and require complex responses drawing on a range of perspectives, disciplines, knowledge and expertise, where there is mutual respect and tolerance of different contributions that different perspectives are integrated to offer holistic solutions and whole person outcomes;

Prevention of mental health problems and promotion of mental health should be a priority in delivering support and interventions;

Success criteria and outcome measures should be determined in conjunction with service users;

Joint approaches between Local Authorities and the PCT in planning and delivery should become the norm in providing support and services to people in North Yorkshire and York;

Commissioned Services should promote awareness of the new Mental Capacity Act and promote access of Independent Mental Capacity Act Advocacy when required;

Commissioned services should offer stability in terms of financial management and avoidance of unnecessary service upheaval. There must be a continuous review of all service provision to maintain financial balance and ensure effective and appropriate use of the financial budget available.

4. Performance Management

Performance management is crucial to demonstrate efficient and effective provision of care services. It is the intention that commissioners and providers will work closely to ensure that accurate and robust performance management information is available to audit service provision and the effective use of public money. Commissioners and Providers should adhere to the requirement of National and Local Performance Management requirements and targets which apply to Mental Health and Social Inclusion.

The comprehensive performance of mental health services can be considered in 3 distinct dimensions:

- 1 Responsiveness and accessibility – this refers to the extent to which those who must look to a service for care and support get it, when they need it. This issue is of particular relevance for hard to reach groups. The similarity or fit between the service being used and the locally assessed need, cultural

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- appropriateness to relevant minority groups and the promptness and sensitivity of response to clients are all measures of this issue.
- 2 Efficiency – this refers to the levels of productivity, cost effectiveness, occupancy rates and other measure of efficient use of resources.
 - 3 Effectiveness – this refers to User and system based outcomes. User's outcomes encompass health and mental health status (functional levels, presence/absence of symptoms and substance misuse), quality of life, and satisfaction with treatment. Provider outcomes cover satisfaction of staff with their working environment. Commissioning outcomes include improvement in the quality of life of Users and increase in users accessing, for example mainstream resources.

An important part of the commissioning cycle is gaining relevant information about the performance of current and future services. There has been a recent shift towards the monitoring of quality life outcomes, also referred to as Commissioning for Quality, in mental health services rather than just group-based outcomes for example increase in numbers of users gaining employment. Research has shown that individual outcomes are a more effective and accurate measure of quality of care and therefore the effectiveness of service provision. Unfortunately at present there is limited national Department of Health guidance for Outcomes in Mental Health and within North Yorkshire and York providers and commissioners are committed to working together to develop appropriate meaningful outcome measures.

The PCT and both Local Authorities have agreed to develop comprehensive performance management indicators which support the implementation of this strategy, the commissioning priorities and intentions, Local Area Agreements and other relevant NHS and Local Authority performance management priorities, this work will be undertaken during the lifetime of this strategy.

5. Social Inclusion and Effective Community Services

The Mental Health and Social Exclusion Report – June 2004 – advises of a sustained programme of change to challenge discriminatory attitudes and significantly improve opportunities and outcomes for adults with mental health problems. The report sets out an action plan within a multi-agency framework. It aims to go beyond statutory health and social care organisations, to include partnership working with employment and education organisations, employers and the voluntary sector to tackle all areas of social exclusion. The Action Plan covers six categories –

- Stigma and discrimination
- The role of health and social care in tackling social exclusion
- Employment
- Supporting families and community participation
- Getting the basics right
- Making it happen

The report outlines that opportunities in education, training and employment greatly enhance the quality of life of service users. The driving vision of the report is a 'future where people with mental health problems have the same opportunities to work and participate in the community as any other citizen'. There is also a requirement to 'transform day services into community resources that promote social

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inclusion through improved access to mainstream opportunities'. This is to be achieved through commissioned services providing:

- Access to supported employment opportunities where appropriate; this will be delivered through collaborative working with Local Authority and Employment Agencies
- Access to appropriate housing; this will be delivered through collaborative working with Local Authority
- Person centred provision that caters appropriately for the needs of all individuals; this will be delivered by ensuring service users are involved and consulted in the development of their individual Care Plan
- Developing strong links and referral arrangements with community services and local partners
- Providing or Commissioning befriending, advocacy or support to enable people to access local services
- Involving people with mental health problems in service design and operation; this will be delivered through the Local Implementation Team and Local Implementation Advisory Groups
- A focus on social inclusion and employment outcomes

In line with the social inclusion agenda the PCT is very keen to ensure that we build on the strong existing partnership arrangements between health and social care and that we continue to develop processes for the joint commissioning of services, which utilise the community as a potential resource with the aim of supporting users in accessing mainstream services, to prevent mental health problems and to influence mainstream service providers and employers to promote easier access to people with mental health problems. The PCT and Local Authorities are committed in promoting Direct Payments and Individual Budgets as a key delivery mechanism for personalisation.

6. Primary Care

Mental health problems are common and primary health care services provide the majority of health care help that people require. Up to 40% of patients attending their GP for any reason have a mental health problem and in 20-25% of patients a mental health problem will be the sole reason for attending. Throughout Europe, 57% of people with depression consult for that reason alone, and most consult with a GP initially.

Whilst primary care is often able to offer and provide care for people with mental ill health it is acknowledged by many GPs that they do not have the specialist training required to provide a full range of mental health care interventions within primary care, therefore it is vital that primary care is provided with adequate training, advice and support to be able to support patients with mental ill health. The role of primary care counsellors, primary mental health workers and gateway workers can support mental health care provision within primary care, however it is accepted that access to these services is not equitable across the PCT geographical area. Therefore a key action plan of this strategy is to review and enhance the current primary mental health care service in North Yorkshire and York to enable patients to be provided with increased support within primary care settings and reduce the reliance on secondary care provision.

7. Homelessness and Housing

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An essential element of Social Inclusion is people having access to appropriate housing and accommodation. People can become homeless due to poor health. Poor health in turn is likely to be exacerbated by homelessness. Homeless people are more likely to suffer from physical health and mental health problems. About 30 – 50% of people sleeping rough suffer from mental health problems, which, for about 88% existed before they went on the street *Source: Social Inclusion Unit*.

A key barrier to accessing primary health care for homeless people are the transient and chaotic lifestyles of homeless people and a general lack of confidence to access mainstream health care services. Key barriers to accessing secondary health care include the lack of medical history for a patient registered temporarily meaning that GP's are not always aware of any treatment that the patient has received previously.

The PCT is committed to improving the healthcare of people who are homeless or who are living within temporary accommodation. The PCT is working closely with, City of York Council and North Yorkshire County Council regarding the housing, homeless and Supporting People Agenda and there are plans for further mental health training to be provided to Local Authority Homeless workers and Housing providers regarding the recognition and support required for mental health service users.

8. BME

In relative terms, the population of minorities – though still small - is growing more rapidly in many rural areas than in urban areas. In 2006 in North Yorkshire and York the total resident population of BME communities was approximately 15,000; this number will be significantly higher for those working in the area as opposed to resident.

In some areas of the UK one in five mental health in-patients comes from a black and minority ethnic (BME) background, compared to about one in ten of the population as a whole. In January 2005, the Department of Health published a five-year action plan, Delivering Race Equality (DRE) in Mental Health Care. DRE aims to help mental health services provide care that fully meets the needs of BME patients and build stronger links with diverse communities.

This strategy aims to adhere to the principles of DRE and to also respond to the diverse and changing local population. This strategy aims to ensure all people living within North Yorkshire and York have access to mental health services which are responsive to their needs regardless of their ethnicity, gender, religious belief, domestic circumstances or sexual orientation.

9. Public Health

There is evidence that there is a strong correlation between poverty and poor mental health. The recent report of the Chief Medical Officer's Project to *Strengthen the Public Health Function* outlines why a robust and effective public health function is essential to help change the social, economic and environmental factors that lead to poor health. It is argued that strengthening the public health function helps address social exclusion, inequalities in health and provides support to local authorities and a re-oriented NHS in ensuring that local partners focus on improving health as well as service quality. The public health agenda originally set out in *Saving Lives: Our Healthier Nation* (1999) is huge, challenging and complex. The *NHS Plan* (2000) affirms the place of public health in the mainstream of NHS activity and, at the same

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time, acknowledges that it is everyone's business and is a corporate responsibility, not just the province of specialists. Choosing Health (2004) reinforces these messages. For a breakdown of Public Health demographic data please see Appendix 1.

This strategy promotes actions to improve mental well-being, ameliorate symptoms of mental distress and promote recovery and reduce the prevalence of mental illness diagnosis. The promotion of mental health can have positive outcomes which include, improved physical health, health behaviours, education, employment, parenting, relationships and crime.

Nationally, work is currently taking place to develop a sustainable set of indicators to measure Mental Well-being. However, there are a number of indicators that impact on mental health and well-being across the four blocks of Local Area Agreements and therefore a 'basket of proxy indicators' can be utilised to demonstrate improvements in mental health and well-being

The key elements of effective commissioning and strategies to promote mental health needs to consider:

- Are informed by local needs assessment
- Outline a clear statement and vision of what success will look like and how it will be measured
- Illustrates cross-sector involvement, ownership, governance and resourcing
- Illustrates links to wider initiatives to improve health, social, economic and cultural outcomes and links between key themes such as mental health benefits of participation, physical activity, access to green open spaces
- Offer added value by supporting policies with complementary goals
- Informed by evidence-based practice
- Encourage public mental health capacity and skills
- Develop public mental health intelligence

It is suggested that in order to ensure improvements in mental health, public mental health promotion needs to be mainstreamed. Mechanisms also need to be in place to engage and establish formal links with stakeholders across all sectors and a system of governance linked to wider local targets needs to be ensured and resources drawn from a variety of areas to which mental health promotion contributes.

Although there are gaps in the data, the economic benefits of improving positive mental health maybe extensive. While the best outcomes are generally associated with the absence of mental illness, the presence of positive mental health brings additional benefits, including for people with mental health problems.

10. Service User Involvement

Mental health policy documents over the past decade have almost without exception highlighted the need for users of services and, more recently their informal carers, to have their voices heard by the mental health system. This has been reinforced of late through the *National Service Framework for Mental Health* and the *NHS Plan*, both of which encourage the active participation of service users and carers in service development and delivery. Where as at one time simply listening to what users and carers had to say was considered radical in the mental health world, this is no longer

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acceptable. Active participation with greater opportunities for users and carers to be increasingly representative of others is now the expected standard.

It is important to recognise that many users and carers do not want, or have the time, to participate in mental health service development and delivery and therefore there is an increasingly critical need to develop the widest possible range of access routes to true participation. However, where people are prepared to give time and energies it is essential that they be supported to do so as effectively and acceptably as possible. Collaborative working with Voluntary Sector or other Service User Groups provides an opportunity to ascertain service users and/or carer's views and it is the intention to continue to work with and develop further service user and carer involvement in the North Yorkshire and York PCT area this will be done in the context of the overall Joint Strategic Needs Assessment.

11. Non Statutory ProvidersThird Sector

Hearts and Minds: Commissioning from the voluntary sector Audit Commission July 2007 provides a recommendations and advice for commissioning from the voluntary (Third Sector) this strategy recognises that nationally, voluntary sector, or not for profit providers, are an increasing part of the overall range of provision for people with mental health problems, and are commonly the subject of formal contracting relationships in the same way as any other NHS or Local Authority contracted provider. One of the reasons for their success lies in their ability to respond to need in a way that is accessible and acceptable to the people who need the services they offer. Some successfully bridge the range from social to psychological needs whilst others exist specifically to meet one of these dimensions. The PCT, City of York and North Yorkshire County Councils recognise that a thriving Third Sector can contribute to community engagement and are committed to further service development and collaborative working with the Third Sector; this is included in the Priorities and Commissioning Intentions.

Independent

Providers of Independent mental health care are relatively limited in the North Yorkshire and York however the PCT and both Local Authorities do commission with Independent providers outside of the North Yorkshire and York geographical boundary. The majority of these placements are for; Mentally Disordered Offenders, Psychiatric Intensive Care and Specialist Continuing Care placements. There is a significant expenditure on such placements. However, the spirit of collaboration applies equally to all provider services and the need to develop appropriate mechanisms to ensure that Independent sector services are considered within a whole systems approach.

12. North Yorkshire and York Local Implementation Team

The North Yorkshire and York Local Implementation Team (LIT) will lead and co-ordinate the effective implementation of the Mental Health National Service Framework for Mental Health (NSF), Older Peoples NSF Standard 7 and other relevant Local and National Priorities and Policies for Mental Health Care for people aged over 18 years old who reside in the North Yorkshire and York locality.

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Due to the large geographical area of North Yorkshire and York and the recognition of the 2 Local Authorities the North Yorkshire and York Local Implementation Team will be supported by 5 Locality Implementation Advisory Groups which will provide input into the North Yorkshire and York LIT ensuring local priorities and input from local stakeholders. Terms of Reference for the LIT can be found at Appendix 3.

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DRAFT VERSION 14**13. Geography and Rurality**

North Yorkshire is England's largest county and includes some of the most diverse landscape in the country. The County includes dramatic coastline including the towns of Scarborough and Whitby as well as the large urban areas of York and Harrogate. To the south of York lies the former mining area of Selby. The County also covers some of the most remote and rural areas in the country, which are sparsely populated and access to services in these areas is a particular challenge.

The North Yorkshire and York PCT was established on 1 October 2006 and is geographically the largest in England covering 3,2000 square miles and is the third largest PCT in England in population terms with a total population of 765,000.

There are few pockets of severe deprivation in North Yorkshire, with less than 5% of the population living in neighbourhoods among the 20% most deprived in England. The proportion of children living in poverty is well below average.

Life expectancy in North Yorkshire and York as a whole is significantly higher than average for both males and females.

The 10 High Impact Changes, Making Them Relevant for Mental Health NIMHE (April 2005) included the priority to *"Treat home based care and support as the norm for delivery of mental health services"*. The difficulties of providing modern mental health care in the rural areas of North Yorkshire and York are considerable and there is a need in taking forward this Commissioning Strategy to address the issues mental health provider services incur when providing care to remote rural areas.

The size of the North Yorkshire and York area and rural transport difficulties means that local services are essential in ensuring patients are supported locally and have access to general psychiatry services in the locality that they live. Specialist psychiatry services e.g. Forensic in-patient, PICU and CAMHS Tier 4 should be provided in central easily accessible areas – historically this has been in York.

The national 'Safe, Sound and Supportive', agenda and the National Service Framework, through the policy guidance is requiring comprehensive, round the clock services. The key issues to be addressed are:

- Tackling discrimination and stigma
- Change managing to implement comprehensive services
- Developing appropriate organisational models
- Getting the right number of staff with the right skills
- Developing adequate local leadership
- Developing the infrastructure to support change

14. Key Objectives

Given this overall policy context and the direction of travel set by national expectations of high quality, fit for purpose Mental Health Services, the key broad objectives for the Mental Health Commissioning Strategy are: -

- That there is **equal access** to services for those people who need them

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- That the majority of mental health care should be provided in community settings as **close to peoples homes** as possible
- That the PCT and Local Authorities will commission services that promote a model of **recovery** and that enable people to **live independently** as far as possible.
- There will be concentration on reducing reliance on institutional care by commissioning suitable accommodation and packages of care for people in the **community**.
- There will be an emphasis on **prevention** and mental health promotion.
- That commissioning plans will proactively grow and **develop capacity**, including in primary care and from the voluntary and independent sector in order to offer people **choice**.
- The development and maintenance of **sustainable communities** will be supported in order to address social exclusion.
- The partnership work underway will be further developed to deliver better **outcomes** and economies of scale.
- The **highest standards** and performance will be expected.
- That there will be a focus on **efficiency and productivity** through the application of the Best Value and other processes.
- That to assist with delivering this, there will be a strong **joint commissioning** relationship with Local Authorities that promotes the well being of individuals and communities.
- That there will be a strong and positive relationship with Mental Health Care provider services that enables and supports **sustainable provision**.

It is acknowledged that effective partnership working between the PCT, Local Authority, statutory Mental Health provider services and the Third Sector are crucial.

The opportunity of investing to save is recognised as institutional care or out of area care is being decommissioned. This strategy recognises the crucial part the Local Authority, statutory Mental Health provider services and the Third Sector will play in jointly developing service solutions and opportunities for investment to save.

The PCT and Local Authorities are committed to working jointly to develop a range of services which support the prevention of hospital admission and promote social inclusion, these include; development of meaningful day time activities, employment, education, training and enhancing the provision of Telecare, Community Alarms, Helplines and warden support.

The Mental Health Commissioning Strategy also supports a Needs Based Approach to providing effective mental health care based on Best Practice and Clinical Evidence. The strategy intends to build on historical good practice whilst ensuring services delivered are appropriate to ensure the delivery of modern mental health care.

15. Delivering the strategy

The Strategy will be delivered by both Health and Social Care organisations in North Yorkshire and York and work will be overseen by the York Mental Health Partnership Board and the North Yorkshire Mental Health Partnership Board. Terms of reference for the Partnership Boards and membership can be found in Appendix 2.

DRAFT VERSION 14**16. Service Mapping**

North Yorkshire and York PCT Mental Health provider services provide a range of community and in-patient mental health services to the Hambleton and Richmondshire, Selby & York and Harrogate and rural district localities. The PCT commissions' community and in-patient mental health services for the Craven locality from Bradford District Care Trust and Scarborough, Whitby & Ryedale services are commissioned from Tees, Esk & Wear Valleys NHS Trust.

Due to the diverse geographical area of North Yorkshire and some areas of the county being sparsely populated provider services have adopted the Fidelity and Flexibility approach to providing mental health care in rural areas, primarily Hambleton and Richmondshire and Craven. North Yorkshire and York is fortunate to have a range of specialist in-patient mental health units including; Perinatal (mother and baby), Low Secure Forensic, Child & Adolescent Mental Health, intensive rehabilitation unit and Psychiatric Intensive Care Unit; which is under development following the receipt of new Department of Health capital monies.

It is acknowledged that further work needs to be undertaken to understand and describe the whole mental health system and this work will be developed further by Mental Health Commissioners, Statutory and Third Sector Providers and Locality Authority Commissioners.

As of the 1st April 2008 all parties to this strategy are required to commence the process of producing a Joint Strategic Needs Assessment (JSNA). As a consequence of undertaking the JSNA we have a further detailed understanding of the care needs of the residents of North Yorkshire and York and the local communities in which they reside. The development of the JSNA will be reflected in the ongoing development and review of this strategy as we respond to the data received and listen to the voice of the people within our localities.

17. Priorities and Commissioning Intentions

Policy guidance from the Department of Health routinely refers mental health being split into working age adult 18-65 and older people 65. However this strategy is for people over the age of 18 with mental health problems and therefore services commissioned and developed will be responsive to service user's needs and will not discriminate against a service users age or gender. Services will be commissioned which ensure effective transitional arrangements for service users as they progress through or enter the Mental Health Care pathway.

The following outlines the overarching priorities and commissioning intentions that will be taken forward by Mental Health Commissioners over the period 2008 – 2011. This list is not exhaustive and will be expanded to respond to other commissioning priorities which may arise during the lifetime of this strategy and the Local Area Agreement indicators for both Local Authorities This work will be developed further within individual localities and work will be overseen by the Mental Health Partnership Boards and the North Yorkshire and York LIT.

Priorities and Commissioning Intentions
Review the outcomes of the 2007 Mental Health Autumn Assessment and agree an action plan within each Local Implementation Advisory Group local area

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Implementation of the Improving Access to Psychological Therapies guidance which will link with an overarching review of and development of a range of Primary Care based services to enable patients to be provided with increased support within primary care settings and reduce the reliance on secondary care provision
Further development of services which improve the quality and experience of BME service users and carers and the Commissioning of a new Community Development Workers service
Development of effective Crisis Resolution Services to 'Gate Keep' admissions to acute hospital in-patient services and in conjunction with Community Mental Health Teams promote timely discharge from mental health acute or community hospital services
Development of a PCT wide multi agency Suicide Prevention Strategy
Maximize the potential of Individual Budgets/Direct Payments
Development of multi-disciplinary Memory Clinics / Memory Assessment Services
Enhance and develop primary and social care and Third Sector service delivery: <ul style="list-style-type: none"> • To improve the social inclusion of people with mental health problems and as an alternative to specialist services and • To support open access through the assessment service to a range of supportive interventions provided by a range of providers
Carer recognition and support, including the development of contingency plans
Implementation of the forthcoming National Dementia Strategy and further development of Services for Younger People with dementia
Development of meaningful day time activities for mental health services users and their carers, within the community, by providing multidisciplinary social and health care services over 7 days per week
Development of CMHT's to increase the provision of care co-ordination capacity that matches needs assessment and the variations in demand arising from demographic factors
Development of effective Assertive Outreach Services
Development of effective Early Intervention in Psychosis Services
Effective liaison with acute hospitals for people with mental illness
Access to appropriate housing and/or supported accommodation
Access to Education, Training and Employment opportunities
Local education and training to raise the profile of people with mental illness, which support the work of National Strategies
Care elements/packages allocated a cost so that individuals can have their own budget
Development of a new Secure in-patient service for women with complex needs
Development of a new North Yorkshire and York Psychiatric Intensive Care Unit

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Joint development of specialist NHS continuing care facilities for people with complex care mental health needs
Joint development of Autistic Spectrum Disorder Care Pathways
Review of the Mental Health Estate and development of an action plan for the future.

18. Signatures

This Mental Health Commissioning Strategy is supported by North Yorkshire and York Primary Care Trust, City of York Council and North Yorkshire County Council and has been adopted by the City of York Council Mental Health Partnership Board and North Yorkshire County Council Mental Health Partnership Board.

Signature	Name	Date
On behalf of: North Yorkshire and York Primary Care Trust		

Signature	Name	Date
On behalf of: City of York Council		

Signature	Name	Date
On behalf of: North Yorkshire County Council		

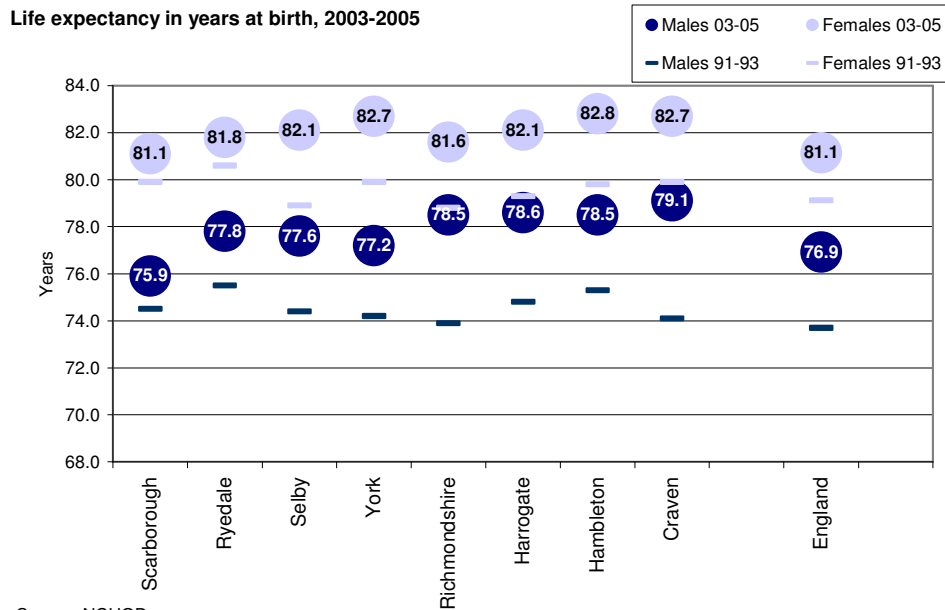
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Appendix 1

Public Health Demographics

Life Expectancy and Mortality in North Yorkshire and York

Nationally, the Department of Health are responsible for the delivery of a target to improve the health of the population demonstrated by an increase in life expectancy at birth to 78.6 years for men and 82.5 years for women by 2010. At the same time, health inequalities in life expectancy are to be reduced by 10% between spearhead areas and the national average.

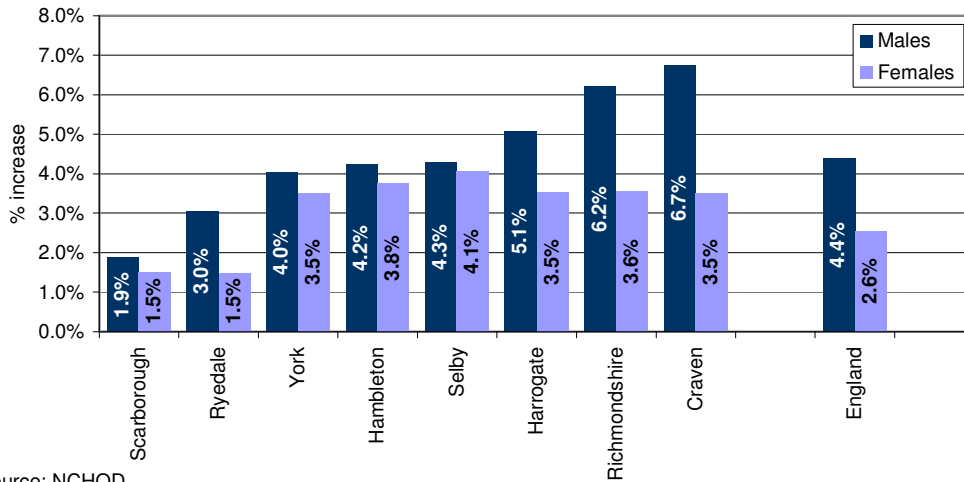


Source: NCHOD

During 2003-2005, the national average life expectancy for males was 76.9 and for females, 81.1 years. All districts except Scarborough compared favourably to the national average, particularly in Craven where it exceeded the 2010 national targets for both males and females. During 1991-1993, life expectancy in Scarborough was above the national average, and not dissimilar to the other localities within North Yorkshire and York. However, since 1991-93, the increase in life expectancy in Scarborough has not occurred at the same pace as its neighbouring localities highlighting inequalities within North Yorkshire and PCT.

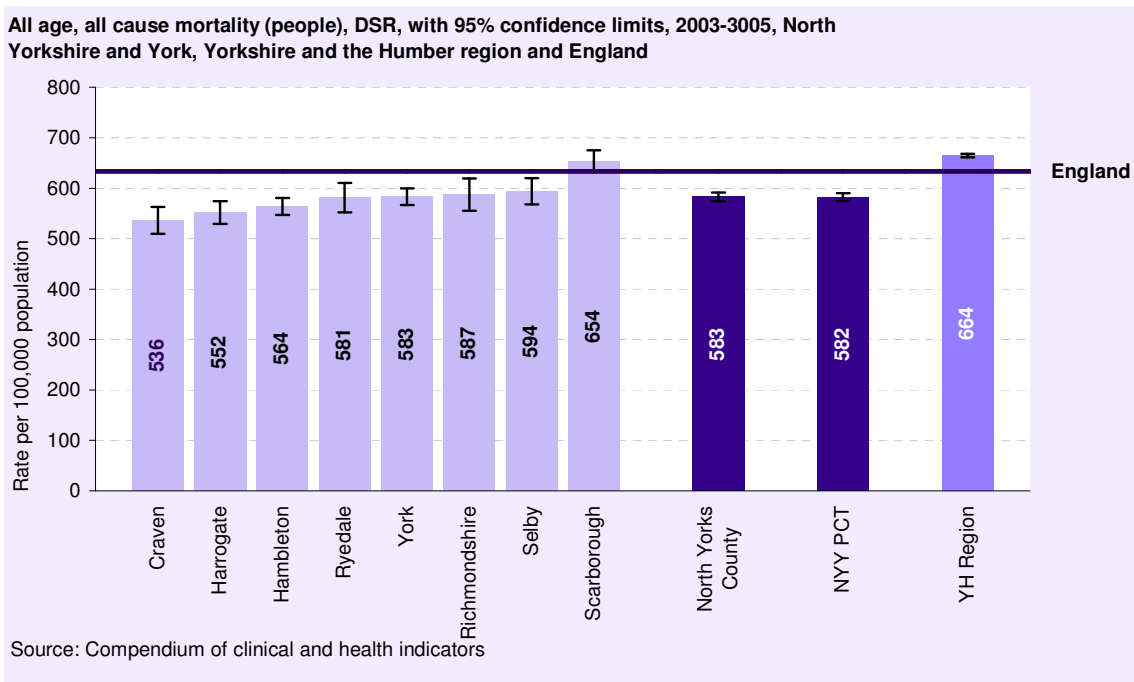
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% increase in life expectancy at birth from 1991-1993 as at 2003-2005



Source: NCHOD

The latest available data indicate that seven of the eight districts within North Yorkshire and York had an all age, all cause mortality rate that was significantly lower than the national average. Although the rate in Scarborough was above average, this difference was not significant.



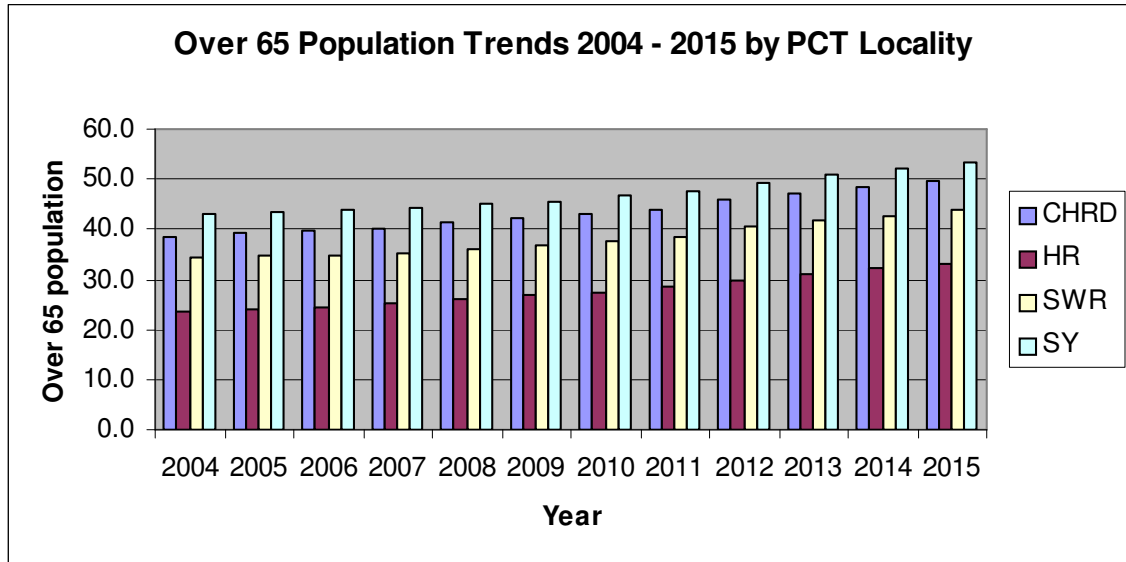
Source: Compendium of clinical and health indicators

However, there are pockets of deprivation within the PCT, predominantly in Scarborough, but with patches distributed throughout the PCT, and analysis of mortality rates for the fifth most deprived areas of the PCT (based on lower level super output areas) indicate that:

- The all age, all cause mortality rates in the deprived areas of the PCT are around 20% higher than that of the PCT as a whole
- The deprived areas of the PCT have observed mortality rates that are not dissimilar to spearhead areas within Yorkshire and the Humber

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- The relative inequalities gap between the most deprived areas of the PCT and the PCT average fluctuated around 1.2 (20%) between 2001 and 2005

Over 65 Population

The over 65 population is estimated to increase by 25.8% over the period 2006-2015. Therefore it is imperative that mental health services work collaboratively with Local Authority and Third Sector Providers to respond efficiently to this growing population, ensuring effective services are in place to support the growing older people population to remain supported at home and to prevent hospital admission.

- By 2020 there will be 50% more people over 65 and they will represent 25% of the total population (growing from 18% in 2001).
- By 2020 there will be 65% more people over 85 representing 4% of the population.

*Source: NYCC Adult & Community Services, Strategic Commissioning Strategy for Independence, Well-being and Choice 2007-2022

Deprived areas in North Yorkshire and York**- Where are our most deprived areas?**

Appendix 1 shows a map of North Yorkshire and York with those areas in which the most deprived fifth of our population reside shaded. This is based on the Index of Multiple Deprivation 2004 scores at Lower Super Output Area (LSOA) level.

- Which practices have the most deprived populations?

Using the Index of Multiple Deprivation 2004 scores at Lower Super Output Area (LSOA) level, and registered practice population counts by LSOA, population weighted average IMD 04 scores were calculated for each practice in North Yorkshire and York.

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Appendix 2 shows the IMD scores for all practices and identifies to which deprivation quintile each practice belongs. The list below are those practices with the highest levels of deprivation in North Yorkshire and York (making up one fifth of the registered population). They are all located within Scarborough/Whitby and York.

B82056	Scarborough	Dr DJ Knowelden & Partners, Claremont Surgery, Scarborough
B82024	Scarborough	Eastfield Medical Centre, Scarborough
B82088	Scarborough	Dr IF Fettes & Partners, Trafalgar Medical Centre, Scarborough
B82611	Scarborough	Dr DA Moederle-Lumb, Peasholm Surgery, Scarborough
B82092	Scarborough	Dr Laljee & Partners, Belgrave Surgery, Scarborough
B82038	Scarborough	Prospect Road Surgery, Scarborough
B82087	Scarborough	Dr S Chawla & Partners, South Cliff Surgery, Scarborough
B82058	Scarborough	Dr Coppack & Partners, Norwood House Surgery, Scarborough
B82001	Scarborough	Dr Oldroyd & Partners, Falsgrave Surgery, Scarborough
B82046	Whitby	Dr Croft & Dr Johnson, Staithes Surgery
B82017	Whitby	Whitby Group Practice
B82639	York	Dr J A Boffa (PMS Pilot)
B82037	Scarborough	Dr JFP Garnett & Partners, Filey Surgery
B82628	Scarborough	Drs Meeson & Penfold, Hunmanby Surgery
B82606	Whitby	Dr Suckling, Sandsend Surgery
B82006	York	Dr ASC Calder & Partners, Clifton Health Centre, York
B82095	York	Dr S Schofield & Partner, Acomb Health Centre (Beech Grove)
B82043	York	Minster Health, York
B82051	York	Abbey Medical Group, York
B82062	Whitby	Dr JS Fester & Partner, Egton Surgery
B82048	York	Dr Kemp & Partners, The Surgery, 32 Clifton, York
B82083	York	York Medical Group, Acomb
B82082	York	Dr RWM Wright & Partners, Gillygate Surgery, York

Registered prevalence of dementia and severe mental health

The Quality and Outcomes Framework incorporated the collection of disease registers for dementia and mental health during the financial year 2006/07. Appendix 3 and 4 show funnel plots of this data by practice across North Yorkshire and York. Using a funnel plot (for methods, see www.erpho.org.uk – funnel plot template for proportional data used), it is possible to identify outlier practices compared to the PCT average taking into account the size of the disease register. Where a practice falls outside of the control limits (dotted lines), it may be worth further investigation as to why this practice behaves differently to others.

Using these charts, the following practices have been identified as potential outliers with particularly high or low prevalence rates. They are displayed in tables below – those shaded are also practices that fall into the most deprived group within NYY. Appendix 5 lists practices by name for reference.

Mental Health 2006/07 registered prevalence

Outlier practices with high prevalence rates:

	Count	Population	Prevalence
B82006	109	5132	2.1%
B82092	65	3989	1.6%
B82087	75	5009	1.5%
B82056	86	6436	1.3%

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B82043	80	6513	1.2%
B82076	52	4936	1.1%
B82082	68	6070	1.1%
B82038	80	8076	1.0%
B82017	129	15176	0.9%

Outlier practices with low prevalence rates:

	Count	Population	Prevalence
B82063	29	7808	0.4%
B82066	39	9247	0.4%
B82073	36	9268	0.4%
B82080	64	16899	0.4%
B82105	35	8160	0.4%
B82003	16	6276	0.3%
B82018	18	5836	0.3%
B82071	22	6912	0.3%
B82097	35	10247	0.3%
B82102	10	3322	0.3%
B82104	10	5608	0.2%

The overall prevalence of mental health in NYY PCT was 0.7% (the same as the regional and national averages).

Dementia 2006/07 registered prevalence

Outlier practices with high prevalence rates

	Count	Population	Prevalence
B82035	115	3432	3.4%
B82020	133	12124	1.1%
B82076	55	4936	1.1%
B82006	49	5132	1.0%
B82087	48	5009	1.0%
B82001	89	10233	0.9%
B82036	59	6453	0.9%
B82057	55	5945	0.9%
B82038	68	8076	0.8%
B82069	61	8002	0.8%
B82080	124	16899	0.7%

Outlier practices with low prevalence rates

	Count	Population	Prevalence
B82025	66	19013	0.3%
B82032	33	9826	0.3%
B82003	10	6276	0.2%
B82004	21	10052	0.2%
B82011	11	4696	0.2%
B82043	12	6513	0.2%
B82045	8	4521	0.2%
B82047	24	15583	0.2%
B82048	17	7034	0.2%
B82071	16	6912	0.2%
B82073	20	9268	0.2%
B82079	8	3426	0.2%

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B82082	10	6070	0.2%
B82083	31	16306	0.2%
B82611	9	4352	0.2%
B82609	4	3394	0.1%

The overall prevalence of dementia in NYY PCT was 0.5% (above the regional and national averages of 0.4%).

Notes on interpretation of prevalence

Higher registered prevalence might mean:

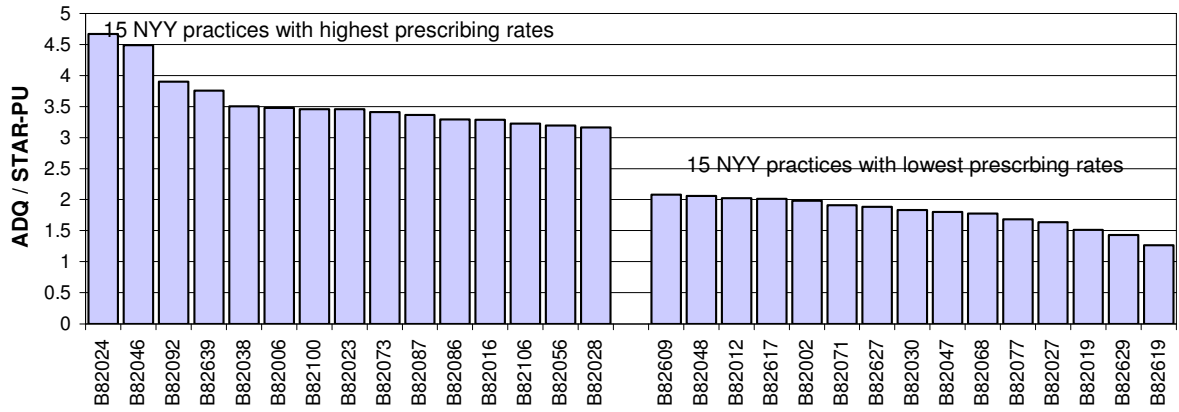
- Greater efforts have been made to improve case finding in your area. Some areas might have placed increased efforts into case finding and hence might appear to have higher prevalence than other areas where perhaps there are higher undiagnosed prevalence rates. One way of further understanding this is to compare modelled prevalence of diagnosed and undiagnosed prevalence. Although it's not possible to do this at present for the mental health and dementia disease groups, disease models are currently being developed by the Association of Public Health Observatories to enable such comparisons focusing on those diseases that appear in the QOF.
- Your area has different social and demographic characteristics
- Registered prevalence in QOF is not adjusted for any social and demographic characteristics. Therefore an area with a particularly elderly population for example, would be expected to have higher registered prevalence rates than a younger population
- Population prevalence is higher in your area

Prescribing rates for antidepressants

The overall prescribing rate for antidepressants in NYY PCT during 2006/07 was 2.63 ADQ/STAR-PU, lower than the national average of 2.73. The chart overleaf shows the practices with the highest and lowest prescribing rates for antidepressants. Those practices that fall into the most deprived quintile of NYY are shaded red. Please note that this data cannot be shared externally without express permission of the PPA.

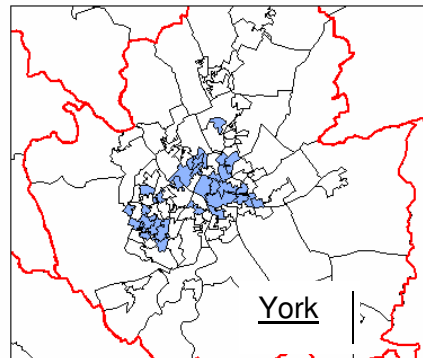
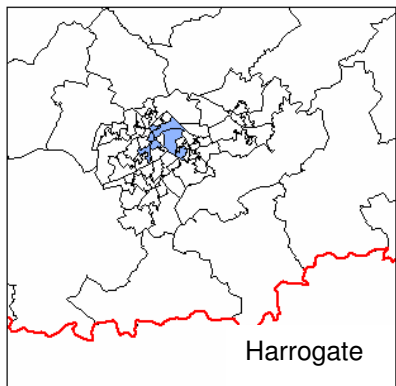
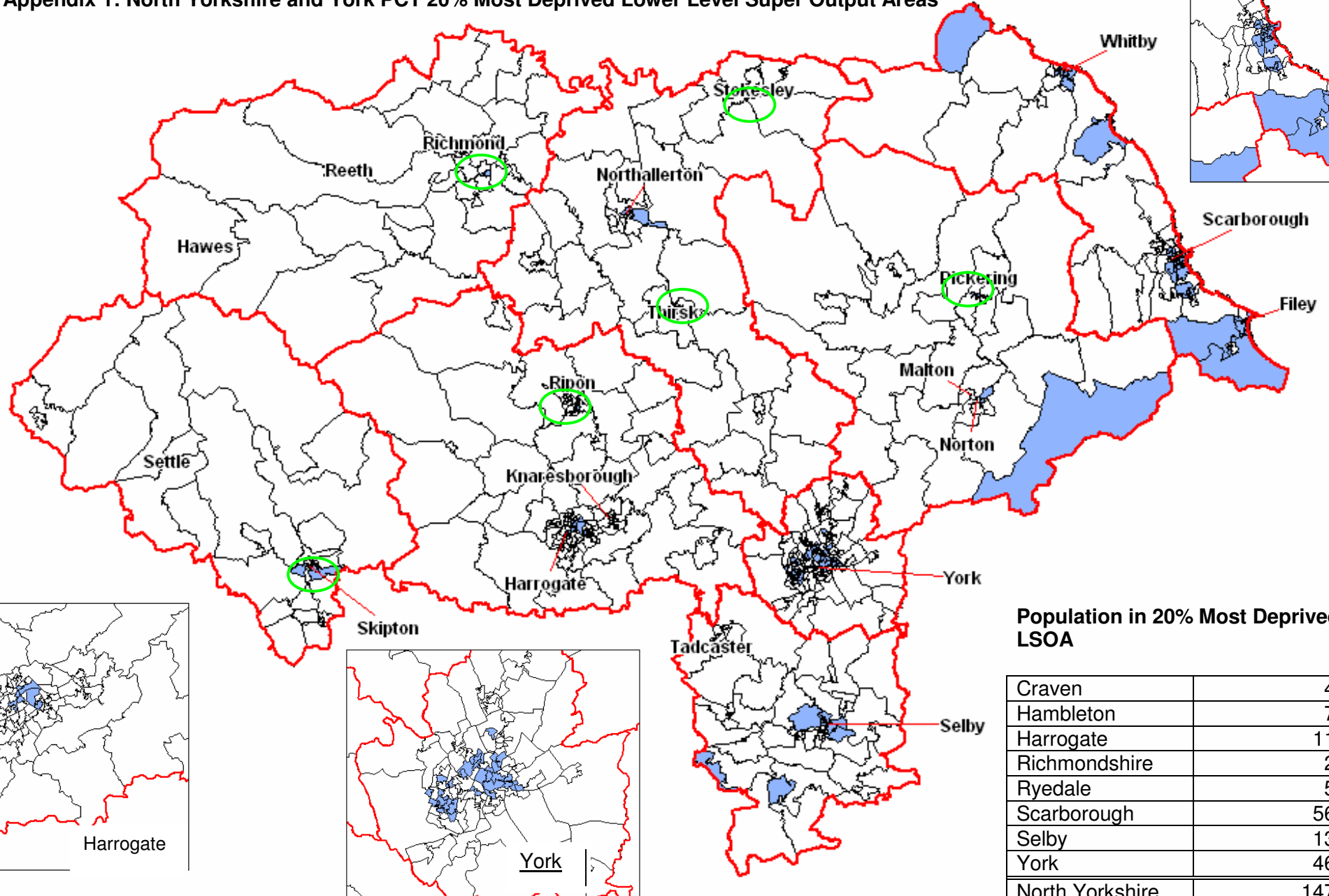
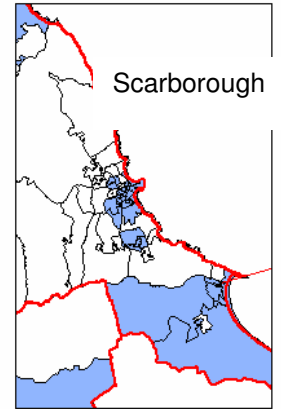
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Prescribing of antidepressants (Average Daily Quantity per STAR-PU), 2006/07, outlier practices within NYY PCT



Source: PPA Prescribing toolkit

Appendix 1: North Yorkshire and York PCT 20% Most Deprived Lower Level Super Output Areas



Population in 20% Most Deprived LSOA

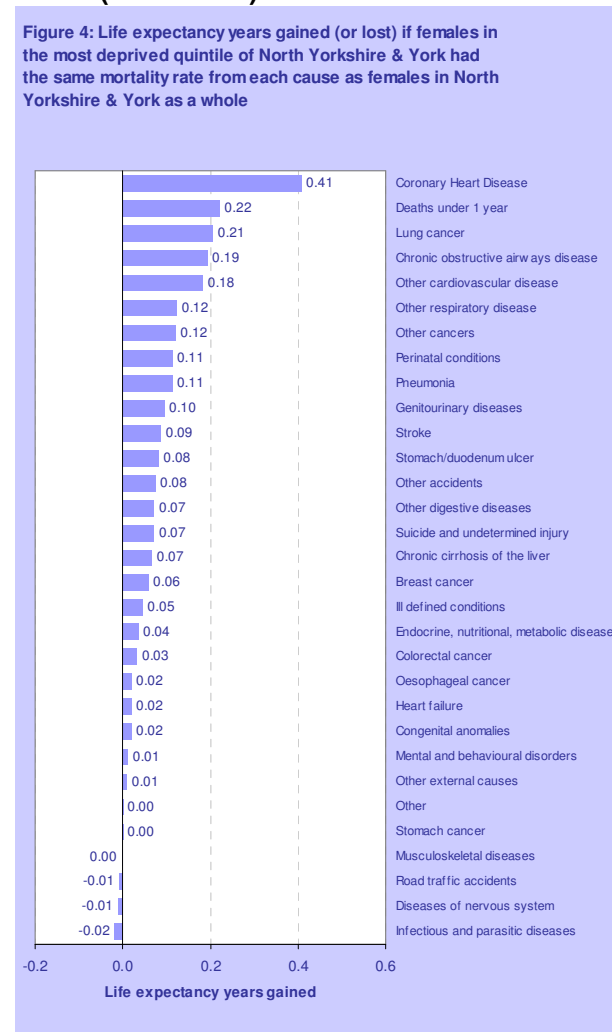
Craven	4,600
Hambleton	7,600
Harrogate	11,800
Richmondshire	2,000
Ryedale	5,400
Scarborough	56,000
Selby	13,500
York	46,500
North Yorkshire	147,300

(rounded to the nearest 100)

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Source: Yorkshire and Humber Public Health Observatory www.yhpho.org.uk

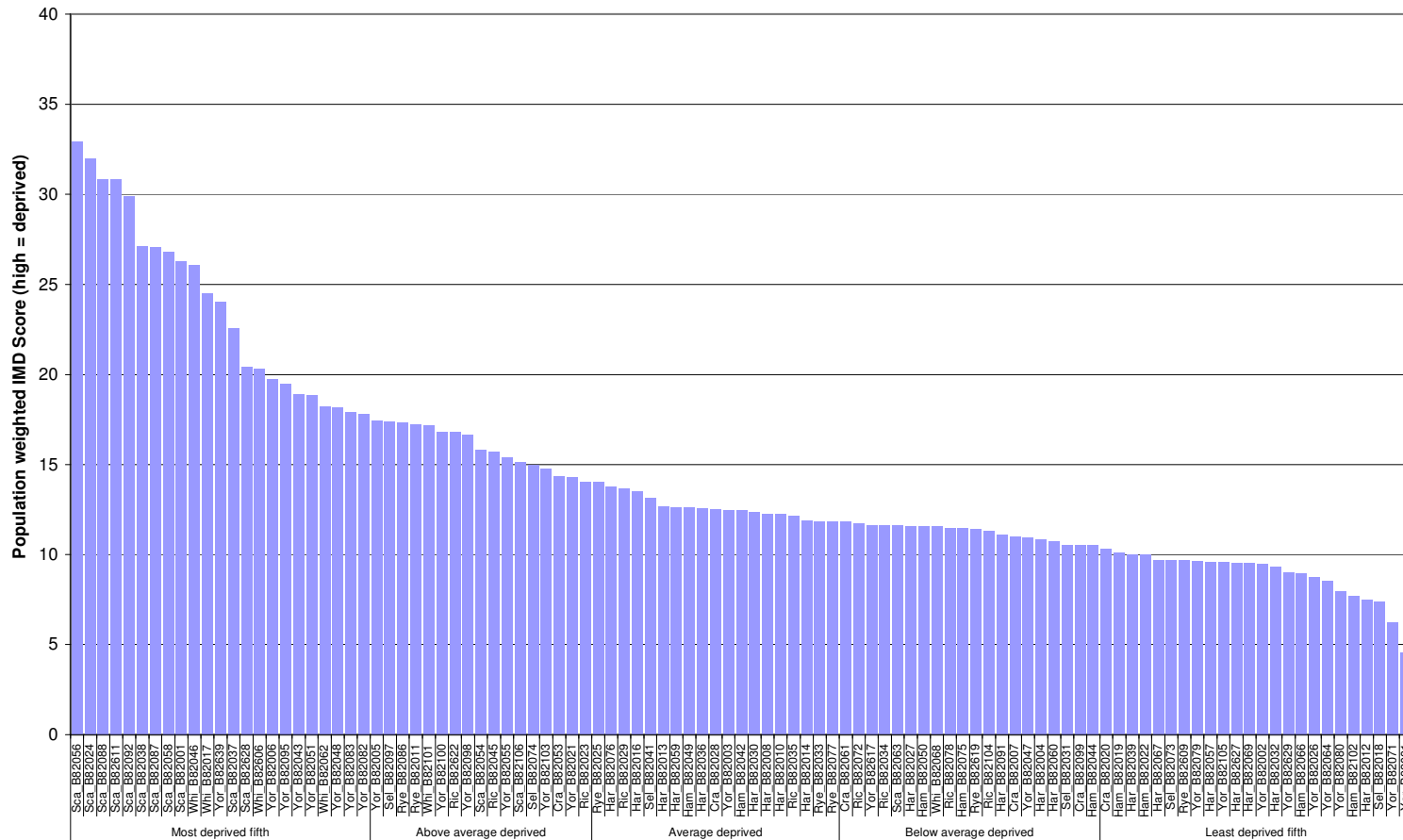
Most deprived quintile versus PCT as a whole (2001-2005)



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Appendix 2:

Population weighted average Index of Multiple Deprivation 2004 scores, North Yorkshire and York Practices

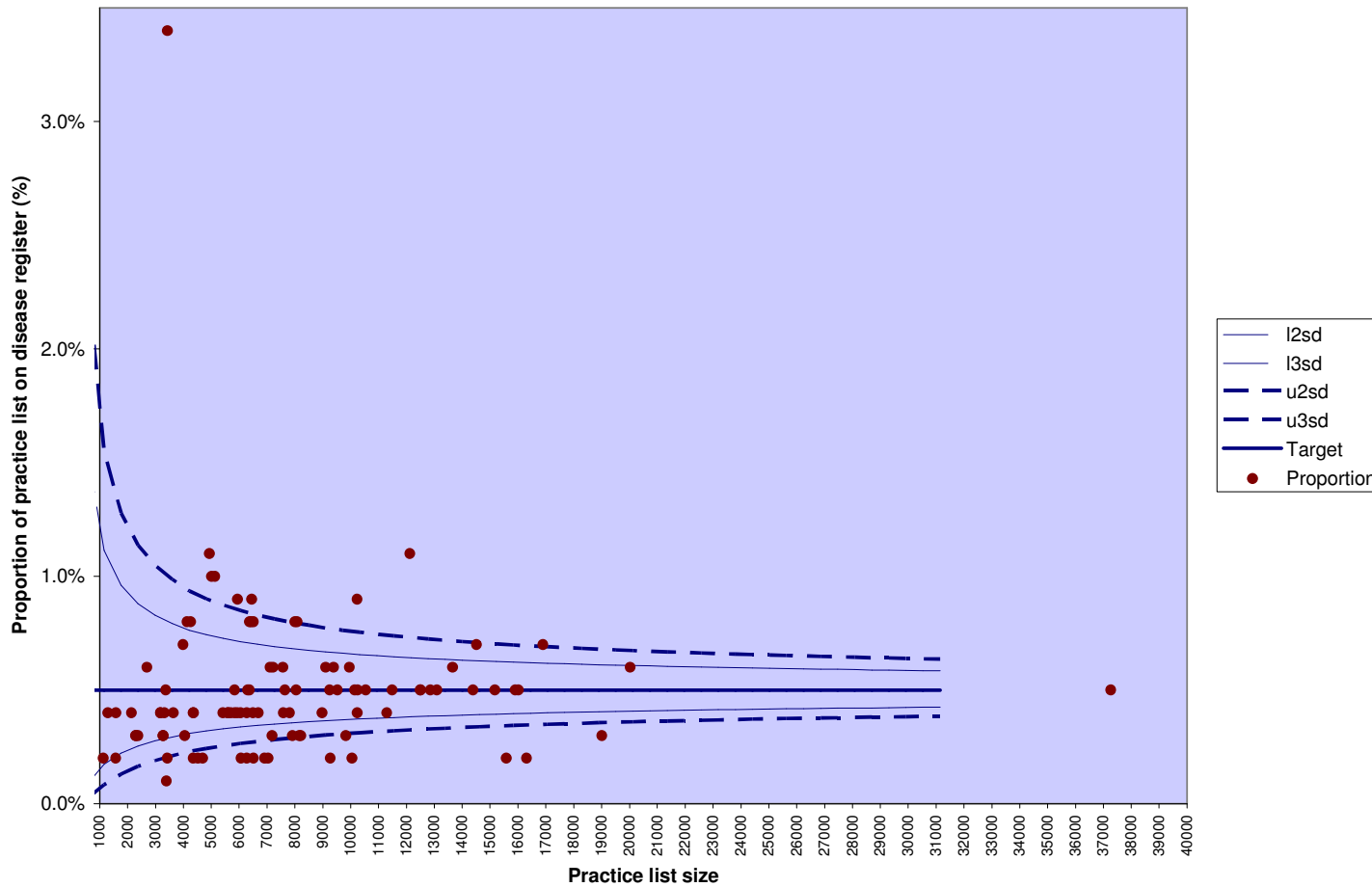


Source: Exeter population extract Oct 2005, ODPM IMD 04 at LSOA

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Appendix 3:

Dementia registered prevalence 2006/07

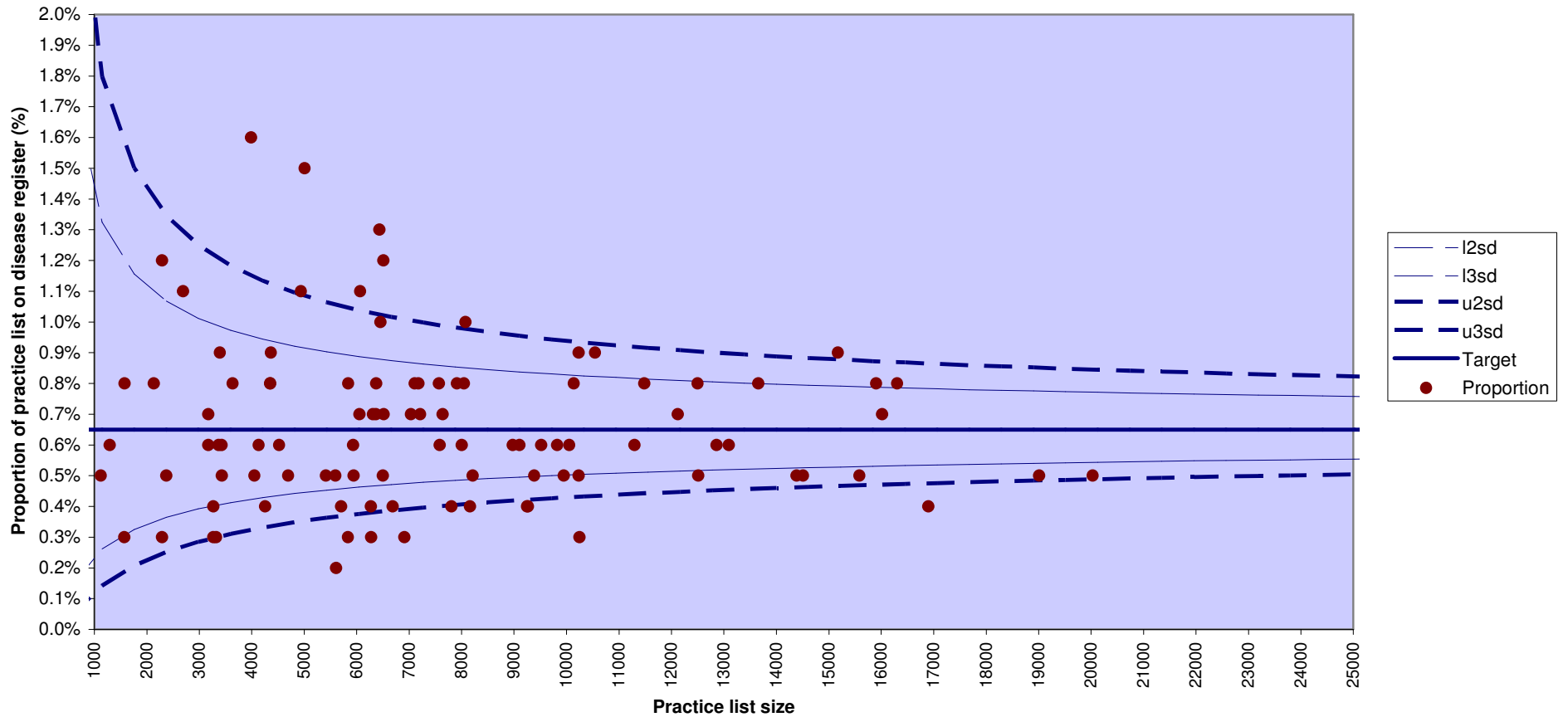


Source: QPID database (Information Centre extract from QMAS of QOF data)

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Appendix 4:

Mental Health registered prevalence 2006/07



Source: QPID database (Information Centre extract from QMAS of QOF data) 2006/07

Appendix 5: GP Practice codes/names

B82001	FALSGRAVE SURGERY
B82002	MILLFIELD SURGERY
B82003	PETERGATE SURGERY
B82004	NIDDERDALE GROUP PRACTICE
B82005	PRIORY MEDICAL GROUP
B82006	CLIFTON HEALTH CENTRE
B82007	TOWNHEAD SURGERY
B82008	NORTH HOUSE SURGERY
B82010	DR LIVINGSTONE & PARTNERS
B82011	ST.HILDA'S SURGERY
B82012	THE LEEDS ROAD PRACTICE
B82013	DR CROUCH & PARTNERS
B82014	KINGSWOOD SURGERY
B82016	EAST PARADE SURGERY
B82017	WHITBY GROUP PRACTICE
B82018	ESCRICK SURGERY
B82019	TOPCLIFFE SURGERY
B82020	CROSSHILLS GROUP PRACTICE
B82021	DALTON TERRACE SURGERY
B82022	GREAT AYTON SURGERY
B82023	CATTERICK VILLAGE SURGERY
B82024	EASTFIELD MEDICAL CENTRE
B82025	DERWENT PRACTICE
B82026	HAXBY GROUP PRACTICE
B82027	THE SPA SURGERY
B82028	FISHER MEDICAL CENTRE
B82029	ALDBROUGH ST JOHN SURGERY
B82030	DR HARFORD-CROSS & PARTNERS
B82031	SHERBURN GROUP PRACTICE
B82032	CHURCH LANE SURGERY
B82033	PICKERING MEDICAL PRACT.
B82034	QUAKER'S LANE SURGERY
B82035	SCORTON MEDICAL CENTRE
B82036	DR FLETCHER & PTRS
B82037	FILEY SURGERY
B82038	PROSPECT ROAD SURGERY
B82041	BEECH TREE SURGERY
B82042	LAMBERT MEDICAL CENTRE
B82043	MINSTER HEALTH
B82044	STOKESLEY SURGERY
B82045	CENTRAL DALES PRACTICE
B82046	STAITHES SURGERY
B82047	WENLOCK TERRACE SURGERY
B82048	32 CLIFTON
B82049	THIRSK DOCTORS SURGERY
B82050	MOWBRAY HOUSE SURGERY
B82051	ABBEY MEDICAL GROUP
B82053	DYNELEY HOUSE SURGERY
B82054	DANES DYKE SURGERY
B82055	GALE FARM SURGERY
B82056	CLAREMONT SURGERY

B82057	SPRINGBANK SURGERY
B82058	NORWOOD HOUSE SURGERY
B82059	DR THORNTON & PARTNERS
B82060	EASTGATE MEDICAL GROUP
B82061	BENTHAM MEDICAL PRACTICE
B82062	EGTON SURGERY
B82063	WEST AYTON SURGERY
B82064	TOLLERTON SURGERY
B82066	GLEBE HOUSE SURGERY
B82067	DR JOBLING & PARTNERS
B82068	HELMSLEY SURGERY
B82069	BEECH HOUSE SURGERY
B82071	OLD SCHOOL MEDICAL CENTRE
B82072	THE FRIARY SURGERY
B82073	SOUTH MILFORD SURGERY
B82074	POSTERNGATE SURGERY
B82075	MAYFORD HOUSE SURGERY
B82076	ST.LUKE'S MEDICAL PRACTICE
B82077	KIRKBYMOORSIDE SURGERY
B82078	LEYBURN MEDICAL PRACTICE
B82079	STILLINGTON SURGERY
B82080	STRENSALL MEDICAL PRACTICE
B82081	ELVINGTON MEDICAL PRACTICE
B82082	GILLYGATE SURGERY
B82083	YORK MEDICAL GROUP
B82086	THE DANBY PRACTICE
B82087	SOUTH CLIFF SURGERY
B82088	TRAFALGAR MEDICAL PRACTICE
B82091	DR CALVERT & PARTNERS
B82092	BELGRAVE SURGERY
B82095	BEECH GROVE MEDICAL PRACTICE
B82097	SCOTT ROAD MEDICAL CENTRE
B82098	JORVIK MEDICAL PRACTICE
B82099	GRASSINGTON MEDICAL CENTRE
B82100	FRONT STREET SURGERY
B82101	CHURCHFIELD SURGERY
B82102	HUTTON-RUDBY SURGERY
B82103	EAST PARADE
B82104	HAREWOOD MEDICAL PRACTICE
B82105	TADCASTER MEDICAL CENTRE
B82106	HACKNESS ROAD SURGERY
B82606	SANDSEND SURGERY
B82609	AMPLEFORTH SURGERY
B82611	PEASHOLM SURGERY
B82617	COXWOLD SURGERY
B82619	TERRINGTON SURGERY
B82622	REETH SURGERY
B82627	JENNYFIELD HEALTH CENTRE
B82628	HUNMANBY SURGERY
B82629	BURGESS PJ
B82639	PMS PILOT

City of York Mental Health Partnership Board**Membership**City of York Council

Bill Hodson (Chair)	Director of Housing and Adult Social Services
Keith Martin	Head of Adult Services

North Yorkshire and York PCT

Jane Marshall	Director of Commissioning & Service Development
Melanie Bradbury	Assistant Director of Vulnerable People & Third Sector Commissioning

Janet Probert	Director of Operations
John Clare	Assistant Director of Mental Health
Robyn Carter	Assistant Director, Service Development, (Mental Health and Unscheduled Care)
Dr. Tony Rugg	Clinical Director

Terms of Reference *To be agreed*

North Yorkshire Mental Health Partnership BoardNorth Yorkshire County Council

Derek Law (Chair)	Corporate Director Adult and Community Services
Seamus Breene	Assistant Director of Adult and Social Care Commissioning
Michael Hunt	Senior Commissioning Manager – Mental Health

North Yorkshire and York PCT

Jane Marshall	Director of Commissioning & Service Development
Melanie Bradbury	Assistant Director of Vulnerable People & Third Sector Commissioning

Janet Probert	Director of Operations
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Dr. Tony Rugg	Clinical Director

Terms of Reference *To be agreed*

NORTH YORKSHIRE AND YORK**LOCAL IMPLEMENTATION TEAM****TERMS OF REFERENCE**

1. PURPOSE

The North Yorkshire and York Local Implementation Team (LIT) will lead and co-ordinate the effective implementation of the Mental Health National Service Framework for Mental Health (NSF) and other relevant Local and National Priorities and Policies for Mental Health Care for people aged over 18 years old who reside in the North Yorkshire and York locality.

2. DUTIES AND RESPONSIBILITIES

- ✓ Lead on the implementation of the Mental Health National Service Framework for Mental Health (NSF) and other relevant Local and National Priorities and Policies for Mental Health Care across all statutory mental health services in partnership with service users, their carers and service providers
- ✓ Through interagency planning and commissioning to influence service options so that services are responsive to the needs and aspirations of service users
- ✓ Ensure that strategic and service planning takes place within the legal and statutory framework taking account of relevant guidance and external trends; understand community needs and gaps and identify priorities and opportunities for service development
- ✓ Ensure that robust links are developed with relevant strategic plans produced by partners, for example Housing Services, Supporting People, Education, Youth & Leisure, Police, Probation Service, Sustainable Communities Strategies and the LAA
- ✓ Ensure that key plans are developed and implemented, including the Local Investment Plan and Best Value Reviews, in keeping with government objectives and other local plans such as the Local Development Plan
- ✓ Ensure that the general health care needs of people with mental illness are met
- ✓ Ensure robust transition arrangements are in place between children's, adult and older people's services and dual diagnosis so that service users do not suffer disruption to their care and their future needs are planned for
- ✓ Encourage and promote cross-fertilisation of ideas, shared learning and communication between all stakeholder organisations
- ✓ Ensure any additional investment is applied to achieve the priorities within the NSF and other relevant Local and National Priorities and Policies for Mental Health Care
- ✓ Provide advice to the City of York and North Yorkshire Mental Health Partnership Boards on the future commissioning and development of mental health service provision.

3. MEMBERSHIP

Due to the large geographical area of North Yorkshire and York and the recognition of the 2 Local Authorities; City of York and North Yorkshire County Councils, the North Yorkshire and York Local Implementation Team will be supported by 4 LOCALITY IMPLEMENTATION ADVISORY GROUPS which will provide input into

the North Yorkshire and York LIT ensuring local priorities and input from local stakeholders. The Chair + 2-3 members of each LIAG will attend the LIT.

The LIAG should comprise:

- ✓ Local Authority Representation (City of York or North Yorkshire)
- ✓ Statutory Health Provider
- ✓ PCT Commissioning
- ✓ Third Sector
- ✓ Service Users
- ✓ Carers
- ✓ Clinicians
- ✓ Clinicians with responsibility for the Psychiatry of Learning Disabilities
- ✓ Primary Care

Invited to attend or ensure good links with:

- District Councils
- Housing
- Education
- Employment
- Armed Forces
- Police

The Senior Commissioning Manager – Child & Adolescent Mental Health (CAMHS) is also to be invited to ensure transitions between CAMHS and Adult services are addressed.

4. LIT CHAIR

The Chair of the LIT will be the Assistant Director of Vulnerable People and Third Sector Commissioning, or other Senior Officer within the Commissioning Directorate, who has overall responsibility for the Commissioning of Mental Health Care. It is the role of the Chair to ensure that all LIT members have an equal chance to participate in discussions. The Chair should ensure that meetings run to time.

5. VOTING AT MEETINGS

The ethos of the LIT will be to reach a consensus of opinion where possible. Where this is not possible, decisions will be made based on a voting system. There must be at least 1 representative from each LIAG in attendance for a vote and each locality will have a maximum of 2 votes. The Chair and Vice Chair of the LIT also have voting rights. The outcome of any vote will be recorded in the minutes (co-opted members will not have voting rights).

6. FREQUENCY OF MEETINGS

The LIT meetings will be held quarterly and the LIAGs should aim to meet before the quarterly North Yorkshire and York LIT meeting. LIT meetings can be called by the Chair in order to discuss urgent business. The annual meeting calendar will include time for planning and resource prioritisation and these times will be set prior to the relevant financial year.

7. NOTICE OF MEETINGS, AGENDA AND MINUTES

- User & Care issues will be placed high on the agenda
- Minutes will be taken of all LIT meetings and these distributed to Chair of the LIAG and the LIAG meeting representatives within 10 working days of the meeting.
- Where possible the agenda and papers will be circulated a minimum of 10 days prior to meetings; in exceptional circumstances papers will be tabled on the day.
- Minutes of the previous meeting will be approved and noted at the following meeting

8. STATEMENT OF ADOPTION

The North Yorkshire and York Local Implementation Team has agreed to adopt these Terms of Reference.

Chair:

Date of adoption:

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NYCC Adult & Community Services, Strategic Commissioning Strategy for Independence, Well-being and Choice 2007-2022

World Class Commissioning – Vision Department of Health December 2007

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Meeting of the Executive Member for Housing and Adult Social Services and Advisory Panel 8th December 2008

Report of the Director of Housing and Adult Social Services

2008/9 Service Plans and Budget 2nd Monitor report

Purpose of Report

1. To advise the Executive Member of progress against the service plan targets for housing and adult social services and the projected financial outturns for 2008/9 based on half year results.

Performance Overview

2. This report gives an overall summary of performance with more detail 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. (Where performance figures are only available annually they are not shown in the quarterly updates.) Some of the highlights are set out below in this summary report.
4. Performance on housing landlord services continues to show steady improvement across the board and we are on track to achieve better end of year results in all areas than in 07/8 (although some are behind the actual target for this stage of the financial year). The planning applications for the redevelopment of the Discus Bungalow sites were approved in November.
5. In relation to housing general fund activities, the replacement for the Peasholme building has been delayed due to the insolvency of the original contractor and building work will not resume until January 2009. In terms of homelessness the key performance area relates to the numbers of people still in temporary accommodation and although there has been improvement in 2007/8 achieving the target reduction for this year will be

very challenging. A report on lettings policy will be brought to the January meeting which will include consideration of this issue. Pressure on demands for housing adaptations continues and this is covered in separate reports on this agenda. The results of the Private Sector Stock Condition Survey show significant improvements with conditions in York being significantly ahead of the national average. These results are being fed in to the refreshed Private Sector Housing Strategy which is the subject of a separate report on this agenda

6. The impact of the “credit crunch” on new house building is a matter of great concern given that the affordable homes programme is so closely linked to new developments. Despite this we are on track to deliver the target number of affordable homes for 08/9 as these were already in the pipeline. A very productive workshop took place in November with house builders and other landlords to look at options for bringing forward new affordable homes in the current climate and the outcomes of the event will be shared with members early in the New Year.
7. In terms of Corporate Services levels of sickness absence continues to reduce with the aim of bringing the days lost per full time employee into single figures within by 2010. This would be a reduction of more than 50% on the figures in 2006/7. Work continues on preventing stress in partnership with the Health and Safety Executive and the trade unions.
8. In terms of adult social services the new portfolios came into place on 1st November and the new management teams are getting to grips with the work. Progress on the improvement plan arising from the CSCI inspection is being reviewed by the departmental management team on a fortnightly basis with a particular focus on Safeguarding. Intensive work continues on the completion of consultation on Phase 2 of Home Care changes with the new structure on track to be in place by 2009.
9. Individualised solutions have been put in place for all those who used to attend Yearsley Bridge and Huntington Road day centres including accessing facilities at the Oaklands Centre. The third and fourth ‘changing places’ are due to open before the end of the year. Work is on target to move people from the last remaining NHS campus in Easingwold and into their own homes by the end of 2009. The number of people using direct payments has continued to rise and is ahead of target. A Personalisation Plan to lead the transformation of services has been drawn up with a first draft going to the officer Board in December.
10. The departmental management team have reviewed the resources needed to support the new Performance Management Framework for Adult Social Care which was agreed following the recent inspection. A series of performance clinics have been taking place and all the key indicators are reviewed monthly – and in some cases weekly. The detail on those performance indicators updated since the last monitor are in the annexes to this report. A lot of work has been done to understand the issues underlying performance in terms of the completion of assessments for new customers. This is a newly defined indicator and is primarily determined by performance in high volume areas such as occupational therapy, Intake (the team that deals with new social care referrals in the community) and

the Hospital based team. Additional resources have been put in place to support improvement although these have yet to be reflected in any significant improvement. This indicator is subject to a detailed action plan and very regular scrutiny by the departmental management team. An update will be provided to the January meeting.

11. Members will note some slippage in salary expenditure that is contributing to the projected under-spend forecast for 08/9. In part this relates to new posts agreed as part of ring-fenced grant funding (e.g. in areas of commissioning) that were delayed in terms of evaluation for pay and grading. In part it also relates to difficulties in recruiting to some professional posts and shortages of suitably qualified people.

Financial overview

12. Housing Revenue Account - The original 2008/09 budget reported to members on 14th January 2008 had a working balance of £6,960k. After a number of budget adjustments, including the allocation of recharges and insurances, the balance on the HRA is now estimated to be £7,262k. This increase is mainly due to the higher than forecast balance brought forward into 2008/09 from 2007/08. This review indicates a net underspend of £285k which, together with the budgeted balance of £7,262k, now gives a total estimated balance on the HRA of £7,547k.
13. Housing General Fund - The original budget estimate for Housing General Fund approved by Members was £1,284k. After approval of savings and growth and other approvals including insurance and recharge adjustments, the approved Housing General Fund budget is now £1,404k. This review indicates a forecast underspend of £74k compared to the approved budget of £1.4m, a reduction of 5%.
14. Adult Social Services - The original budget estimate for Adult Social Services approved by Members was £34.2m. After approval of savings and growth and other approvals including insurance and recharge adjustments, the approved budget is £38.0m. This review indicates an underspend of £476k compared to the approved budget of £38.0m, a reduction of 1.2%.
15. The table below sets out the overall departmental General Fund position, which is a projected net general fund underspend of £550k.

	Exp Budget £'000	Income Budget £'000	Net Budget £'000	Net Forecast £'000	Variation £'000	Variation %
Housing General Fund	11,254	9,850	1,404	1,330	-74	-5.27
Adult Social Services	60,257	22,197	38,060	37,584	-476	-1.2

16. Growth and Savings - As part of the budget process members agreed growth items across Housing & Adult Social Services of £3,445k. In order to balance the council's overall budget, savings of £1,289k were also agreed.
17. This review indicates that all growth and savings are currently on target with the exception of one saving within Learning Disability Services. The implementation of cross border protocols whereby customers classified as ordinary resident in other local authorities become that authority's responsibility. York was originally forecast to pass £150k net expenditure onto other local authorities but several high cost cases have been disputed by the receiving authority resulting in there being a nil effect from implementing this protocol.
18. Income has however been generated through continuing health care determinations following introduction of the revised national policy and the approach approved by Members in 2007. Overall there are approximately 80 people who have been subject to an application or have been subject to a continuing care assessment over the period since October 2007, when the revised national policy was implemented. The evidence to date suggests that the investment in dedicated care management has ensured that sufficient income has been achieved to cover the cost of the posts and required savings, approved during the budget setting. This reflects 38 determinations resulting in full continuing healthcare funding being awarded and seventeen joint funding packages of care agreed with the Primary Care Trust. The anticipated continuing health care funding is reflected in the first budget monitor.
19. Within the application of the policy, the Learning Disabilities team have, been extremely successful in applying for Continuing Health Care funding. £534k was received in 07/08 but the forecast for 08/09 is £1,085k, an increase of £551k, which more than offsets the income and savings targets described earlier and brings the service back within budget.
20. Members should note that there are 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).
21. As part of the 2007/08 budget report a possible contingency item for £275k was identified in respect of the repayment of customer contributions towards health care costs. A legal opinion is currently being sought with regard to the council's liability in this matter and the outcome will be reported to the Executive as soon as the outcome is known.
22. 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
	<u>HOUSING REVENUE ACCOUNT</u>	
1.	Creation of budget for Discus Bungalow Revenue Costs	
	a) Increase in Discus Revenue Budgets	+136
	b) Decrease in the HRA working balance	-136
2.	Budget for Energy Performance Certificates	
	a) Increase in Asset Management Budgets	+32
	b) Decrease in HRA working balance	-32
	<u>HOUSING GENERAL FUND</u>	
3.	Virements within HASS to reflect spending pressures across the department	+3
	<u>ADULT SOCIAL SERVICES</u>	
4.	Virements within HASS to reflect spending pressures across the department	
	• Corporate Services	-282
	• Learning disabilities	+138
	• Mental Health	-1
	• Older People & Physical Disabilities	+140
5.	Final transfer of budgets to LCCS following Disaggregation of Children's Services	-20
6.	Transfer of budget from Resources for Trainee Accounting Technician post	+25
7.	Reduction in income budget to reflect reduction in Yorkshire Purchasing Organisation (YPO) dividend	+15
8.	Other minor virements	+9

Consultation

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

Options

24. Options are not part of this report which is intended to set out the summary position after the first quarter of 2008/9.

Corporate Priorities

25. 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:

“Outward facing”

- 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.”

“Improving our organisational effectiveness”

- Improve our focus on the needs of customers and residents in designing and providing services
- Improve the way the Council and its partners work together to deliver better services for the people who live in York

Implications

Financial

26. These are set out in paragraphs 12 to 22 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.

27. 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

None arising specifically from this report.

Other

None

Risk Management

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

Recommendation

29. That the Advisory Panel advise the Executive Member to note and comment on the content of this report

Reason: So that the Executive Member is briefed on the projected performance and financial outturns for Housing & 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 24/11/08

Specialist Implications Officer(s)

Debbie Mitchell
Head of HASS 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: Annexes on Service Plan updates

Annexes:

Annex 1 – Housing Revenue Account (HRA)

Annex 2 – Housing General Fund

Annex 3 –Corporate Services

Annex 4 –Older Peoples' & Physical Disability/Sensory Impairment Services

Annex 5 –Mental Health Services

Annex 6 – Learning Disabilities

Housing Revenue Account (HRA) Service Plan – Monitor 1 update 2008-9

Critical Success Factors

1. Remaining on target to meet the Decent Homes Standard by 2010

We remain on target to meet the Government's Decent Homes Standard by the deadline date of 2010, through delivery of the Council's Housing Capital Programme (progress with the Capital Programme is reported elsewhere on this agenda)

2. Improved performance across Housing Services Functions

▪ Income Management

- Quarter two targets for both rent collection and rent arrears have been achieved (see table Resource measures) below.
- Work against the Audit Commission's 'Key Lines of Enquiry' for Income Management has been postponed due to re-prioritisation of work across the Service Development Team. This will be re-considered during December/ January

▪ Void Management

- Average relet times continue to reduce. In the first quarter of 2008-9 the average re-let time was 17.5 days, against a target of 18. This also represents continuous improvement from the average for 2007-8 of 19.37 days. –
- A methodology to monitor the impact of the new void process is currently being developed to be introduced during by end of 2008. We have also introduced a void standard for empty homes, and quality monitoring systems are in place.
- Satisfaction with the new standard will be measured via the 'new homes questionnaire' sent to all council tenants when they move into a new home and due to be re launched early 2009, .
- Rent loss from void properties at the end of the second quarter was slightly above the target of 0.55% at 0.61%.

▪ Responsive repairs

- Following an end-to- end review of the service, a Pilot for changes emerging from the review commenced on September 3rd and is being closely monitored and managed by officers.
- Consultation events on the outcomes of the review will take place during November/December, with a report to EMAP in January on recommendations for future service levels to customers

- **Tackling Anti Social Behaviour**

- A new IT module has been developed to enable improved recording and monitoring of anti-social behaviour and nuisance issues. Staff members have been trained on this system and it is due to go live during November 2008.
- Discussions are ongoing with Housing Associations in York about taking cases through the multi-agency Nuisance Action Group (NAG) as part of their efforts in tackling anti-social behaviour. Proposals exist for landlords to purchase services from the CYC housing Tenancy Enforcement Team, with the aims of reducing anti-social behaviour and ensuring a greater consistency of approach on multi-tenure estates.

3. Consolidate our approach to customer services

- The Housing Quality Network has recently undertaken a Mystery Shopping exercise with a number of Housing Organisations across York, including CYC. The findings of this research have been considered by HSMT and improvement actions agreed to address the issues raised.
- The Strategy and Enabling Group are developing a business case, in partnership with the Neighbourhood Management Unit, to further develop a strategic approach to customer engagement activity, including a review of current activities.
- The Customer Panel Co-ordinator is now in post and a project plan is in place to deliver agreed priorities for focussed customer engagement work. This post links to the work undertaken by the Neighbourhood Management Unit on behalf of Housing Services and plans are being developed to develop a strategic framework in which to drive the engagement agenda forward
- A staff group has been set up to monitor and further develop the customer and colleague standards and amendments have been made to ensure these are relevant to all areas of Housing Services. Work is taking place to ensure that these standards are embedded across the service, including being central to staff inductions.

Other Achievements

Service Improvements

- Following issues during the piloting of mobile working using mini-laptop computers in partnership with easy@york the department is looking at a solution using Kirona software (specialists in mobile technology) the aim is to have a pilot on income management and reactive repairs in place by the end of the financial year.

- It is anticipated that the programme of customer profiling of council tenants will commence during early 2009 and run throughout at least the first two quarters of 2009/10 in order to manage the workload arising as a result of the returns.

Staff and Management

- During October Housing Services staff attended a second annual staff seminar. The seminars were held over three half days and were designed to build on the success of the first seminars held in 2007. The key focus of these seminars was to engage staff in considering future priorities and direction for Housing Services and starting to assess the position of Housing Services in readiness for a move towards more flexible working, linked to the corporate accommodation project. Overall staff responded enthusiastically to the seminars and the priority for the Housing Services Management Team (HSMT) now is to ensure that the information gathered is used to inform future priorities and planning. HSMT is committed to ensuring that this valuable information is used in future and feeds into the next Annual Staff Seminar to take place in Autumn 2009.
- All senior managers in Housing have either completed, are part way through or are enrolled on the IDEA Future Leadership training. Initial feedback from staff is that this course has provided a positive learning experience.

Estate Management

- Changes to the Estate Improvement Grants have been agreed and implementation will take effect in April.

Homelessness & Access to Housing

- The new **Peasholme Centre** building at Fishergate has been delayed because the contractor became insolvent. The work has been re tendered and it is anticipated work should re-commence during November with completion likely during July 2009.
- Work towards developing a sub regional **Choice based lettings scheme (CBL)** for the North Yorkshire sub-region continues, with a number of new partners coming onboard. Recruitment for a Project Manager is underway with interviews to be held at the end of November and this remains a priority to drive the project forward.
- Following implementation of a system to monitor **nominations to RSLs (Registered Social Landlords)**, in order to maximise level of need met through nominations, continues by the RSL landlord group, and at individual meetings with RSLs. The results of this monitoring will be analysed at the end of 2008/9 and into 2009/10

Emerging Issues

Integration of housing customer contact into the [easy@york](#) programme was originally timetabled to commence in August 2008. The programme timetable has now changed and preparatory work will not commence until late 2009.

Areas for Improvement

Progress continues to be made across Housing Services in delivering actions towards meeting the governments 'RESPECT' standard for housing management, however progress in delivering actions relating to improving multi agency working at a corporate level have not progressed

Consultation with leaseholders about revisions to the service charging process have been delayed due to a process of re- prioritisation of customer engagement work.

Financial Summary

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

	Approved Budget £'000	Projected Variation £'000	Variation %
Repairs and Maintenance			
Jobs General - main areas of overspend are plumbing and roofing	4,853	+350	+7.21
Projects – repair costs for “high performance” windows higher than expected	904	+20	+2.21
Estate Improvement Grant – underspend due to lower than forecast take-up	248	-15	-6.05
General Management			
Property Services charge – lower charge mainly due to the reduction in RTB work	183	-60	-32.79
Housing Operations – savings mainly due to staff vacancies, reduction in legal fees and lower than forecast payments for the golden goodbye scheme	2,534	-96	-3.79
Asset Management- mainly due to staff vacancies	559	-52	-9.30

	Approved Budget £'000	Projected Variation £'000	Variation %
Sheltered Housing – under spends on staffing and equipment partly offset by increased expenditure on utilities	742	-18	-2.43
Energy Costs – higher than forecast utility costs	56	+33	+58.93
Peasholme Hostel – savings on staffing following a reduction in the use of relief staff	435	-13	-2.99
Grounds Maintenance – savings on gardening and day to day maintenance	366	-40	-10.93
Caretaking – saving due to vacancy	229	-24	-10.48
Provision for Bad Debt – lower than forecast provision for rents bad debt, mainly for current tenant arrears.	96	-30	-31.25
Housing Subsidy Payment – decrease in subsidy receivable due to lower than forecast interest rate	5,349	+8	+0.15
- partly offset by decrease in loan interest payable	1,171	-13	-1.11
Debt Management Expenses – reduction in charge due to change in allocation method	22	-18	-81.82
Dwelling Rents – mainly due to the reduction in forecast RTB sales	-25,032	-57	-0.23
Non – dwelling rents	-554	-42	-7.58
Lower than forecast void rates for shops and garages			
Fees and Charges			
Legal fees – reduced income(offset by reduced expenditure, see general	-84	+20	+23.81

	Approved Budget £'000	Projected Variation £'000	Variation %
management above)			
Cooker rental – lower number of cookers rented than forecast	-98	+30	+30.61
Supporting People – reduction in income lower than forecast	-869	-25	-2.88
Internal Interest – mainly due to higher than forecast working balance	-300	-200	-66.67
Recharges – forecast underspends in areas within HASS result in a reduction in the amount charged to the HRA(-£75k). This is offset by a reduction recharged to capital receipts(+£33k)	1,295	-42	-3.24
Other Minor Variations	633	-1	-0.16
Net change in working balance	-7,262	-285	-3.92

Performance Measures

Customer Measures			
Description	2007/8 Outturn	2008/9	
		Annual Target	Current Performance
Urgent repairs completed within government time limits	90%	99%	96.2%
Average time taken to complete non-urgent repairs	7.97 days	8 days	7.18 days
Repairs partnership end to end measure	New	Measure in development	Measure in development
Local Authority Tenant satisfaction with opportunities for participation	64%	78%	Annual
% of external calls answered in 20 seconds (Housing Services) from GF report	96%	97%	96.4%

Process Measures			
Description	2007/8 Outturn	2008/9	
		Annual Target	Current Performance
Average relet times for Local Authority Dwellings	19.37 days	18 days	19.60 days
% Planned services of council dwellings with gas fittings which have been completed	New	100% (Quarter 1 target 95%)	87.1%
% Of minor council adaptations completed within 20 days (target subject to change to reflect new NIs)	77.6%	85%	85.80%
% Of major council adaptations completed within 60 days* (target subject to change to reflect new NIs)	25.9%	50%	50%

Resource Measures			
Description	2007/8 Outturn	2008/9	
		Annual Target	Current Performance
Percentage of rent collected	97.9%	98.2% (Quarter 2 target 93.4%)	93.96%
Rent arrears as a proportion of the rent roll	2.27%	1.92% (Quarter 2 target 3.27%)	3.2%
Rent lost through voids (all properties)	1.07%	1.09% (Quarter 2 target 0.55%)	0.61%
Rent lost through voids (excluding discus bungalows awaiting demolition)	0.6%	0.5% (Quarter 2 target 0.24%)	0.31%
Repairs partnership under/overspend	New	On budget	£350,000 over (Projected at year end)

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Housing General Fund Service Plan – Monitor 2 update 2008-9

Critical Success Factors

The service plan identified three critical success factors for 2008-9 and progress with these is summarised below:

1. Ensure that the supply of affordable housing in York meets needs identified in the 2007 Housing Market Assessment.

121 homes have been completed up to the end of September 2008:

- 6 homes for rent at Thanet Road (Tees Valley)
- 12 homes at Northfield School site (3 rent and 1 discounted sale) Tees Valley
- 19 Housing corporation funded 'Homebuy' loans enabling purchase on the open market
- 2 eco homes for low cost ownership in New Earswick (Joseph Rowntree HT)
- 8 homes for rent at Victoria Way (York HA)
- 35 bedrooms at Arc Light (York HA)
- 8 supported flats at Shipton Road (York HA)
- 31 homes on the Gasworks site.

2. Analyse results of the Private Sector Stock Condition Survey

This information forms the evidence base for the Private Sector Housing Strategy which set out the strategy priorities, objectives and targets for the next 3 years. The draft five year private sector housing strategy is now complete and due to be considered members elsewhere on the agenda.

3. Development and Delivery of a new homelessness strategy

The 2008-13 Homeless Strategy is now completed and has been submitted to Government Office. The strategy has been published on the council website and copies have been distributed to key stakeholders. A steering group is in place to monitor delivery of the action plan.

Other Achievements

Housing Strategy

- Housing related targets agreed as priorities in the **LAA** (Local Area Agreement) include affordable homes delivered, the number of households in temporary accommodation and a reduction in fuel poverty
- The North Yorkshire Strategic Housing Board have agreed moving forward with a sub regional Housing Strategy. The broad objectives and themes of the strategy will be set on a sub regional level with local priorities and delivery actions. Consultation with stakeholders is proposed April 2009

- The draft timetable and project plan for the **2009-12 Housing Strategy** for York will complement the sub regional approach, above
- The assessment of **Gypsy and Traveller Accommodation needs** in North Yorkshire has been approved by the North Yorkshire Strategic Housing Board. The research has been published and an Executive Summary and full copy of the research are available from officers. An action plan is being considered to ensure a strategic approach to developing services across York and North Yorkshire. The outcome of bids submitted to CLG for refurbishment and upgrade of sites outside of York, elsewhere in North Yorkshire are awaited.
- Sub regional research into the housing needs of Black & Minority Ethnic (BME) communities and migrant workers has been commissioned and commenced during October with completion by April 2009

Access to Housing

- Work towards developing a sub regional **Choice based lettings scheme (CBL)** for the North Yorkshire sub-region continues, with a number of new partners coming onboard. Recruitment for a Project Manager is underway with interviews to be held at the end of November and this remains a priority to drive the project forward.
- Following implementation of a system to monitor **nominations to RSLs (Registered Social Landlords)**, in order to maximise level of need met through nominations, continues by the RSL landlord group, and at individual meetings with RSLs. The results of this monitoring will be analysed at the end of 2008/9 and into 2009/10
- Work is underway on refining our approach to **Housing Advice** resulting in the establishment of a Housing Options approach being adopted.

Homelessness

- The new **Peasholme Centre** building at Fishergate has been delayed because the contractor became insolvent. The work has been re tendered and it is anticipated work should re-commence during November with completion likely during July 2009.
- The new **Arc Light** centre was completed in August with work continuing to ensure that the new service complements work of other projects to maximise the success of the resettlement process.
- The options appraisal being developed for the future of the **Ordnance Lane** site will be concluded early 2009.

Staff and Management

- During October all Housing Services staff attended a second annual staff seminar. The seminars were held over three half days and were designed to build on the success of the first seminars held in 2007. The key focus of these seminars was to engage staff in considering future priorities and direction for Housing Services and starting to assess the position of Housing Services in readiness for a move towards more flexible working. Overall staff responded enthusiastically to the seminars and the priority for the Housing Services Management Team (HSMT) now is to ensure that the information gathered is used to inform future priorities and planning. HSMT is committed to ensuring that this valuable information is used in future and feeds into the next Annual Staff Seminar to take place in Autumn 2009.
- All senior managers at Service Manager and Group Manager within Housing Services have either completed, are part way through or are enrolled on the IDEA Future Leadership training. Initial feedback from staff is that this course has provided a positive learning experience. Further inquiries are being made to explore whether CYC can apply for a grant to funding a number of additional places across the directorate and wider Council.
- A staff group has been set up to monitor and further develop the customer and colleague standards and amendments have been made to ensure these are relevant to all areas of Housing Services. Work is taking place to ensure that these standards are embedded across the service, including being central to staff inductions.

Housing Standards

- Following changes to the administration of the **Disabled Facilities Grant** (DFG), reported to Members in June, a further report outlining recommended policy changes is presented to members elsewhere on the agenda.
- The York Home improvement agency has been successful in securing the tender for the city wide handy person scheme and it has been agreed to renew the contract for a further year.
- A new temporary Business Support Post has been agreed and appointed to for a six month period and will be working towards providing a paperless working office and improve service delivery Work.
- **38 Home Appreciation Loans (HALs)** for owner-occupiers have been identified of which 10 have been agreed by the Regional Loans Service.

Housing Development

- A workshop of key stakeholders was held in November to explore ways of maximising the delivery of affordable housing in the city. This included ideas around optimising the use of existing stock as well as ideas for increasing the affordable housing stock
- The role of the Rural Housing Enabler continues to develop with priorities including work with City Strategy on revising population levels that define rural settlement and bringing forward sites at Knapton and Strensall
- The New **Growth Point submission** for York was not approved by Government; however representation has been made to re consider York North West and a new submission as part of the Leeds City Region has submitted for an urban eco settlement.
- The planning applications for the **Discus Bungalows** sites were approved at the 20th November planning committee.

Emerging Issues

Housing Market Conditions

The effects of the “credit crunch” and overall economic recession are now being seen in falling house prices, a marked slowdown in house building, the withdrawal of affordable credit and an increase in mortgage repossessions and levels of debt. For HASS the market conditions are presenting significant challenges but some emerging opportunities too. The most immediate challenge is to maintain our affordable housing programme at a time when a large percentage of private sector new build developments are being delayed. This has meant increasing uncertainty when considering the timetable for the delivery of affordable housing that has already been negotiated for sites as well as a slow-down on the number of new sites coming to the market. The affordable housing programme that is part funded by the Housing Corporation continues to be on target for delivering 47 homes on 6 sites in 2008/09. The 2008/09 LAA target for additional affordable homes (165) is also still on target to be met.

A difficult private housing market is, however, leading to some emerging opportunities. The fall in house prices has positive effects for some purchasers in that affordability is improved. Private developers have also begun to offer additional homes to housing associations, which, if the quality, type and location of the homes are acceptable, will be a welcome boost to affordable housing supply in the city. Thirty-two additional homes on one site are currently being negotiated.

Other emerging effects of the credit crunch are an increased level of possession orders on mortgaged homes. In response, the Golden Triangle Partnership will launch a mortgage rescue scheme in December 2008/January 2009 and we are keeping a close watch on the development of a national mortgage rescue scheme and on other initiatives that may be launched by the Government to kick-start the housing market

Financial Summary

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

	Approved Budget £'000	Projected Variation £'000	Variation %
<u>Private Sector Grant Fee Income</u>			
Increased income due to providing a higher number of grants than forecast	-93	-23	-24.73
<u>Howe Hill Hostel</u>			
Saving due to employee vacancies (-£17k) and lower repair costs (-£15k) offset by increased expenditure on utilities and equipment (+£8k)	335	-24	-7.16
Higher occupancy than forecast	<u>-257</u> 78	<u>-49</u> -73	-19.07
<u>Removals and Storage</u>			
Higher levels of belongings in storage relating to corresponding high occupancy levels in temporary accommodation	38	+14	+36.84
<u>Homeless Advice Team</u>			
Mainly due to staff vacancies	427	-33	-7.73
<u>Travellers Sites</u>			
Mainly due to increased repair and utility costs	213	+31	+14.55
<u>Other Minor Variations</u>	757	+10	+1.32
Total Housing General Fund	1,404	-74	-5.27

Performance Measures

Customer Measures			
Description	2007/8 Outturn	2008/9 Annual Target	Current Performance
Number of Households in York assisted into home ownership via the Golden Triangle Homebuy Scheme in partnership with Northern Counties Housing (Paul Stamp)	11	11	5 Completions to Oct 08. 5 more on target to complete by year end.
Number of households living in temporary accommodation NI 156 (BW)	209	170 (Quarter 1 target 205)	192
Number of Affordable Homes Delivered (gross) NI 155 (Paul Stamp)	51	165	121
Average length of time to complete a HAL (Ruth)	New	New not set	Available at end 2008/9 outturn
% Of external calls answered in 20 seconds (Housing Services) Dennis	96%	97%	96.4%

Process Measures			
Description	2007/8 Outturn	2008/9 Annual Target	Current Performance
Number of households presenting as homeless where casework resolved * Note there was a change of definition in 2008-9 (M.I) (BW)	278	305	119 (to end Sept)

Resource Measures			
Description	2007/8 Outturn	2008/9 Annual Target	Current Performance
Take up of HALs (Ruth)	None	6	10 approved

Service Plan monitor Second Quarter 2008/09 Corporate Services

Achievements

Projected year end absence figure of 10.68 is currently below the target of 12.25 at March 2009. HASS HR have delivered training on use of new attendance management policy to operational managers to support this progress.

The transfer of ongoing mediation work with children has been completed from Face to Face to Children's Services are appropriate in order to deliver the required savings for 2008/09.

[Easy@York](#) and the Advice and Information Service Project has delivered early improvements in processes on housing options work and currently on schedule in the design phase for the service.

Critical Success Factors (CSF)

Following the acceptance of the job evaluation pay and grading proposals the completion of work on job descriptions and the appeal process is now a priority to manage the potential impact on recruitment and retention of staff.

Areas for Improvement

The delayed Workforce Development Plan is scheduled for completion at the end of March 2009. The HASS Workforce Development Plan will be developed in line with the overall Corporate Workforce Development Plan in its early stages of inception. Still awaiting the Department of Health's Workforce Strategy for the social care sector which was due publication in October of this year.

Corporate Services performance monitoring 2008/9

Customer based improvements	08/09 Q2	08/09 Q1	07/08 outturn	2008/9 Target	2009/10 Target	2010/11 Target
All: % of visitors seen by an officers within 10 minutes	99%	90%	89%	95%	95%	
% of visitors referred to the correct officer within a further 10 minutes	91%	90%	90%	95%	95%	
(All) answer external calls in 20 seconds or less	95%	98%	97.7%	97%	97%	
(All) respond to external emails and correspondence within 10 working days	97%		99.3%	97%	97%	
(Complaints) Increased number of customer complaints dealt with within time	90%	85%	80.73%	95%	95%	
(SP) Service users who are supported to establish and maintain independent living	nya	98.39%	97.58%	98%	98%	
(SP) Service users who have moved on in a planned way from temporary living arrangements	nya	71.93% *	59.08%	68.5%	70%	

* Returns for one temporary accommodation service not included in this quarter's figures

Resource Management improvements		2007/8 outturn	2008/09 Target	2009/10 Target	2010/11 Target
Overall variation from Corporate Services budget less than 1% budget	Annual		√	√	√
Proportion of business placed with vol sector remains at or above current level (42% social care, 72% Supporting People)	Annual		√	√	√
% Staff appraisal completed in year in Corporate Services	Annual		98%	98%	98%

Average staff sick days below Departmental and Council wide average (in days/FTE)	Sept 08 = 5.34 project ed year end = 10.68	Annual	CS: 9.0 HASS: 12.5 CYC: 9.3	√	√	√
Average level of incidence of absence below Departmental and Council wide average (in incidence /head count)		Annual	15.7%	√	√	√

The level of turnover of staff is comparable to other similar authorities with a target over next five years to achieve the level of best practice authorities

Annual

10%

NVQ level 2 qualifications achieve

Government target (50%)

Annual

50%

50%

50%

Actions

	<i>Action</i>	<i>Target date</i>	<i>Progress as at 30/9/08</i>
Q1	<i>Complete service development for closure of Yearsley Bridge and Huntington road centres</i>	<i>May 08</i>	<i>Achieved</i>
Q1	<i>Development plan for older people's support services</i>	<i>July 08</i>	<i>Achieved</i>
Q1	<i>Prevention Strategy developed</i>	<i>June 2008</i>	<i>Delayed</i>
Q1	<i>Older People's commissioning plan produced</i>	<i>June 2008</i>	<i>Delayed</i>
Q1	<i>Prepare and start to implement Departmental IT Training strategy</i>	<i>June 08</i>	<i>In progress</i>
Q2	<i>Individualized Service Funds available for people with learning difficulties, using both social care and Supporting People funding</i>	<i>Sept 08</i>	<i>Achieved</i>
Q2	<i>Joint project with PCT – produce proposals to reshape older people's mental health services, offering more community based support</i>	<i>Sept 08</i>	<i>In progress</i>
Q2	<i>Joint project with PCT to develop more preventive services – investment plan</i>	<i>Sept 08</i>	<i>In progress</i>

Q2	Respond to regional research on housing and support needs of new immigrants	Sept 08	
Q2	Training for business teams on complaints procedure and timescales	Sept 08	In progress
Q2	Develop management information Strategy	Sept 08	Deferred – now linked to CSCI Action Plan on Performance Management
Q2	Develop plan and co-ordinate action in relation to preparing departmental records for move to Hungate	Sept 08	In progress
Q2	Complete delivery of training sessions for Information Security	Sept 08	Achieved
Q2	Review of ILS scheme, supporting direct payments	Sept 08	Achieved – outcome: now linked to CIL development

Budget

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

CORPORATE SERVICES	Budget £'000	Projected Variation £'000	Variation %
Finance – underspend on staffing due to vacant posts dealing with Housing finance issues. This saving will be passed onto HRA (see below).	809	-32	-4.0
Training – Mainly due to staff vacancies in the training section and money for backfilling staff attending training that has not yet been allocated.	170	-91	-53.5
IT and ESCR project team – Underspend due to delays in the implementation of the replacement social care IT system. It is likely that this underspend will need to be carried forward in to 2009/10 to support the completion of the project.	586	-37	-6.3
Access to Services - loss of income as posts re accessing council services no longer provided at the Hospital.	361	34	+9.4
Staff Advertising – small underspend as staff recruitment less than budgeted for.	92	-10	-10.9
Anti Social Behaviour team – cost of the project running until November 2008.	0	25	+100.0
Other departmental budgets	763	-298	-39.0
Total Corporate Services	2,591	-409	-15.8
Savings to be passed onto HRA		+75	
Total Corporate Services after HRA saving passed on	2,591	-334	-12.9

Service Plan monitor Second Quarter 2008/09

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 first quarter.

- Preparation of the Improvement plan for the CSCI inspection.
- Discharge delays remained low for the majority of the quarter with a slight increase towards the end due to pressures on home care and EMI beds.
- Planning for the home care changes required following the budget proposals remains on target with extensive consultation having been undertaken across staff teams in order to validate and/or amend proposals described to the Executive Member in September.
- The delivery of equipment for daily living has remained within the highest national quartile.
- There has been a further increase in the number of people taking up Direct payments since June.
- There continues to be a significant increase in safeguarding investigations during the quarter.
- A series of workshops involving a leading health/social care academic has been completed in conjunction with the Primary care trust. The results of these will be taken into the joint commissioning programme.
- A pilot scheme for Person Held records in the households of people with dementia has been started in one area of the city.
- The preparation work for implementing the Mental Capacity Act amendment covering the Deprivation of Liberty is underway with policies & procedures being written, staff training underway and scoping surveys being undertaken, (this is reported more fully in a separate report to Members).

Areas for Improvement

- **Support to carers** This is currently just on target but specific action will be taken to ensure that all carers receive the information they require in line with the requirements of the indicator. This is expected to meet the target and more by the end of the year.
- **The timeliness of assessments** This has unfortunately remained at a very low performance and whilst action plans are in place to improve these by the end of the year this may not bring the authority to the required threshold. The performance issues are assessed as being a combination of capacity, (with the effect of increased safeguarding referrals), process, (with a review underway to streamline the processes in place) and focus of priorities, (which have now been revised to ensure those people not known to the authority are contacted and assessed within the required time band). Whilst the current performance month on month has now improved this will not sufficiently affect the figures for the first part of the year.

Critical Success factors

ESCR- electronic record keeping

All new social care management records are now electronic and any additions to records are electronic. Important information from existing open paper files are being scanned in as part of the review process. There are some areas where this is still to be completed.

The next phase of the data base development, electronic record keeping and business development is progressing well with the extension to the purchasing of and charging for services through the system. The go live has been postponed to the New Year in order to ensure that the full preparations have been made. Staff will be trained during the third quarter.

Development of strategy for Physical & sensory Impairment (including long-term conditions)

The last quarter has been the period of consultation for the Physical Disability and Sensory Impairment Strategy. The results from this have been pulled together and the strategy will be reported separately to the Executive Member.

In conjunction with City strategy an event has been held and further activity planned for later in the year and the new year for developing a User Led organisation as a prelude to the development of a Centre for Independent Living ahead of the 2010 deadline.

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 development of the prevention strategy is one of the four key work-streams jointly undertaken between the Primary care Trust and Local authority (outlined below) . During the second quarter there has been approx. 120 new users registered to use the warden and the telecare services.

The local Carers Strategy Group has been considering the priorities and plans that will need to be in place for delivering at a local level the revised National Strategy, currently out for consultation. Progress within the local carers strategy has included:

- Emergency Card – following the launch during Carers Week in June by September there were 81 carers registered with scheme.
- Presentation by 2 carers to the CSCI ARM very well received.
- Process progressed to enable York Carers Centre to become independent and York CVS are in the process of recruiting shadow board of trustees.

- York Carers Forum - carer led group adopts constitution and has high profile launch on Sept 4th in the Guildhall with live Radio York broadcast from St Helen's Square
- Initial draft of renewed York Carers Strategy written and priority setting discussed at Carer Strategy Group. Carers attending many planning forums and local meetings.
- Good attendance of range of York workers and carers, at regional event held in York in September, to launch National Strategy
- Utilisation of the flexible breaks scheme has increased and as well as reviewing the criteria, additional funding from the Carers Grant has been allocated to the scheme.

Implementation of Mental Capacity Act Amendments

The amendments made to the Mental Capacity Act through the 2007 Mental Health Act are subject of a separate report to the Executive Member. Staff are currently being trained for their new roles in relation to the Deprivation of Liberty requirements..

Joint commissioning and delivery with PCT (PBc):

- **Primary prevention**
- **Older people with mental health problems**
- **Rehab/intermediate care**
- **Long-term conditions (inc. telecare)**

Work with the Primary care Trust has taken forward the following in relation to the four areas of work:

Prevention

The Handypersons service contract has been awarded by the Supporting People programme. The service will be provided by Yorkshire Housing, from January 09

Expressions of Interest will be sought in November, to provide a casefinding and signposting service to help older people access the support they need to improve health and well being from January 09

Work is continuing with the PCT to agree priorities for future investment in early intervention and prevention services

Older People's Mental Health

The PCT is considering the business case for early diagnosis and support service for people with dementia
Plans are under way to review the current range of services and identify what changes would be needed to provide more community based support, in line with the developing National Dementia Strategy

Intermediate tier

Work is planned to integrate the assessment and access arrangements for services that can reduce the need for hospital admission, or reduce the length of stay

3 Workshops are being held with facilitation from Prof. Gerald Wistow to look at development of integrated working

Long Term Conditions

The PCT has appointed the new Case Managers who will work with people with long term conditions to help them manage the impact of their condition

Work is planned to ensure improved links between this new service and care managers

Implement action plan resulting from the Commission for Social care Inspection

The CSCI inspection report was published in October and a comprehensive improvement plan is to be considered as a separate item to this report.

Budget

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

OLDER PEOPLE & PHYSICAL DISABILITY	Budget £'000	Projected Variation £'000	Variation %
Community Support – continuation of overspend from previous years offset by increase in Continuing Health Care funding	1,193	+100	+8.3
In House Home Care - savings being achieved over and above those identified as part of the budget process.	<u>3,904</u>	<u>-292</u>	-7.5
	5,097	-192	-3.7
Direct payments – continued increase in the number of customers opting to take a direct payment. There has been recent activity to increase the number of individuals on direct payments to improve performance indicators in this area.	831	+161	+19.4
Social Work teams - use of agency staff in Intake team to assist with safeguarding adults' work and ongoing pressure to improve performance on time taken to deal with referrals continues in these teams, hence overspend.	2059	+154	+7.5
Elderly Persons Homes –overspending on pay (£83k) due to levels of sickness plus continued pressure of staffing to minimum CSCI standards. This is offset by overachievement of income (£445k).	2,589	-362	-14.0

OLDER PEOPLE & PHYSICAL DISABILITY	Budget £'000	Projected Variation £'000	Variation %
Repairs and maintenance – continued overspend from previous year. Forecast £40k for repair and maintenance of Private sector adaptations and £80k re Social Services properties. Work is ongoing to investigate reasons for increased costs under the Repairs Partnership.	443	+120	+27.1
Warden Call - £120k staffing overspend offset by £108k overachievement of income.	359	+12	+3.3
Yorkcraft – underspend of £45k on staffing and £5k in equipment.	523	-50	-9.6
Other minor variations	6,607	0	0.0
Total Older people & Physical Disability	23,244	-85	-0.4

Section 5: Scorecard of improvement measures & actions (3 pages max)**Customer based improvements**

Customer Measures				
How will you check whether you are improving from a customer perspective?				
Please list any 'SMART' indicators (this should also include the target you want to achieve – for the next 3 years if possible).				
Measure	Current	2008/09 Target	2009/10 Target	2010/11 Target
NI 125 Achieving independence for Older people through rehabilitation/intermediate care	Baseline to establish Jan-March 2009	N/A	N/A	N/A
NI127 Self-reported experience of social care users	Baseline to establish from current Place Survey	N/A	N/A	N/A
NI 128 User reported measure of respect and dignity in their treatment	Baseline to establish from current Place Survey	N/A	N/A	N/A
NI 130 Social care clients receiving self-directed support (Direct payments and Individual budgets – Figures relate to all adults/carers	248.35	180.34	215.22	259.99
NI 131 Delayed transfers of care from hospitals	Reported annually by PCT	2	2	2
NI 135 Carers receiving assessments or review and a specific carers service or advice and information.	7.30 (August 2008 figures)	18.75	20.18	21.55
NI 136 People Supported to live independently through social services (all ages) – care managed and non-care managed and grant funded services, per 100,000 adults aged 18+	1441	1441	1525	1602
NI 138 Satisfaction of people over 65 with both home and neighbourhood	Baseline to establish from current Place Survey	N/A	N/A	N/A
NI 139 People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently	Baseline to establish from current Place Survey	N/A	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	38.48 (YTD)	70	TBC	TBC
HCOP8.6 Number of new users aged 65 and over who have 1 or more items of telecare equipment	Approx 40 per month	520	630	TBC

Process based improvements

Process Measures				
How will you check whether you are improving from a process perspective?				
Please list any 'SMART' indicators (this should also include the target you want to achieve – for the next 3 years if possible).				
Measure	Current	2008/09 Target	2009/10 Target	2010/11 Target
NI 132 Timeliness of social care assessments	47.51	76.5	77	77
NI 133 Timeliness of Social care packages to older people	93.18	92	93	93
BV56 – D54 (PAF) % items of equipment and adaptations delivered with 7 working days	96.38	95	95	95
BV58 (PAF D39) %age of people receiving a statement of their need and how they will be met (all customer groups)	89.51	93	94	94
%age of adult users assessed and/or reviewed in the year that had ethnic origin missing or not stated	9.54	Less than 10%	Less than 10%	Less than 10%
New or revised local policies and protocols required by Mental Capacity Act amendment	On target	October 2008		

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Service Plan Quarter two monitor 2008/09**Mental Health services*****Commissioning***

The NYYPCT has been developing its responses to the World class commissioning initiative and has been considering, alongside regional colleagues, how local commissioning processes need to be adapted for this. This includes both the Pathway of care management and the contracting process.

The PCT is currently working with PCT Mental Health provider services and key stakeholders on the future of the PCT Mental Health Provider services. Engagement workshops with key stakeholders are being arranged.

Legal advice in respect of the Retreat has now been given and this considerably reduces the financial risks from the change of status of residents within that establishment.

Achievements

- The Shipton Road supported housing flats opened during this period providing accommodation for 8 in part funded through the Supporting People programme as a result of a service reconfiguration from in-patient beds. This was planned and approved through the Supporting People Partnership. All places have been allocated. There is potential demand for similar schemes in future if the property and revenue support can be identified.
- The extension of the Crisis Resolution and Home Treatment service has been confirmed with recruitment underway & postholders should be in place in January 2009. This service will help improve service performance & in-patient bed usage, allowing consideration of further service redesign for redesign
- Refurbishment work on Bootham Park hospital has been commissioned to improve the in-patient environment. The PCT has identified a 'Procure 21' partner to take this forward which is a partnership that could support other developments.

Critical Success factors**Development of Joint Health & Social Care Mental Health Strategy**

The CYC/NYYPCT Partnership agreement has now been revised and will be operational from January 2009. This agreement was revised following the agreement that the PCT would have a separate agreement with each Local Authority.

A Performance framework for local Mental Health provision has now been developed and will be monitored through the Partnership Board.

Two Senior Commissioning managers have now been appointed by the PCT to support implementation of the mental health strategy

Prepare for the impending Mental Health Act 2007 and the implementation of Deprivation of Liberty Safeguards (DoLS) from April 2009

The required conversion training has been undertaken by the authority's ASW's in readiness of their role of AMHP's from November. Other aspects of the legislative change, apart from the Deprivation of Liberty requirements are being overseen by the PCT. A separate report covers the implementation of the Act within the authority.

Leads have been appointed within the service for the new Mental Health Act and the Mental capacity Act DoLs clauses.

ESCR- electronic record keeping

All new social care management records are now electronic and any additions to records are electronic. Important information from existing open paper files are being scanned in as part of the review process. There are some areas where this is still to be completed.

The next phase of the data base development, electronic record keeping and business development is progressing well with the extension to the purchasing of and charging for services through the system. The go live has been postponed to the New Year in order to ensure that the full preparations have been made. Staff will be trained during the third quarter.

Customer based improvements

Customer Measures

Measure	Current	2008/09 Target	2009/10 Target	2010/11 Target
NI127 Self-reported experience of social care users	Baseline to establish from current Place Survey	N/A	N/A	N/A
NI 128 User reported measure of respect and dignity in their treatment	Baseline to establish from current Place Survey	N/A	N/A	N/A
Number of Social care clients receiving a direct payment	0	2	3	5
NI 135 Carers receiving assessments or review and a specific carers service or advice and information.	7.30 (August 2008 figures)	18.75	20.18	21.55
NI 136 People Supported to live independently through social services (all ages) –care managed and non-care managed and grant funded services, per 100,000 adults aged 18+	1441	1441	1525	1602
NI 149 Adults in contact with secondary mental health services in settled accommodation	Methodology to establish- PCT figures available Feb 09 at the earliest	N/A	N/A	N/A
NI 150 Adults in contact with secondary mental health services in employment	Methodology to establish- - PCT figures available Feb 09 at the earliest	N/A	N/A	N/A

Process based improvements

Process Measures				
Measure	Current	2008/09 Target	2009/10 Target	2010/11 Target
NI 132 Timeliness of social care assessments Figures relate to all adults.	47.51	76.5	77	77
NI 133 Timeliness of Social care packages to younger adults Figures relate to all adults.	93.18	92	93	93
BV58 (PAF D39) %age of people receiving a statement of their need and how they will be met (all customer groups). Figures relate to all adults.	89.51	93	94	94
%age of adult users assessed and/or reviewed in the year that had ethnic origin missing or not stated. Figures relate to all adults.	9.54	Less than 10%	Less than 10%	Less than 10%
New or revised local policies and protocols required by Mental Health Act	On target	October 2008		
New systems, policies and protocols required by Deprivation of Liberty Safeguards	On target	April 2009		

Budget

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

MENTAL HEALTH	Budget £'000	Projected Variation £'000	Variation %
Residential & Nursing – underspend based on current customer levels remaining constant.	1,201	-74	-6.2
Social Work Team – posts remain vacant as difficulty in recruiting staff within certain teams.	518	-47	-9.1
22 The Avenue and Sycamore House – shortfall in income from the PCT of £64k partially offset by £30k saving on Sycamore House staffing.	145	+30	+20.7
Contracted Services – an increase in contract cost to support work in developing outcome based services for customers.	83	+14	+16.9
Drug and Alcohol Rehabilitation – no one is currently in rehabilitation and no one waiting to go in so on this basis full year's saving shown.	18	-18	-100.0
Other budgets	307	0	0.0
Total Mental Health	2,321	-95	-4.1

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HASS96- December 08**Learning Disabilities****Achievements**

The following areas should be noted:

- Yearsley Bridge day centre is closed.
Individualised solutions have been put into place for all customers who were part of the re-provision. Phase 2 of the closure of New Bridge will commence shortly and closure will coincide with the opening of the new Hydrotherapy service being provided through Oaklands centre- Autumn 09.
Work continues on the final detail of the hydrotherapy pool which replaces the one contained within the old Yearsley Bridge day centre. Customers are now designing the detail of a frieze to be displayed within the pool area.
As part of the individualised programmes of support that were put in place for customers who were part of the Yearsley bridge day centre reprovision, a number have chosen to access facilities at Oaklands sport centre where a supported programme of different physical activities are on offer. In addition, a number of both learning disabled and physically disabled customers have chosen to take an individual budget to pay for gym sessions. Other solutions include a sewing group, a social networking group, and a computer group
- The second new changing places facility in the City has opened. The third and fourth venues are due to be opened by the end of 2008, with the 5th agreed as part of the Councils new Civic centre. The existing venues are being used extensively.
- A group of learning disabled athletes has won a regional award to participate in the National Disabled Special Olympics next year. This has been through a collaborative working arrangement with the Learning Disability Team, Leisure and Culture and the Private sector. Sponsorship of 25 athletes is now possible due to an amount of £63,500 being secured through award winning sponsorship.
- The use of some money from a DOH grant has allowed the creation of a fulltime health facilitator within the learning disability team. This will focus on positive health screening for all LD customers and detailed health facilitation for those people who are in transition from campus closure or who have previously been re-provided from health into York's locality.
- Income from Continuing Health Care and Independent Living Fund continues to be pursued vigorously, using the new care management post in the team dedicated to this role. The outcome of this is an increasing allocation of funds, some of which will offset some costs associated with care packages.
- We are coming to the end of a pilot scheme for travel training for adults with learning disabilities, which includes a 'buddying' scheme. This is for 4 people and will be something that is potentially rolled out if successfully to other customers.
- In light of the publication of the draft DoH paper "Valuing People Now", the Valuing People Partnership Board has completed re-refresh work on how it conducts its business and has now established a number of key leads in the main areas defined by Valuing People Now. Full and active consultation with members of the Board including customers and self-advocates and carers has taken place.

Critical Success Factors (CSF)

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

We have been successful in obtaining a Department of Health revenue grant to support the transition of the remaining customers into the community. This is a time limited ring-fenced grant worth some £850,000 over the three years to benefit customers in campus transition. This has allowed the creation of a fulltime health facilitator within the learning disability team. This will focus on positive health screening for all LD customers and detailed health facilitation for those people who are in transition from campus closure or who have previously been re-provided from health into York's locality.

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.

Further customers have been discharged into the community and we have firm plans and properties coming on stream for the remaining patients.

Increase the number of people using individualized budgets or direct payments

In addition to the 54 customers in supported tenancies who now have an individualized budget for their support within their tenancy, we have in place some individualized service funds for people who have tailor made solutions as a result of the closure of the day centre, Yearsely Bridge.

Areas for Improvement

- ❑ Continue to Improve the number of carers assessments that are offered through the team
- ❑ To continue to increase the number of direct payments and individualized budgets year on year.
- ❑ 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	3.16	2.7
Number of people with a learning disability with a direct payment or individualised budget	76	50

Budget

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

LEARNING DISABILITIES	Budget £'000	Projected Variation £'000	Variation %
Community Support – overspend mitigated by success in applying for Continuing Health care funding.	499	+237	+47.5
Residential & Nursing – mainly due to increased Continuing Health Care funding.	4,091	-196	-4.8
Complex Cases – The number of individuals transferring from Children's Services was not as great as expected. However, the effect of a new placement and 4 more next year means this budget will be fully committed from 09/10 onwards.	301	-143	-47.5
Direct Payments – Overspend correlates directly to two customers taking up Direct Payments option on closure of Yearsley Bridge.	357	+41	+11.5
Contracted Services – small overspend of £63k forecast due mainly to increase in costs of re-providing a more personalised service for ex Huntington Road and Yearsley Bridge customers.	2,801	+63	+2.2
Transportation of customers – The community transport budget has generated savings of approximately £150k due to efficiencies in the use of fleet transport and taxis. Historically this has been an area of overspend for Adult Social Services and whilst in 2009/10 this should result in an outturn within the approved budget, the savings identified in the current financial year are needed to pay the consultants fees.	218	+135	+61.9
Social Care Team – mainly due to staff appointed on a lower grade than the previous post holders and a small saving in the equipment budget.	38	-13	-34.2
Head of Learning Disabilities – due to cessation of partnership with NYYPCT funding no longer available for this post and will have to be picked up by CYC.	107	+33	+30.8
Personalisation – due to delays in appointing personalisation project post.	90	-36	-40.0
Campus Closure grant – York were awarded £122k for assisting with transition of customers formerly housed on an LD campus to housing within the community. There is a potential underspend as a project with a provider to assist customers moving into the community has been delayed.	0	-21	-100.0
Small Day Services – staffing underspends in several day centres offset by underachievement of income in Individual Day Service	1,250	-62	-5.0
Other budgets	152	0	0
Total Learning Disabilities	9,904	+38	+0.4

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

8th December 2008

Report of the Director of Housing and Adult Social Services

Independence, Well Being and Choice – Outcome of inspection by the Commission for Social Care Inspection (CSCI)

Purpose of Report

- 1 To give members an opportunity to comment on the detail of the CSCI inspection report received at the meeting on 20th October and the improvement plan presented at the same meeting.

Background

- 2 City of York was included in the CSCI national programme of inspections of Independence Well Being and Choice for 2007-2009. The objective of the inspection was to evaluate the City of York's performance in ensuring social care outcomes for the population - particularly in relation to the experiences of people who need social care services and with leadership and commissioning for delivery of those outcomes.
- 3 The inspection methodology and process differs from those in previous years and has been developed in line with the expectations of the Departments of Health and Communities and Local Government concerning the role of councils in respect of social care and their performance assessment and inspection. The stated purpose of the inspection is to assist councils in improving services and to contribute in the most effective way to their performance assessment.
- 4 Adult safeguarding features in all inspections this year along with up to two other selected inspection themes. Two other themes were identified for York through the local Business Relationship Manager on the basis of the 2006/7 performance assessment. The themes in the inspection are:
 - Safeguarding Adults
 - Personalised Services
 - Preventative Services

- 5 The inspection relating to Safeguarding was across adult services generally but the additional themes in respect of Personalisation and Prevention related solely to older people.
- 6 At the meeting on 8th September members received the 2007/8 Annual Report of the North Yorkshire and York Safeguarding Adults Board which contained details of responses already made in advance of a more detailed improvement plan. Members also agreed additional staffing resources to work on safeguarding.
- 7 Members received the report at the meeting on 20th October and a presentation from the lead inspector. Several members felt that there had not been sufficient opportunity to absorb the contents of the report and the improvement plan and asked for a further discussion at this meeting. (The original intention had been to receive the inspection report at the September meeting and the improvement plan at the October meeting. However, because the final report was delayed both had come to the October meeting.)
- 8 The improvement plan is attached at Annex 1

Consultation

- 9 There was no consultation on the CSCI report itself although the contents have been shared with all those who took part in the inspection and with key stakeholders.

Options

- 10 There are no options associated with the final report from CSCI. Options are available with the response to the report and the improvement plan is attached as Annex 1.
- 11 **Option 1** – to accept the improvement plan and to receive an update on progress in June 2009 as well as quarterly updates on safeguarding activity.
- 12 **Option 2** – to ask for amendments to the improvement plan and to receive an update on progress in June 2009 as well as quarterly updates on safeguarding activity.

Updates since the meeting on 20th October

Progress and difficulties with key areas of the improvement plan are listed below. In all other respects the Improvement plan is on target to be delivered within the timescales indicated on the attached appendix.

13 Safeguarding

- The first meeting of the York Safeguarding Adults Board took place on 4th November and was well attended by senior representatives of all the statutory agencies. It is proposed in governance terms to

link the Board into the Safer City Theme of the Local Strategic Partnership (LSP) to strengthen the link with the broader, multi-agency work on community safety.

- Four sub-groups will be set up to support the Board:
 - Performance Monitoring and Reporting
 - Practice Development and Training
 - Public awareness and stakeholder involvement – a draft leaflet for the public is being finalised and work will be done to enable service users to have an input to safeguarding work
 - Provider involvement – The Independent Care Group will have a place on the board with direct service providers involved through an existing forum.

- Recruitment is now underway for the 3 new posts agreed by members (service manager, care manager and admin/note-taker). There were some delays whilst pay and grading was finalised to enable grades and salary to be determined and therefore some post-holders may not be in place until the end of March. Interim, additional capacity has been built into the Intake Team with the approval of an additional care manager.

- The new senior management structure came into effect on 1st November with the Assistant Director – Assessment and Personalisation – leading on Safeguarding adults.

14 Personalisation

- The City of York Council has extended its membership of In Control by signing up to the Total Transformation programme. This means that the work already undertaken by the learning disability service will be extended to other customer groups within social care. This programme gives us support both regionally and nationally and allows to access best practice of those Local authorities that are already on this programme nationally.

- The Personalisation Board meeting on 17th December will receive the project plan for how this total transformation will be implemented over the next three years. Staff workshops will begin in both the assessment and provider services from the New Year, throughout the year. These will begin with taster sessions and will gradually introduce the practice and system changes that need to be put into place. A presentation to Members relating to the work programme will be planned when this project plan has been finalised and agreed by the Personalisation Project Board.

- There is an effective network in place across the region through the Association of Directors of Adult Social Services (ADASS) to collaborate and share practice on the implementation of the “Putting People First” of which personalisation is a key component. The Assistant Director – Assessment and Personalisation will be

involved in the regional meetings relating to personalisation which should assist the Authority in moving forward.

- There has been agreement with the PCT and Acute Trust on the process and timetable for reviewing the Hospital discharge processes and monitoring. Initial meetings and work has begun with follow up meetings planned.
- Work has been underway with PCT colleagues through the Joint Strategic Integrated Commissioning Group to improve shared record keeping (Single Assessment Process – SAP) despite ongoing technology barriers. This includes the utilisation of the process to underpin care pathway management within the four agreed priority joint commissioning plans:
 - i. Prevention services
 - ii. Intermediate tier services
 - iii. Services for people with Long term conditions
 - iv. Services for older people with mental health problems

To support the latter a pilot project has now started in one area of the authority encouraging people to accept, and staff from different agencies to use, person held records in an individual's own home. When evaluated in the new year the pilot will be rolled out further if effective.

15 Prevention

- The contract for the handyperson service to be funded via the Supporting People programme has been awarded and will complete 800 jobs per year.
- Expressions of Interest were sought in November to provide a case-finding and signposting service from January 09 to help older people access the support they need to improve health and well being.
- Work is continuing with the PCT to agree priorities for future investment in early intervention and prevention services

16 Leadership & Commissioning

- Work has started on improving the Directorate Performance Framework and the resources are being identified to deliver this. There remains a key post-holder on long term sick and this role will need to be covered in order to avoid slippage.
- Whilst the Social Care Reform Grant is being used to strengthen key parts of the infrastructure within HASS to support transformation there have been delays with the appointments due to the job evaluation process and internal restructure.

Corporate Priorities

17 The report relates to the corporate priority “ Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest

18 Implications

Financial - no implications arising directly from this report.

Human Resources – as above

Equalities – an Equalities Impact Assessment has been carried out on the revised, joint policies and procedures agreed by the Safeguarding Board. This was discussed at an event with local stakeholders on 5th November.

Legal – none arising directly from this report.

Crime and Disorder – closer links will be forged with the Safer City theme of the LSP.

Information technology – no implications arising directly from this report

Property – no implications arising from this report

Other – not applicable

Risk Management

19 The risk/s associated with the recommendations of this report are assessed at a net level below 16.

Recommendation

20 That the Advisory Panel advise the Executive Member to comment on the report on the inspection by the Commission for Social Care Inspection and the improvement plan presented to the meeting on 20th October.

Reason: To enable formal consideration of the inspection’s findings and the council’s response.

21 That the Advisory Panel Advise the Executive Member to agree to receive a progress report on the improvement plan in six month’s time at the June meeting.

Reason: To ensure effective scrutiny of the improvement plan.

Author:

Bill Hodson
Director
Housing and Adult Social
Services
554000.

Chief Officer Responsible for the report:

Bill Hodson
Director

Report Approved

Date 24th November
2008

Bill Hodson
Director

Report Approved

Date 24th November
2008

Specialist Implications Officer(s)

N/A

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

All

For further information please contact the author of the report

Background Papers:

Improvement Plan – Annex 1

Annexes:

Annex 1: CSCI Recommendations and City of York Council's Response

CSCI Recommendations and CYC's Response

The following plan summarises the projects and specific actions that will be undertaken to make the necessary improvements to implement the CSCI recommendations and build on current approaches within the Housing and Adult Social Services.

The overall plan will be overseen and monitored internally through the quarterly Portfolio Board and with regular progress reports provided to Members. The Portfolio Board involves the HASS DMT and is able to make decisions on the use of resources and required changes to the Improvement plan.

Individual projects will have a project board where appropriate and will have Assistant Directors taking responsibility for specific areas of the action plan.

Scrutiny & monitoring of the Improvement Plan will be within the following timetable over the next eighteen months:

Improvement theme	Scrutiny body	Purpose	Time scale
Safeguarding	HASS Portfolio Board	Progress report	Quarterly
	Council Management Team	Link to Corporate Priority- Safer City:	Annual – as part of corporate strategy review
	Safeguarding Adults Board	To oversee and scrutinise the 'whole' system of adult protection	Quarterly
	EMAP	Progress report- link to service plan	Quarterly
		Annual Safeguarding Report	June/July 09
Personalisation	Portfolio Board	Progress Report	Quarterly
	HASS Personalisation Project Board	To oversee and direct the project	Quarterly
	Council Management Team	Link to Corporate Priority- Health, well being & independence	Annual – as part of corporate strategy review
	EMAP	Progress report- link to service plan	Quarterly
Prevention	Portfolio Board	Progress report	Quarterly
	Joint Strategic Integrated Commissioning Group	To oversee and direct the joint commissioning projects agreed by CYC and NY&YPCT – one of which is Prevention	Quarterly
	Council Management Team	Link to Corporate Priority- Equalities, inclusion & diversity	Annual – as part of corporate strategy review
	EMAP	Progress report- link to service plan	Quarterly
Leadership	Portfolio Board	Progress report	Quarterly
	Council Management Team	Link to Corporate Priority- customer focussed 'can do' authority	Annual – as part of corporate strategy review
	EMAP	Progress report	Quarterly

Theme & CSCI Recommendations	CYC Lead & Summary of Response	Milestones
<p>SAFEGUARDING ADULTS</p> <p>Recommendation 1 The council and its partners should implement robust governance, performance management and quality assurance arrangements to achieve the key outcomes of keeping people safe. These should include the following;</p> <ul style="list-style-type: none"> • formalised and effective council scrutiny • comprehensive inter-agency procedures establishing minimum standards of practice and participation • multi-agency practice and performance monitoring through effective managerial oversight <p>Recommendation 2 The council and partners should ensure that competency-based skills training consistently completed by staff and managers undertaking key roles is in place and evaluated for impact</p>	<p>Lead: Anne Bygrave</p> <p>1 A Safeguarding Adults Board will be established solely for York with Executive Member involvement</p> <ul style="list-style-type: none"> • A revised Inter-Agency Policy has been adopted. Detailed procedures are being developed for application within the authority • Additional resources will be allocated within the authority for: <ul style="list-style-type: none"> ○ Management/coordination ○ Dealing with increased levels of investigation ○ Administration & support of inter-agency safeguarding Strategy meetings & case conferences ○ Utilisation of management information for reporting to the Board and Members <p>2 Full training audit undertaken of CYC staff and the inter-agency training plan implemented</p>	<p>First York SAB meeting – 4th Nov 2008 First report to EMAP – February 2009 Revised annual report in June 2009</p> <p>First meetings of sub-groups in December 2008/January 2009</p> <p>Staff briefings on revised procedures – Jan 2009</p>

<p>Recommendation 3 The council and partners should ensure that the annual safeguarding report sets out comprehensive activity data and performance analysis set against a measurable work programme and objectives to track improvements year-on-year</p> <p>Recommendation 4 The council and its partners should promote awareness of safeguarding adults' issues through all available media so that local people are aware of the steps they can take to reduce risk and report concerns</p> <p>Recommendation 5 The Safeguarding Adults Board should ensure that people who have been or consider themselves to be at risk of harm have opportunities to shape the local safeguarding agenda and priorities</p> <p>Recommendation 6 The council and partners should develop an effective serious case review protocol</p>	<p>3 York SAB will report quarterly to EMAP with revised annual report in 2009</p> <ul style="list-style-type: none"> • 4& 5 A sub-structure of focussed groups will be put in place that is accountable to the York SAB for: <ul style="list-style-type: none"> ○ Performance/activity monitoring ○ Practice development and training ○ Public awareness and stakeholder involvement including those who have experienced safeguarding processes ○ Provider involvement <p>6 A Serious Review protocol has been agreed and is being signed off by partner agencies</p>	<p>Continued support from joint CYC/NYCC Safeguarding Co-ordinator until 31 Dec 08. Additional CYC capacity (Service Manager, Social Care Manager, & minute taker) in post from Jan 2009</p> <p>Training plan to be considered by York SAB's 'Practice & Development Training' sub-group in Jan 2009 with York SAB and constituent organisations agreeing level of resources to support training programme in April 2009</p> <p>Serious case review system to be in place and delivered through the new Service Manager post from Jan 2009</p>
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<p>PERSONALISED SERVICES</p> <p>Recommendation 7 The council and its partners should work jointly to ensure that discharge arrangements are cohesive and effective demonstrating good quality outcomes for older people</p> <p>Recommendation 8 The council and its partners should implement the Single Assessment Process (SAP) in accordance with national expectations</p> <p>Recommendation 9 The council should ensure that assessment and care management and services are in place to deliver beneficial and personalised outcomes that promote wellbeing</p> <p>Recommendation 10 The council should work with its partners to effectively promote and support the use of advocacy services for older people</p>	<p>Lead: Anne Bygrave</p> <p><u>7 Hospital Discharge</u></p> <ul style="list-style-type: none"> • Review of policy & protocol has been agreed • Review audit & performance structure • Develop multi-agency training programme <p><u>8 Single Assessment Process</u></p> <ul style="list-style-type: none"> • SAP agreed by Joint Strategic Integrated Commissioning Executive as the underpinning tool to link the customer/patient pathway management in all four joint commissioning projects • Project steering groups are putting the detailed plans together • Local York SAP board has agreed to pilot the introduction of person held records in the East of the City in: <ul style="list-style-type: none"> - Older people's mental health services - Supporting people services <p><u>9 Personalisation</u></p> <ul style="list-style-type: none"> • CYC has decided to move to personalisation through the total transformation programme of 'In Control'. This approach has been applied in Learning Disability services since 2007, and is now being extended into the other areas of adult social care. A Personalisation Board is already in existence and it will oversee this total transformation agenda <p><u>10 Advocacy</u></p> <ul style="list-style-type: none"> • Commissioners will be considering the advocacy provision in the city along with PCT in the light of the four joint commissioning projects, the transformation programme and the response to the MH Act implementation 	<p>New Discharge Policy agreed by April 09 Revised structure in place by Jan 09 Fully established by Dec 2009</p> <p>Consultant trainer providing joint training to staff across partner agencies Oct-Dec 08 Up to 250 clients with person held records by Xmas 08</p> <p>Presentation to Councillors – Nov 08 Team briefings – Nov 08-Jan 09 Workshops for customers – Jan-Mar 09</p> <p>Investment programme in place from April 2009</p>
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<p>PREVENTATIVE SERVICES</p> <p>Recommendation 11 The council should ensure that the needs of black and minority ethnic elders are met through the development of culturally sensitive services and self-directed support opportunities</p> <p>Recommendation 12 The council should review and revise the Minimum Guaranteed Standards to ensure that it makes the maximum contribution to the delivery of personalised services that promote wellbeing and independence in line with council objectives</p> <p>LEADERSHIP & COMMISSIONING</p> <p>Recommendation 13 The council should strengthen its leadership role in relation to safeguarding by the full engagement of councillors in the development, scrutiny and evaluation of arrangements</p>	<p>11 Lead: Keith Martin <u>Diversity</u></p> <ul style="list-style-type: none"> Progress on the diversity agenda will be monitored by the Equality and Development Manager, the HASS Equality Network, HASS DMT and report to the Directorate Equality Leads Group and the Corporate Equality Leadership group <p>12 Lead: Anne Bygrave <u>Minimum Guaranteed Standards</u></p> <ul style="list-style-type: none"> Revise and implement <p>13 Lead: Bill Hodson <u>Safeguarding</u> Executive Member involvement in York Safeguarding Adults Board, and quarterly York SAB reports to EMAP</p>	<p>HASS Equality & Information Development Manager post introduced Oct 08</p> <p>Revised Minimum Guaranteed Standards implemented by March 09</p> <p>First York SAB on 4th Nov 08 First York SAB report to EMAP February 09</p>
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<p>Recommendation 14 The council should develop a comprehensive performance management and quality assurance framework across all adult social care areas</p>	<p>14 Lead: Bill Hodson <u>Developing a Performance Management Framework</u> Two stages: <u>Stage One</u> Development of a framework – to include agreement on, eg: <ul style="list-style-type: none"> ○ DMT governance ○ Component parts ○ Coordination of data across HASS; Council; indpt sector ○ Customer & staff engagement <u>Stage Two</u> Development of processes required to make this framework actually happen as part of everyday business</p>	<p>Framework developed by Jan 09</p>
<p>Recommendation 15 The council should introduce measures to assure the content and quality of supervision within a whole system approach to individual performance development</p>	<p>15 Leads: Anne Bygrave, Keith Martin, Graham Terry Supervision- There will be a specific focus on building on and improving current supervision processes within the performance framework and work force development plan. This will include: <ul style="list-style-type: none"> • Existing supervision template to be updated to incorporate additional prompts (eg safeguarding) • guidance to staff, managers and supervisors on mutual responsibilities • provision of management information reports for use in supervision • monitoring of supervision timetables and quality through group and Service Managers. • Assistant Directors to ensure HASS supervision policy is followed consistently </p>	<p>Briefing for managers/staff by Dec 09 Audit of supervision records in January to March 2009</p>
<p>Recommendation 16 The council should ensure a robust approach to multi-agency workforce planning is in place to support the delivery of its objectives</p>	<p>16 Lead: Graham Terry <u>Workforce Planning</u> A four step approach. 1)An assessment of the current position, 2)and future needs, 3)conduct a comparison between future needs and current workforce to 4)produce a WDP plan to address the gaps. The Plan and its production will be co-ordinated by a new Workforce Development and Training Manager and be supported by the HASS Workforce Development Group and report to the HASS Portfolio Board. Workforce development is also being addressed as part of the Corporate Strategy Single Improvement Plan.</p>	<p>Workforce Development Plan completed by end of March 09</p>

<p>Recommendation 17 The council should ensure that staff and people who use services are effectively engaged with and supported through organisational change</p> <p>Recommendation 18 The council should ensure that managers are fully equipped to deliver organisational change and effective services through the provision of a comprehensive management development programme</p>	<p>Staff & Community engagement</p> <p>17) Lead: Bill Hodson <u>Staff</u></p> <ul style="list-style-type: none"> • Using the councils management of change policy and guidelines that include the engagement of and support for staff . • the overall long-standing communication systems in place in the Directorate- regular monthly staff newsletters & bulletin • within the delivery timetable of each individual project plan. <p>Community engagement This is currently covered through a range of stakeholder groups and events, including the existing Partnership Boards, strategy groups, Fora and consultation events. This will be extended within the specific project delivery plans for Personalisation, safeguarding and prevention. On November 5th there is a council wide public event to engage stakeholders in Equality Impact Assessments on key strategies.</p> <p>18) Lead: Bill Hodson/Graham Terry <u>Management Development</u> Continue to implement the Councils Leadership and Management Standards (LAMS) and monitor the take up of the managing for results programme within the quarterly training monitoring report to DMT. The development needs of Managers will be included within the workforce development plan</p>	<p>Ongoing monthly</p> <p>October 08</p> <p>March 09</p>
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<p>Recommendation 19 The council with partners should ensure that strategic planning and commissioning is supported by the incorporation of measurable objectives and financial information</p>	<p>19) Lead: Keith Martin <u>Strategic commissioning and financial planning</u> Next stage development of the Long Term Commissioning Strategy for Older People will include measurable objectives and financial information utilising our existing practice in the Supporting People Commissioning and Planning process. Within HASS the emphasis in the financial planning for 09/10 and beyond has been to:</p> <ul style="list-style-type: none"> • allocate reform grant funding to support the change agenda for personalisation and prevention, with an increase in the capacity required for the delivery of the projects that will mark these transformations • improving the capacity to manage the improvement agenda within adult services • through coordinating safeguarding within the Council with a dedicated Safeguarding Service Manager and administration, and reviewing processes and procedures in order to improve the quality & timeliness of the Care management responses. • Focussing the strategic commissioning and partnerships within one Assistant Director role. 	<p>Completed for 08/09 Decisions logged appointments underway for December 08</p> <p>November 08</p>
<p>Recommendation 20 The council should develop team plans derived from council, directorate and service plan objectives and ensure teams set specific and monitorable goals to deliver continuous improvement.</p>	<p>20) Leads: Anne Bygrave, Keith Martin, Graham Terry</p> <ul style="list-style-type: none"> • <i>Service Planning</i> the proposed timetable for this is attached. The HASS process for completion of the Service Plans will involve: <ul style="list-style-type: none"> o Refresh of the key HASS objectives- completed o Reviewing current plans within the context of the revised portfolios for Assistant Directors o Developing Team Plans to reflect the Portfolio plans o 2009/10 Budget proposals to EMAP o EMAP review and approve 2009/10 service plans o Team Plans finalised <p>Reflecting the team plans within the PDR's of individual staff and subsequent monitoring through supervision</p>	<p>Aug 08 Dec 08</p> <p>Nov 08 Jan 09 March 09 March 09 From April 09</p>



Meeting of Executive Member for Housing and Adult Social Services and Advisory Panel

8th December 2008

Report of the Director of Housing and Adult Social Services

Annual Performance Assessment of Adult Social Services 2007/8

Purpose of Report

1. To inform the Executive Member of the outcome of the annual performance rating by the Commission for Social Care Inspection (CSCI) of adult social services in York.

Performance Rating

2. A Performance Assessment Notebook is compiled by CSCI during the course of the year (in this case 2007/8). This consists of the performance information against key indicators but also the evidence of our progress against national and local priorities.
3. This evidence is then compared against national standards for each of the seven outcomes for adults (to rate the performance in delivering outcomes for people):
 - Improved health and emotional well-being
 - Improved quality of life
 - Making a positive contribution
 - Increased choice and control
 - Freedom from Discrimination and Harassment
 - Economic well-being
 - Maintaining dignity and respect
 as well as two additional criteria (to rate the capacity for improvement):
 - Leadership
 - Commissioning and Use of Resources
4. In addition, consideration is given to the findings of the Independence, Well-Being and Choice (IWC) inspection that was reported to members at the 20th October meeting.
5. CSCI have written to the Director to confirm their assessment:

• Delivering outcomes:	Adequate
• Capacity for improvement:	Uncertain
• The overall performance rating is	1 Star

6. A copy of the letter is attached at Annex 1.

7. This is clearly a disappointing outcome although not unexpected given the outcome of the inspection as it matches those findings. As reported to members in October the current round of inspections utilises a new methodology that is focussed on improvement with the majority of councils assessed so far coming out as Adequate for Safeguarding.
8. The first judgement on Delivering Outcomes is determined by a rating for each of the seven outcomes set out in paragraph 3 above. To be assessed as Good an authority needs to have at least 4 outcomes rated as Good. For 2007/8 4 of these outcomes have been rated as Adequate and 3 as Good (Outcome 7 was rated Good in 2006/7 but limited to Adequate in 2007/8 following the inspection findings).
9. The second judgement is based on an assessment of Leadership (which includes having involvement of staff and customers in shaping strategy; having comprehensive service planning in place at all levels; training and development; performance management) and Commissioning (which includes population needs analysis; value for money and financial management; involving customers and benchmarking; understanding and managing markets for care). The IWC inspection concluded that the Capacity for Improvement in relation to the areas looked at was Uncertain and this has clearly had a major influence on the overall annual rating.
10. Members will see that the judgement is a narrow one. A change in the rating of one of the first seven outcomes would have resulted in a 2 star rating overall. Representations were made on the assessment given the evidence provided but the judgements have remained the same. Representations were also made on the Capacity for Improvement as there has been a lot of good work done especially in relation to commissioning. However, that judgement has also remained unchanged.
11. Having said that it is crucial that a positive response is now made to the issues raised by CSCI. Annex 2 is the summary report of the CSCI findings, which sets out the strengths and the areas for development. We will be required to report back to CSCI, through our regular business meetings, about progress in tackling the areas for development. Given the rating for 2007/8 a high level improvement plan will be drawn up and shared with members on the Key Areas for Development (see Annex 1) so that there can be closer member scrutiny of progress on the key issues. This will need to be developed alongside the improvement plan already in place following the IWC inspection.

Consultation

12. The report is primarily for information.

Options

13. The report is primarily for information.

Analysis

14. The evidence provided by CSCI to support this finding is set out in the Performance Assessment Notebook. This is a very lengthy document

that runs to 174 pages. The full document is available for members on request.

Corporate Priorities

15. This primarily relates to the priority 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

16. **Financial** - no implications arising directly from this report although there may be investment issues associated with tackling the shortfalls in performance in some areas that have yet to emerge from the improvement plan.
17. **Other**

- **Human Resources** – the areas for development include continuing to improve performance on reducing sickness absence and the development of multi-agency workforce planning.
- **Equalities** – monitoring of take up of services by people from ethnic minorities remains a key performance indicator and there is a requirement for the council to ensure there is fair access for all sections of the community.
- **Legal** – no implications arising directly from this report
- **Crime and Disorder** - no implications arising directly from this report
- **Information technology** - no implications arising directly from this report
- **Property** – no implications arising directly from this report
- **Other** – not applicable

Risk Management

18. It was reported to members last year that sustaining improvement in 2007/8 would be a major challenge in relation to performance on some key areas. A risk score of under 16 has been assessed in terms of securing improvements from the present position.

Recommendation

19. That the Advisory Panel advise the Executive Member to comment on the annual performance assessment of adult social care by CSCI.

Reason: To ensure that the improvements achieved in 2006/7 are recognised by the council and that members are aware of the areas highlighted for improvement in the future

20. That the Advisory Panel advise the Executive Member to agree to receive an Improvement Plan at the January or February meeting.

Reason: To ensure that progress is being made on the Key Areas for Development.

Author:

Bill Hodson
Director
Housing and Adult Social
Services
554000.

Chief Officer Responsible for the report:

Bill Hodson
Director

Report Approved

Date 24th November
2008

Bill Hodson
Director

Report Approved

Date 24th November
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:

Annexes

1. Letter from the CSCI Regional Director and Summary report of 2007/8 Annual Performance Assessment of Social Services for Adult Services for the City of York Council



Making Social Care
Better for People

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Mr B Hodson
Director of Housing and Adult
Social Services
City of York Council
Customer Advice Centre
George Hudson Street
YORK
YO1 6ZE

27th October 2008

Ref RR/RS

Dear Mr Hodson

PERFORMANCE SUMMARY REPORT of 2007-08 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES FOR THE CITY OF YORK COUNCIL

Introduction

This performance summary report summarises the findings of the 2008 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is the final copy of the performance assessment notebook (PAN), which provides a record of the process of consideration by CSCI and from which this summary report is derived. You will have had a previous opportunity to comment on the factual accuracy of the PAN following the Annual Review Meeting.

The judgments outlined in this report support the performance rating notified in the performance rating letter. The judgments are

- Delivering outcomes using the LSIF rating scale

And

- Capacity for Improvement (a combined judgement from the Leadership and the Commissioning & Use of Resources evidence domains)

The judgment on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31st January 2009) and to make available to the public, preferably with an easy read format available.

ADULT SOCIAL CARE PERFORMANCE JUDGMENTS FOR 2007/08

Areas for judgment	Grade awarded
Delivering Outcomes	Adequate
Improved health and emotional well-being	Adequate
Improved quality of life	Adequate
Making a positive contribution	Good
Increased choice and control	Adequate
Freedom from discrimination and harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Adequate
Capacity to Improve (Combined judgment)	Uncertain
Leadership	Uncertain
Commissioning and use of resources	Uncertain
Performance Rating	1 STAR

The report sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action CSCI will take.

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for development
All people using services	
<ul style="list-style-type: none"> • Information for healthy lifestyles is readily available • For minority groups an interpretation and translations strategy has been introduced to improve access to services from those who do have English as a second language • Effective joint working with the PCT and Acute Trust on further Intermediate Care development should assist the development of preventative services • The IWC Inspection reported that the Age Concern home from hospital service was excellent • The Council has made sound efforts with respect to services that promote independence (for example Telecare, progressing Intermediate Care developments with partners) • Improved waiting times for the prompt provision of minor adaptations • A high percentage of items of equipment and adaptations are delivered within seven working days • A positive focus on developing safer communities and crime reduction • It is reported that residents indicate a good level of satisfaction and feeling safe living in York, including increased levels of take up from the warden service 	<ul style="list-style-type: none"> • The Council should ensure that assessment and care management and services are in place to deliver personalised outcomes that promote wellbeing • Increase the number of service users whose needs for support are reviewed, and increase in the numbers receiving a statement of their needs • Further development of the range of preventive services to promote independence for people and help more people to live at home including the provision of intensive home care • Improved waiting times for the delivery of major adaptations • Development of the provision of extra care housing and a clear forward strategy for such future development • Progress in the take up of people and users self-assessing their needs • The Council and partners should implement the SAP in accordance with national expectations • Equality Standards: further work is needed to ensure that all of the standards are implemented • Race Equality Standards: to ensure that access and take up of services is ongoing for people from ethnic minority backgrounds

<ul style="list-style-type: none"> • The numbers of working age adults admitted to residential care has decreased • The Council has engaged carers, people with learning and physical disabilities and older people to help review and design future arrangements for care provision • A conference on avoidance of bullying and harassment for people with learning disabilities was supported by the Learning Disability partnership Board members • The Council can demonstrate a responsive attitude to complainants following a further significant fall in the number of complaints • The Council report using socio-economic demographical research data to target those with greater health and social care needs • The Council has positively embraced the 'in control' and individualised budgets approach for service users • Significant improvements have been made in the provision of direct payments • The Council has maintained a "moderate" threshold for access to care managed services • Effective systems and support with the PCT has enabled increased allocation of continuing care for people • Through effective engagement with the Department of Work and Pensions, to ensure people claim and receive their entitlements, nearly £1M has been gained • The Joint Strategic Needs 	<ul style="list-style-type: none"> • Improve the engagement with the BME communities within the council area • Access and take up of breaks services for people from black minority ethnic backgrounds, and ensure that under-represented groups have fair access to services • The Council should work closer with partners on a range of income maximisation issues and including fuel poverty etc, to address economic disparities, for people • The Council and partners should improve the coverage of adult safeguarding training within the independent sector • Continue to make improvements in rates of staff turnover and vacancies • The areas for improvement highlighted in the CSCI Independence Wellbeing and Choice Service Inspection for Older People with respect to safeguarding vulnerable people, Leadership etc
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<p>Assessment for the City of York has been completed ahead of the due submission date</p> <ul style="list-style-type: none"> The Council has made substantial improvements in absences of staff due to sickness 	
Older people	
<ul style="list-style-type: none"> The Council have continued to implement the leisure service plan for the over 50's The Councils Access & Information programme, has developed closer links with PALS at York Hospital Trust, particularly in relation to working with Older People and Age Concern in relation to preventative services and health Strong engagement older people via the Partnership Board to aid choice and control via information New ways of a more "person centred" approach are being implemented in the councils older people's homes There is a rich range of low-level support services provided by the 3rd sector (but knowledge and information about these were not sufficiently well known by staff.) 	<ul style="list-style-type: none"> The Council and partners should work jointly to ensure that hospital discharge arrangements are cohesive and effective, demonstrating good quality outcomes for older people The Council should ensure that assessment and care management and services are in place to deliver personalised outcomes that promote wellbeing Development of culturally sensitive services and self-directed support to meet the needs of black and minority ethnic elders The Council should work with its partners to effectively promote and support the use of advocacy services for older people Development of preventative services for people with mental health problems in conjunction with the PCT
People with learning disabilities	
<ul style="list-style-type: none"> The Council has a good working relationship with health providers and understands the health needs of people with learning disabilities Those small numbers of people who need a specialist service, have been given a choice of specialist support tailored to their needs, to promote as much independence as possible 	<ul style="list-style-type: none"> To continue to reduce the number of people who have learning disabilities who remain in NHS in-patient accommodation To enable those people with a learning disability into paid or voluntary work Increase the numbers of carers of working age and older (65+)

<ul style="list-style-type: none"> • Development of the 'changing places' and making York Accessible services • Consultation with carers and users with respect to the renewal programme for the day services for people with learning disabilities has achieved positive results • The Council has improved its allocation with respect to the provision of advocacy services and support for people with learning disabilities • The liaison matron function works reportedly effectively and prevents unnecessary admissions to hospital • The Council reports that there is an agreement with colleagues in adult education to support a learning programme in computing for people with learning and physical disability at one of the Councils new learning libraries • Extension of advocacy support services available to people with learning disabilities 	<p>people with learning disabilities, who receive assessments or reviews in the year</p> <ul style="list-style-type: none"> • To increase the numbers of planned short-term breaks for people with learning disabilities • To identify adults with profound learning disability and multiple physical and sensory disabilities and further develop services
People with mental health problems	
<ul style="list-style-type: none"> • The Council is effective in facilitating work opportunities for people with mental health problems • Development of low level support services following consultation for people with mental health problems 	<ul style="list-style-type: none"> • Development of preventative services for people with mental health problems in conjunction with the PCT
People with physical and sensory disabilities	
<ul style="list-style-type: none"> • Development of the 'changing places' and making York Accessible services • Those small numbers of people who need a specialist service, in particular, those with a disability have been given a choice of 	<ul style="list-style-type: none"> • To enable those people with a physical disability into paid or voluntary work • To identify adults with profound learning disability and multiple physical and sensory disabilities and further develop services

<p>specialist support tailored to their needs, to promote as much independence as possible</p>	
Carers	
<ul style="list-style-type: none"> • The Council is committed to consultation with carers and employ specific staff to focus on developing carer support services • The Council is effective in facilitating work opportunities for carers • There has been a significant contribution to helping people who are carers into training as well as employment opportunities 	<ul style="list-style-type: none"> • Continue to progress and review the strategy for the support of carers • To further extend the range of services for carers • Increase the numbers of carers of working age and older (65+) people with learning disabilities, who receive assessments or reviews in the year

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY OUTCOME

Improved health and emotional well-being

The contribution that the council makes to this outcome is adequate.

Overall there is evidence of joint working at both local and operational level and increasingly at strategic level, between health partners and the Council with an increasingly involved Primary Care services. In a number of areas this could be further strengthened. Intermediate care services are in place but there is evidence that further development of intermediate care services and co-ordination between partners is needed as a priority. The hospital discharge policy does not appear to be joint but health led, and monitoring of discharge arrangements was poor. The rates of delayed transfer have been reduced over the past 5 years, but are still high in relation to similar councils, and it is also important for the Council to demonstrate that people are being discharged to settings that effectively meet their needs.

There is less evidence as to the linkage to key council wide agendas such as health inequalities. There are a number of imaginative programmes to improve health, and use has been made of information and data to identify priority areas such as over 55's. There is less evidence as to impact of these programmes, such as actual reductions in smoking etc.

Some aspects of the CSCI Independence Well-being and Choice Service Inspection relate to this outcome.

Key strengths

- Information for healthy lifestyles is readily available
- The Council report using socio-economic demographical research data to target those with greater health and social care needs.
- For minority groups an interpretation and translations strategy has been introduced to improve access to services from those who have English as a second language
- The liaison matron function works reportedly effectively and prevents unnecessary admissions to hospital

Key areas for development

- The Council and partners should work jointly to ensure that hospital discharge arrangements are cohesive and effective (also outcome 4)
- To continue to reduce the number of people who have learning disabilities who remain in NHS in-patient accommodation
- Increase the number of service users whose needs for support are reviewed (also outcome 4)

Improved quality of life

The contribution that the council makes to this outcome is adequate.

A range of preventive services is being developed across the council with scope for further development, especially with the private sector. The activity, effort and direction for progressing services does not yet appear to be fully supported by outcomes evidence, or some performance indicators.

More older people are being admitted to residential care, along with decreasing levels of intensive home care services, and a continuing provision of preventive services such as Telecare. So while activity to maintain people at home in different ways and at lower levels of need is developing, more people are also not being enabled to stay at home. What is needed is a demonstration that the Council's strategy to help people to remain independent is having the effect of people being actively being directed away from intensive or care managed services for as long as possible. Overall this would appear to suggest that there is a need to both promote the range of services that reduce long-term admissions, together with improvements in intermediate care and preventative services.

There is a mixed picture in the Performance Indicator direction of travel in some elements of this outcome, along with sound efforts to develop services that promote independence. There were a significant number of areas for improvement in 2007-08, of which about half have made good/some progress, while the rest remain as areas for improvement, most notably concerning carers. The evidence as to whether people are more satisfied and have a better quality of life could be stronger.

The Council is considering outcome based commissioning with respect to the issuing of grants to the third sector. This appears to be at the beginning phases but is a platform for further development. But there is an increasing and wide range of direct access services being developed,

While there are now some plans to provide more extra care housing, the Council also indicates it has no clear forward plans for such developments.

The Council has made efforts to meet the needs of people with specific needs even though the numbers directly involved may be quite small; often these have positive impacts on a wider citizen group. The 'changing places' and making York Accessible are amongst these efforts.

The IWC Service Inspection of Older People contributed to a number of elements of this outcome, and the overall judgements and assessment. The IWC judgement on this outcome however is not fully sustained across the whole range of service user groups by the data and evidence within the Self Assessment Survey and other evidence provided by the Council.

Key strengths

- The Council has made sound efforts with respect to services that promote independence (for example Telecare, progressing Intermediate Care developments with partners)
- The IWC Inspection reported that the Age Concern home from hospital service was excellent
- The Council is committed to consultation with carers and employ specific

- staff to focus on developing carer support services
- Improved waiting times for the prompt provision of minor adaptations
- A high percentage of items of equipment are delivered within seven working days
- Development of the 'changing places' and making York Accessible services
- The numbers of working age adults admitted to residential care has decreased
- The Council reports that there is an agreement with colleagues in adult education to support a learning programme in computing for people with learning and physical disability at one of the Councils new learning libraries
- Those small numbers of people who need a specialist service, in particular, those with a disability have been given a choice of specialist support tailored to their needs, to promote as much independence as possible

Key areas for development

- The Council should review and revise the Minimum Guaranteed Standards to ensure that it makes the maximum contribution to the delivery of personalised services that promote wellbeing and independence in line with council objectives
- The numbers of older people admitted to residential care shows a substantial rise against the small increase of the helped to live at home.
- Further development of the range of preventive services to promote independence for people and help more people to live at home (learning and physical disability, older people, and those with mental health problems) including the provision of intensive home care
- Development of preventative services for people with mental health problems in conjunction with the PCT
- The rates of carers who receive a carer specific service is lower than similar councils, as well as those who receive carers breaks, and there is a need to further extend the range of services for carers
- The strategy for the support of carers needs to be further progressed
- Increase the numbers of carers of working age and older (65+) people with learning disabilities, who receive assessments or reviews in the year
- To improve waiting times for the commencement of major adaptations
- Development of the provision of extra care housing and a clear forward strategy for such future development
- Development of culturally sensitive services and self-directed support to meet the needs of black and minority ethnic elders
- To increase the numbers of planned short-term breaks for people with learning disabilities
- To identify adults with profound learning disability and multiple physical and sensory disabilities and further develop services

Making a positive contribution

The contribution that the council makes to this outcome is good.

The Council have in place a range of ways to engage with those who use services (or may do so) and their carers. People in a number of service user groups (older people, those with learning disabilities and carers in particular) are encouraged and enabled to contribute to service development and strategy. People are also able to contribute on a more individual level. The Council has engaged carers, people with learning disabilities and their carers and older people to help review and design future arrangements for care provision.

The engagement of the BME communities within the council area needs further development, and while the Council has arranged events to engage people from minority backgrounds there is little indication of the outcomes from this activity. There has been slow progress in the take up of people and users self-assessing their needs.

Key strengths

- The Council has consulted and worked with carers and users with respect to the renewal programme for the day services for people with learning disabilities, with positive results
- The Council has generally been responsive to consultations and these processes appear embedded in the council's planning processes.
- There is evidence that there is more engagement and participation with Older People and carers, in developing strategies and services, and other service user groups also have been able to contribute to strategic developments
- The results from customer surveys show a population that expresses satisfaction with service provision
- Development of low level support services following consultation for people with mental health problems

Key areas for development

- Progress in the take up of people and users self-assessing their needs
- The further engagement of the black and minority ethnic communities within the council area

Increased choice and control

The contribution that the council makes to this outcome is adequate.

The care management indicators show variable picture and performance. There appears insufficient attention to the promptness of assessments, and the quality of those assessments (as experienced by the service users/carers). There are also long waiting times for OT assessments, with, over a period of time with no clear plan to achieve improvement; with respect to reviews there has been no improvement on the performance since last year. This is also the case with regard to services for people with learning disabilities, where those carers for people with learning disabilities who received an assessment or review (working age and over 65) needs some attention in order to better meet this outcome. There are a number of areas where performance has declined.

The Independence Well-being and Choice Inspection (IWC) found that there are a number of significant practice and systems issues to be addressed that would improve the quality of services and make them more individualised. A number of these concern joint working with health partners. The Council needs to focus on assessment and care management processes as a priority. At the same time there are valued services, and areas where performance has improved. Generally, older people and their carers were satisfied with the quality of services they received and felt that their level of independence had benefited from the support given. The IWC Service Inspection of Older People contributed to most elements of this outcome, and the overall judgements and assessment. It made a number of recommendations relevant to this part of the outcome and these will be areas for improvement in 2008-09.

Key strengths

- Strong engagement of older people via the Partnership Board to aid choice and control via information
- The Council can demonstrate a responsive attitude to complainants following a further significant fall in the number of complaints and evidences it learns from complaints
- Extension of advocacy support services available to people with learning disabilities
- The Council has positively embraced the 'in control' and individualised budgets approach for service users
- Significant improvements have been made in the provision of direct payments
- A variety of developments within person centred care in the councils in-house older people's homes

Key areas for development

- The Council should ensure that assessment and care management services are in place to deliver beneficial and personalised outcomes that promote wellbeing, in particular for older people
- The Council and partners should implement the Single Assessment Process in accordance with national expectations
- The Council and partners should work jointly to ensure that hospital discharge arrangements are cohesive and effective, demonstrating good quality outcomes for older people
- The Council should work with its partners to effectively promote and support the use of advocacy services for older people
- Progress in the take up of people and users self-assessing their needs
- Increase the number of service users whose needs for support are reviewed and increase in the numbers receiving a statement of their needs
- Increase the numbers of carers of working age and older (65+) people with learning disabilities, who receive assessments or reviews in the year

Freedom from discrimination and harassment

The contribution that the council makes to this outcome is good.

The Council acknowledges that it still has work to do to ensure people's individual needs arising from diversity are fully met. It is starting to respond positively to this area and has demonstrated engagement, but this has yet to fully result in substantial change and impact. It is positive that the Council has been able to maintain a "moderate" threshold for access to care managed services.

The Council also provides assessments to all enquirers. The voluntary and independent sector services are able to respond to a range of needs, particularly in relation to preventive services. However, there are falls in the indicators that are intended to show the accessibility of services and support to all people in York. Although the Council are endeavouring to address minority issues through the personalisation agenda, it has not shown that its services are yet fully accessible; for example the number of direct payments taken up by BME individuals, and the number of respite breaks taken up by these communities.

Further work is needed to ensure that all of the Equality standards are implemented.

Key strengths

- The Council has maintained a "moderate" threshold for access to care managed services
- The Council has improved its allocation with respect to the provision of advocacy services and support for people with learning disabilities

Key areas for development

- Equality Standards: further work is needed to ensure that all of the standards are implemented
- Race Equality Standards: to ensure that access and take up of services is ongoing for people from ethnic minority backgrounds

Economic well being

The contribution that the council makes to this outcome is good.

Overall a partnership approach is demonstrated in contributing to this outcome. The links between the Council and the wider employment market are positive in both improving economic wellbeing and addressing the barriers such as prejudice and ignorance. Some of this effort is not however balanced by the outcomes, for example for learning disabled people in terms of actual entry into employment, against the plans. The Council has some useful approaches such as "job carving", and creative possibilities such as social enterprises are being used as part of a broad based range of options.

The Council reports that that it is effective in facilitating work opportunities for carers and people with mental health problems. It has made a significant contribution to helping people who are carers into training as well as employment opportunities. There has been a drop in those with learning disabilities into paid or

voluntary work, and the level of those with physical difficulties moving into work (15 of the 30 within the Workstep programme), appears low.

The Council could work closer with partners on a wider range of income maximisation issues and including fuel poverty etc, to address economic disparities, for service users.

The Council has recently researched the characteristics of 'self-funders' in the care system and why some ward areas perform better with respect to helping people to continue to live at home.

Key strengths

- Effective systems and support with the PCT has enabled increased allocation of continuing care for people
- The Council is effective in facilitating work opportunities for carers and people with mental health problems
- Through effective engagement with the Department of Work and Pensions, the Council has been able to demonstrate that nearly £1M has been gained through ensuring people claim and receive their entitlements

Key areas for development

- The Council should work closer with partners on a wider range of income maximisation issues and including fuel poverty etc, to address economic disparities, for people
- To enable those people with a learning or physical disability into paid or voluntary work

Maintaining personal dignity and respect

The contribution that the council makes to this outcome is adequate.

Overall safeguards against abuse, neglect or poor treatment whilst using services are adequate. There are examples of good safeguarding practice, with appropriate and timely initial responses, and a new safeguarding policy and procedure has been introduced. But a number of key management processes, training, and strategic leadership and oversight require improvement.

The inspection team considered that the Executive member and Leader of the council were supportive of the strong and ambitious leadership evident at chief officer and senior manager level in Housing and Adult Social Services. However this support needed to be strengthened by a much greater depth of councillor knowledge and challenge to service activity and performance, particularly for safeguarding. Councillors were not sufficiently engaged with the oversight and development of effective safeguarding arrangements.

Further details of the key findings are within the Inspection Report. (Cross refer also to Leadership).

The Council has increased the number of their staff also the % of those in the independent sector who have received training about vulnerable adults, but the latter remains low overall within the York area, and comparatively to similar councils. The Council have implemented arrangements to meet the requirements of the Mental Capacity Act.

The Council has developed a volunteer network to undertake 'dignity surveys', and this is now being taken forward jointly by the lead Service manager for EPH's jointly with the PCT 'Dignity' lead officer.

Key strengths

- The rates of safeguarding referral and completed cases indicate that the Council has been more proactive than in previous years
- The Council provides the vast majority of people in care settings with a single room
- The Council has further engaged the independent sector in vulnerable adults training and the estimated coverage is now 20%, but this is still lower than other councils
- The % of staff in Adult Social Care having received training about vulnerable adults has increased (to 77%), (however lower than similar councils)
- Safeguarding alerts were generally responded to in a timely fashion, and there were also examples of good casework with staff taking prompt action to ensure people were protected
- Work is in hand to explore the reasons for high levels of financial abuse, and to develop ways of addressing the issues
- Those participants had experienced "alserter" training, particularly where led by an external consultant, as "excellent"

Key areas for development

- The Council and its partners should implement robust governance, performance management and quality assurance arrangements to achieve the key outcomes of keeping people safe. These should include the following;
 - formalised and effective council scrutiny
 - comprehensive inter-agency procedures establishing minimum standards of practice and participation
 - multi-agency practice and performance monitoring through effective managerial oversight
- The Council should strengthen its leadership role in relation to safeguarding by the full engagement of councillors in the development, scrutiny and evaluation of arrangements (See also Leadership)
- The Safeguarding Adults Board should ensure that people who have been or consider themselves to be at risk of harm have opportunities to shape the local safeguarding agenda and priorities
- The Council and partners should ensure that the annual safeguarding report sets out comprehensive activity data and performance analysis set

against a measurable work programme and objectives to track improvements year-on-year

- The Council and partners should develop an effective serious case review protocol.
- The Council and partners should ensure that competency-based skills training consistently completed by staff and managers undertaking key roles is in place and evaluated for impact
- The Council and its partners should promote awareness of safeguarding adults' issues through all available media so that local people are aware of the steps they can take to reduce risk and report concerns
- The Council and partners should improve the coverage of adult safeguarding training within the independent sector
- Further development and monitoring of National Dignity Guidelines

Capacity to improve

The council's capacity to improve services further is uncertain.

While Housing and Adult Social Services have ambition and direction for the future shaping and delivery of personalised and preventive services, and the Council as a whole is supportive of this ambition, the overall performance and delivery on outcomes and against performance indicators, together with the findings of the IWC Service Inspection, raises questions as to the capacity to further improve services.

Strong corporate functions are supporting well established social care services. However this support needed to be strengthened by a much greater depth of councillor knowledge and challenge to service activity and performance, particularly for safeguarding.

The early stages of planning for transforming services is underway with a draft 5-year investment plan. This represents a substantial change and development process to be achieved in a relatively short time period, which will require sustained leadership.

Overall the council is engaged on an across the board programme of modernising services (older people long term commissioning and remodelling service provision, learning disability day centre reprovision etc) However some aspects of strategic partnership work – especially with health – are at an early stage of engagement, following a challenging period of financial difficulties within the PCT. Joint commissioning is at an early stage and the potential forward work to realise the joint ambitions, is substantial.

While a number of areas identified for improvement in 2006-07 have made gains, quite a number have not (or have declined). There appears to be a gap between activity taking the council forward and a number of the Performance Indicators.

Performance is below the average of similar councils or England averages, on a significant number of performance measures.

However, the Independence Wellbeing and Choice (IWC) Service Inspection considered that strategic planning was aspirational (in relation to older people), and the council was significantly off the national pace in relation to social care services operating within a performance management culture. Performance on national indicators in relation to other councils would support this view.

Within Human Resources substantial improvements with regard to sickness absence have been made, though there remain a number of issues where improvement will be vital to achieving the councils ambitions. A number of the Inspections recommendations from other outcomes (4 and 7) impact on this capacity to improve domain.

In relation to commissioning, the council has completed it's Joint Strategic Needs Assessment, health improvement is well embedded in council activity. The data for both children's and adult's services has been drawn together with health to form a coherent understanding of need in York.

There are 4 priority work streams for joint commissioning development between the council and the PCT. The Council have an understanding of their local markets and are engaging with providers, but as they are not the major players as commissioners (there are many self funders) this poses particular challenges, especially to influence and shape the market for personalised services. More work remains to be done in this respect.

While the council continues to be funded at a low per capita basis in relation to other councils, there is clear evidence that financial management and value for money is achieved. However sometimes this may be at the cost of quality services for users.

Key strengths

Leadership

- The Council is already taking action in relation to some areas of the IWC Inspection report findings, and will shortly finalise a comprehensive action plan
- Strong corporate functions are supporting well established social care services
- Good engagement with most user groups on strategy and service developments for the future
- There is a new sense of partnership and engagement between the council and the PCT, which is now in a financial position to develop joint commissioning further
- The Council has made substantial improvements in absences of staff due to sickness

Commissioning and use of resources

- Good engagement with partners on an across the board programme of modernising services and remodelling service provision

- The Council have an understanding of their local markets and are engaging with providers
- The Joint Strategic Needs Assessment for the City of York has been completed ahead of the due submission date

Key areas for development

Leadership

- The Council should strengthen its leadership role in relation to safeguarding by the full engagement of councillors in the development, scrutiny and evaluation of arrangements
- The Council should develop a comprehensive performance management and quality assurance framework across all adult social care areas
- The Council should introduce measures to assure the content and quality of supervision within a whole system approach to individual performance development
- The Council should ensure a robust approach to multi-agency workforce planning is in place to support the delivery of its objectives
- The Council should ensure that staff and people who use services are effectively engaged with and supported through organisational change
- The Council should ensure that managers are fully equipped to deliver organisational change and effective services through the provision of a comprehensive management development programme
- The Council should develop team plans derived from council, directorate and service plan objectives and ensure teams set specific and monitorable goals to deliver continuous improvement
- Continue to make improvements in rates of staff turnover and vacancies

Commissioning and use of resources

- Development of joint commissioning activity with the PCT
- To further develop the local market of social care services to influence and shape the market for personalised services
- The Council with partners should ensure that strategic planning and commissioning is supported by the incorporation of measurable objectives and financial information

Yours sincerely



REGIONAL DIRECTOR

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