

MEETING: CABINET MEMBER - HEALTH AND SOCIAL CARE
DATE: Wednesday 23 December 2009
TIME: 12.00 pm
VENUE: Town Hall, Bootle (video conferenced Town Hall, Southport)

Councillor

DECISION MAKER: Councillor Griffiths
SUBSTITUTE: Councillor Parry

SPOKESPERSONS: Councillor Brennan Councillor D Rimmer

SUBSTITUTES: Councillor Friel Councillor Preston

COMMITTEE OFFICER: Ian Williams
Telephone: 0151 934 2788
Fax: 0151 934 2034
E-mail: ian.williams@legal.sefton.gov.uk

The Cabinet is responsible for making what are known as Key Decisions, which will be notified on the Forward Plan. Items marked with an * on the agenda involve Key Decisions

A key decision, as defined in the Council's Constitution, is: -

- any Executive decision that is not in the Annual Revenue Budget and Capital Programme approved by the Council and which requires a gross budget expenditure, saving or virement of more than £100,000 or more than 2% of a Departmental budget, whichever is the greater
- any Executive decision where the outcome will have a significant impact on a significant number of people living or working in two or more Wards

If you have any special needs that may require arrangements to facilitate your attendance at this meeting, please contact the Committee Officer named above, who will endeavour to assist.

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AGENDA

Items marked with an * involve key decisions

<u>Item No.</u>	<u>Subject/Author(s)</u>	<u>Wards Affected</u>
1.	Apologies for Absence	
2.	Declarations of Interest Members and Officers are requested to give notice of any personal or prejudicial interest and the nature of that interest, relating to any item on the agenda in accordance with the relevant Code of Conduct.	
3.	Minutes of Previous Meeting held on 11 November 2009	(Pages 5 - 6)
4.	Common Financial Assessment Project Report of the Strategic Director – Adult Social Services (Health and Social Care)	All Wards (Pages 7 - 10)
5.	Disabled Facilities Grants Programme Report of the Strategic Director – Adult Social Services (Health and Social Care)	All Wards (Pages 11 - 14)
6.	Performance Information Report Quarter 2, 2009-10 Report of the Strategic Director – Adult Social Services (Health and Social Care)	All Wards (Pages 15 - 52)
7.	Sefton Affordable Warmth Strategy Review 2009 Report of the Head of Regeneration and Technical Services	All Wards (Pages 53 - 64)

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THE "CALL IN" PERIOD FOR THIS SET OF MINUTES ENDS AT 12 NOON ON FRIDAY 19 NOVEMBER 2009.

CABINET MEMBER - HEALTH AND SOCIAL CARE

MEETING HELD AT THE TOWN HALL, BOOTLE WEDNESDAY 11 NOVEMBER 2009

PRESENT: Councillor Griffiths

ALSO PRESENT: Councillors Brennan and D Rimmer

41. APOLOGIES FOR ABSENCE

No apologies for absence were received.

42. DECLARATIONS OF INTEREST

No Declarations of Interest were received.

43. MINUTES OF PREVIOUS MEETING HELD ON 14 OCTOBER 2009

RESOLVED:

That the minutes of the previous meeting held on 14 October 2009 be confirmed as a correct record.

44. REVENUE AND CAPITAL EXPENDITURE MONITORING TO SEPTEMBER 2009

The Cabinet Member considered the report of the Director of Health and Social Care that provided the forecast position, based on information as at the 30 September 2009 in relation to the Health and Social Care Portfolio's 2008/09 Revenue Budget and Capital Programme.

The report also sought a view on whether any comments should be made to the Cabinet regarding the overall performance of the Portfolio's Revenue Budget and the schemes within Capital Programme.

RESOLVED: That

- (1) the progress on the Health and Social Care Portfolio's revenue budgets that are subject to risk-based monitoring be noted;
- (2) the action taken by the Director of Health and Social Care to find savings to offset the identified overspends be noted;
- (3) the progress made on schemes within the Portfolio's element of the Council's Capital Programme be noted; and
- (4) the report be forwarded to Cabinet for information.

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Agenda Item 4

REPORT TO: Cabinet Member – Health and Social Care
Cabinet

DATE: 23rd December 2009
14th January 2010

SUBJECT: Common Financial Assessment Project

WARDS AFFECTED: None directly

REPORT OF: Charlie Barker
Strategic Director Adult Social Services (Health and Social Care)

CONTACT OFFICER: Keith Baines, Business Transformation Team
Tel.: 0151 934 4428

**EXEMPT/
CONFIDENTIAL:** No

PURPOSE/SUMMARY:

To seek approval from the Cabinet Member to include funding received from the North West Improvement and Efficiency Partnership (NWIEP) into the Capital Programme for the purpose of improving the efficiency of Financial Assessments.

REASON WHY DECISION REQUIRED:

To comply with the Council's constitution.

RECOMMENDATION(S):

The Cabinet Member is recommended to:-

- i) approve the Common Financial Assessment Project as detailed in this report;
- ii) refer the funding of up to £150,000 to Cabinet for inclusion in the Health and Social Care Capital Programme 2009/10, noting that financial commitment will only be entered into as and when grant approval is gained for each phase of the project.

KEY DECISION: No

FORWARD PLAN: Not Appropriate

IMPLEMENTATION DATE: Immediately following the call-in period for the minutes of this meeting.

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ALTERNATIVE OPTIONS: None

IMPLICATIONS:

Budget/Policy Framework:

A grant of £200k has been approved by the Northwest Regional Efficiency Programme for Sefton, Lancashire and Tameside. Sefton will use up to £150k of this fund to cover the cost of running the project. No other funds will be required. At the time of writing this report, grant approval for phase 1 of the project in the sum of £38,701 has been received. Financial commitment will only be entered into as and when grant approvals for further phases are made.

Financial:

<u>CAPITAL EXPENDITURE</u>	2009/ 2010 £	2010/ 2011£	2011/ 2012 £	2012/ 2013 £
Gross Increase in Capital Expenditure	£150K			
Funded by:				
Sefton Capital Resources				
Specific Capital Resources	£150K			
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/	June 2010			
How will the service be funded post expiry?	N/A – one off project			

Legal:

None

Risk Assessment:

If the recommendation is not approved, the funds cannot be included in the capital programme and the work cannot be undertaken

Asset Management:

none

CONSULTATION UNDERTAKEN/VIEWS

FD 250 -

Officers from the following organisations have been involved in the application for this grant and the planning of the project: Sefton H&SC directorate, North West Electronic Government Group, DWP, Lancashire Council H&SC Directorate and Tameside H&SC Directorate

Agenda Item 4

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		X	
2	Creating Safe Communities	X		
3	Jobs and Prosperity		X	
4	Improving Health and Well-Being	X		
5	Environmental Sustainability		X	
6	Creating Inclusive Communities		X	
7	Improving the Quality of Council Services and Strengthening local Democracy	X		
8	Children and Young People		X	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

None

BACKGROUND:

1. Recent work in South Lakeland has shown that, for vulnerable older people, there are over 25 eligibility checks across 47 services relating to only two needs: “Warm, safe and secure housing”, and “Staying in general good health as long as possible”.
2. Of these, the financial assessments undertaken in adult social care are perhaps the most longwinded and stressful. Much of the difficult to source data is already held within the public sector, particularly by the DWP. Sharing this data would provide an opportunity to reduce unnecessary stressful contacts for Service Users and to reduce the council’s overheads.
3. The principal benefit from data sharing for the Service User is a much simpler application process, if they are already in receipt of benefits. For local authorities the benefit comes from quicker and easier assessments and reassessments as a result of having knowledge of an individual’s status and not having to ask for duplicate sets of information. There are potential savings for the council in reducing the effort required to carry out assessments, reducing expenditure by identifying ineligible claims and reducing the amount of bad debt arising from overpayments due to incomplete information being available when assessments are carried out.
4. There are also benefits for the DWP in terms of better knowledge of, for example, an individual’s accommodation status and thus whether they are eligible for attendance allowance and similar benefits.

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5. With this in mind the North West Improvement and Efficiency Partnership have made available £200k (£150k to Sefton) to fund a project to improve the effectiveness of financial assessments in adult social care (ASC) for non-residential care across the whole of the North West through the adoption of best practice guidelines and closer working with the Department of Work and Pensions (DWP). The funds are to support a joint programme with Sefton, Tameside and Lancashire councils and the DWP to share financial Assessment information
6. The project will be carried out in three phases:
 - 1) Baseline. The processes undertaken in the different sections and organisations will be documented to provide a means of comparing processes. These will be used to identify common data and processing requirements and opportunities for sharing information.
 - 2) Scenario generation and process redesign. The baseline information will be used to inform a series of workshops where a common approach to financial assessments will be identified. The output of the workshops will be a high level scenario; this will then be turned into a detail process definition.
 - 3) Pilot. Once the detailed process is agreed by all parties, a pilot will be undertaken to prove the viability of the agreed process. The results of the pilot will be published in the form of an 'implementation guide' that can be circulated to all North West councils.
7. The NWEIP funds will be used employ staff to undertake the project tasks. Staff will be a mix of Sefton employees and contractors. The scope will be controlled by the project manager to ensure that no budget over-runs occur and that all expenditure incurred on the Common Financial Assessment Project can be met from within grant approvals received, up to a total of £150,000.

Ends

Agenda Item 5

REPORT TO: CABINET
CABINET MEMBER – HEALTH AND SOCIAL CARE

DATE: 14th JANUARY 2010: CABINET
23rd DECEMBER 2009: CABINET MEMBER – (H & SC)

SUBJECT: DISABLED FACILITIES GRANTS PROGRAMME

WARDS AFFECTED: None Directly.

REPORT OF: Charlie Barker – Strategic Director (Health and Social Care)

CONTACT OFFICERS: Jim Ohren
Principal Manager (Housing Strategy)
☎ 0151 934 3619

EXEMPT/ CONFIDENTIAL:	This report contains	Yes	No
	CONFIDENTIAL Information/		√
	EXEMPT information by virtue of paragraph 3 of Part 1 of Schedule 12A to the Local Government Act, 1972		√

PURPOSE/SUMMARY:	
To seek endorsement of the virement of £250k within the Health and Social Care Capital Programme in support of Disabled Facilities Grant obligations.	
REASON WHY DECISION REQUIRED:	
To ensure that adequate funding for Disabled Facilities Grants is in place to support increased spending commitments.	
RECOMMENDATION(S):	
That:	
(i) Cabinet Member – Health and Social Care notes this report, and	
(ii) Cabinet agrees to the virement of £250k from the Social Care SCP (C) 2008/09 – 2010/11 Capital Grant provision for 2009/10 in the Health and Social Care Capital Programme to the Disabled Facilities Grant budget.	
KEY DECISION:	No

Agenda Item 5

FORWARD PLAN:	No
IMPLEMENTATION DATE:	Following expiry of the call in period for the minutes of this meeting
ALTERNATIVE OPTIONS:	
The alternative course of action would be to not vire the funds. However, this would result in insufficient funding being in place to fund the mandatory Disabled Facilities Grant which would, in turn, delay the approval of applications and lengthen waiting times.	

IMPLICATIONS:

Budget/Policy Framework: None

Financial: There is no extra cost or consequences to the Council in making this virement as the Social Care SCP (C) Capital Grant for 2009/10 is currently uncommitted.

<u>CAPITAL EXPENDITURE</u>	2008/ 2009 £	2009/ 2010 £	2010/ 2011 £	2011/ 2012
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources:HMRI				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N				
How will the service be funded post expiry?				

Legal:

N/A

Risk Assessment: N/A

Asset Management: N/A

CONSULTATION UNDERTAKEN/VIEWS

FD 260 - The Finance and Information Services Director has been consulted and has no comments on this report.

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		✓	
2	Creating Safe Communities	✓		
3	Jobs and Prosperity		✓	
4	Improving Health and Well-Being	✓		
5	Environmental Sustainability	✓		
6	Creating Inclusive Communities	✓		
7	Improving the Quality of Council Services and Strengthening local Democracy		✓	
8	Children and Young People	✓		

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

None

Agenda Item 5

1.0 PURPOSE OF REPORT

- 1.1 To seek endorsement of the proposed virement of £250k from the Social Care SCP (C) 2008/09 – 2010/11 Capital Grant provision for 2009/10 in the Health and Social Care Capital Programme to the Disabled Facilities Grant budget.

2.0 BACKGROUND

- 2.1 The Disabled Facilities Grant (DFG) is a statutory grant, which must be paid in respect of cases that meet the qualifying criteria to enable improved access for the disabled applicants in and around their home. The Government helps to fund this through the provision of a direct grant. In Sefton's case this amounts to £1.157m for 2009/10.
- 2.2 Whilst the Government grant is distributed according to assumed need (as measured by numbers of disability benefit claimants within the Borough, for example) and taking into account the Council's annual bid, in practice does not match actual demand, and hence it is expected that the local authority will supplement the government funding from local capital resources i.e. the local housing capital pot. Sefton's budget for 2009/10 for DFGs is £2.690m
- 2.3 The DFG budget has been actively monitored during the year. Although currently spend is within budget, the trend of demand for grants is such that, without increased budgetary provision there will be an overspend on this budget line by the end of March 2010. This is forecast to be approximately £250k.
- 2.4 The rise in DFG approvals is due to a combination of reasons. One of these is the impact of improved grant administration processes resulting in grant approvals flowing through more quickly. In this respect the Council is a victim of its own success in implementing improved administration. However, there is a cost to success - the need to fund a 'rump' of expenditure flowing through the system. If other factors remained constant this would be a temporary phenomenon, and the flow of approvals would even out in future years. However, other factors are changing too. There is a rising demand due to demographics and the ageing population. Also, there is a need for the Council to increasingly jointly fund applications from RSL tenants. Furthermore, the removal of means testing for DFG applications involving children following a national review of the DFG legislation in 2005 has meant that there is increased pressure on resources from this category of applicant, and cases involving disabled children tend to be the more high value adaptations.
- 2.5 Consequently in this financial year (2009/10) and in future years it is anticipated that there will be a need to allocate significantly increased resources to this budget line. For this year, 2009/10, a currently unallocated resource exists in the Social Care SCP (C) Capital Grant. It would be an appropriate use of this resource to direct this capital grant towards funding DFGs. It is therefore proposed to vire £250k from this line in the Health and Social Care Capital Programme to the DFG line.
- 2.6 The DFG budget will continue to be actively monitored during the rest of the year, and future assumptions as to realistic budgetary provision will be built into the budget setting process for 2010/11 and beyond.

Agenda Item 6

REPORT TO: Cabinet Member, Health & Social Care

DATE: 23rd December 2009

SUBJECT: Performance Information Report Quarter 2, 2009/10

WARDS AFFECTED: None

REPORT OF: Charlie Barker
Director of Health & Social Care

CONTACT OFFICER: Margaret Milne
Principal Manager, Health & Social Care
0151 934 3614

**EXEMPT/
CONFIDENTIAL:** No

PURPOSE/SUMMARY:
To update the Cabinet Member for Health & Social Care on performance and activity for the second quarter, in relation to achieving key objectives.
REASON WHY DECISION REQUIRED:
In line with Corporate Performance Management Framework.
RECOMMENDATION(S):
That the Cabinet Member for Health & Social Care
(i) notes the performance on activity for the second quarter 2009/2010 in relation to achieving key objectives referred to in the report, and
(ii) notes that this information has been referred to Cabinet as part of a consolidated report on performance information across the Council.

KEY DECISION: No

FORWARD PLAN: Not applicable

IMPLEMENTATION DATE: Not applicable

Agenda Item 6

ALTERNATIVE OPTIONS:

None

IMPLICATIONS: None

Budget/Policy Framework: None

Financial:

<u>CAPITAL EXPENDITURE</u>	2006/ 2007 £	2007/ 2008 £	2008/ 2009 £	2009/ 2010 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N			When?	
How will the service be funded post expiry?				

Legal: None

Risk Assessment: None

Asset Management: None

CONSULTATION UNDERTAKEN/VIEWS**LIASION WITH POLICY AND PERFORMANCE TEAM**

Agenda Item 6

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		x	
2	Creating Safe Communities		x	
3	Jobs and Prosperity		x	
4	Improving Health and Well-Being		x	
5	Environmental Sustainability		x	
6	Creating Inclusive Communities		x	
7	Improving the Quality of Council Services and Strengthening local Democracy		x	
8	Children and Young People		x	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT
None

Agenda Item 6

Background:

1. The provision of regular performance information is required as part of the corporate performance management framework and the information is used to work towards continuous improvement.
2. Within the Health and Social Care Directorate, performance information is produced on a regular basis and the senior management team regularly review performance information to ensure that progress continues. Performance information will be reported to the Cabinet Member for Health and Social Care throughout the year on a quarterly basis.
3. Attached is the Directorate's Service Plan monitoring report as at Quarter 2 2009/10.
4. In addition each year, each local authority with responsibility for Social Care Services for Adults is awarded by the Care Quality Commission (CQC) a judgement for their adult social care performance. In contrast with previous years, there is no longer a star rating for adult social care. Instead, performance is assessed in relation to the delivery of the seven outcomes as stated in 'Our Health, Our Care, Our Say Dh' 2006 and performance is subsequently aggregated into an overall graded judgement.

Depending on performance, each outcome is graded as follows:

Performing excellently: A service that overall delivers well above minimum requirements for people, is highly cost-effective and fully contributes to the achievement of wider outcomes for the community.

Performing well: A service that consistently delivers above minimum requirements for people is cost-effective and makes contributions to wider outcomes for the community.

Performing adequately: A service that only delivers only minimum requirements for people, but it not consistently cost-effective nor contributes significantly to wider outcomes for the community.

Performing poorly: A service that does not deliver minimum requirements fro people, is not cost-effective and makes little or no contribution to wider outcomes for the community

The overall grade awarded to Sefton Council for delivery of outcomes for 2008/09 is "Performing Well". This will be the subject of a separate report to the Cabinet Member and Overview and Scrutiny, Health and Social Care in January 2010.

Sefton Council 

SEFTON METROPOLITAN BOROUGH COUNCIL



Sefton's Performance Reporting and Information NeTwork (SPRINT)

Departmental Service Plan Monitoring

Health and Social Care

Quarter 2 2009/10

Author: Performance and Partnerships

Print Date: 16/10/2009

<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
COR-HSC-AP-29 To implement issues arising from the JSNA, based on the views of the public as part of the analysis of engagement and consultation.	Charlie Barker	Peter Pattenden	31-Mar-2011	On Target

<u>Progress Summary</u>		
<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	50
Quarter 1	On Target	25

<u>Progress</u>	<u>Issues affecting current/future progress & corrective actions</u>
<p>1.The Directorate’s ‘No Wrong Door’ policy will be launched in November 2009. This policy ensures the public that they will be given timely and appropriate advice and receive increased levels of customer care. All staff will be responsible for signposting to appropriate persons/teams and they will ensure that the customer, whether phoning in person or via the telephone or via other forms of communication, receives the highest level of customer care. Awareness sessions for Managers to take place in November 09, A mystery shopping exercise will take place in November 09 to evaluate the policy’s effectiveness and a full review will take place in March 2010. Directorate staff will be encouraged to nominate themselves as a Customer Focus Ambassadors (one per team) to ensure that good practice and Customer focus become an essential part of everyone’s role.</p> <p>2.The Prevention Strategy will be subject to a formal launch on Oct 20th 2009. A Prevention and Early Intervention Catalogue has been produced with partners from NHS Sefton, Sefton CVS and Sefton-based voluntary agencies. This electronic resource will provide information for service users and their families/carers, advocacy agencies, social work staff and the general public about the various low-level prevention services available in the Borough. The Catalogue will be widely available at Council Area Offices, G.P’s Surgeries, Libraries, and Health Centres and on the Council Website.</p>	

<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
In partnership with the 3rd and Independent Sectors, the development of a Sefton-wide Network and Community database/catalogue with details of preventative / early intervention services.		Peter Pattenden	31-Mar-2011	On Target

<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
The development of a 'No Wrong Door' Policy that will ensure all staff take responsibility to direct and signpost callers to the Directorate to appropriate services		Robina Critchley	30-Jun-2009	On Target

<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
COR-HSC-AP-30 To implement Government guidance in relation to Transforming Social Care, LAC Dh (2008), by planning and implementing a range of personalised services and processes, in partnership with a wide range of local and regional stakeholders.	Charlie Barker	Peter Pattenden	31-Mar-2011	On Target

<u>Progress Summary</u>		
<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	50
Quarter 1	On Target	25

<u>Progress</u>	<u>Issues affecting current/future progress & corrective actions</u>
<p>Phase Two implementation continues. The launch of the Prevention Strategy (20th October 2009) should go some way to maximise access and information for citizens across the borough. The Department of Health, the ADASS, the Care Quality Commission and the LGA have developed a series of progress measures (Milestones) as part of their Putting People First (PPF) Performance Framework. All Councils must use these milestones to self-assess on their progress, inform business planning and inform investment decisions. These milestones will also enable all stakeholders to judge progress on the local delivery of PPF Transformation. The Directorate has created a Milestones Action Plan which includes a progress report to date and a series of actions to October 2010. This plan has been submitted to the North West Joint Improvement Planning Group and shared with other NorthWest Authorities. The Directorate will use the Milestones Plan as a quarterly internal performance management assessment of progress for the Transformation of Social Care.</p>	

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<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
COR-HSC-AP-31 Explore closer working arrangements with Health to enhance Joint Commissioning.	Charlie Barker	Bob McConnell	31-Mar-2010	On Target

<u>Progress Summary</u>		
<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	50
Quarter 1	On Target	25

<u>Progress</u>	<u>Issues affecting current/future progress & corrective actions</u>
<p>The Health and Social Care Directorate has had input into the Commissioning Strategy in relation to Transforming Community Services. It has been agreed that the opportunity could be taken for the Council to input onto the NHS Sefton Strategic Commissioning Plan when it is refreshed in 2011/12 and that we would work towards that NHS Sefton / Adult Social Care Commissioning Intentions Plan in 2011/12.</p>	

<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
COR-HSC-AP-32 To maintain good performance and review the Supporting People five-year Strategy with regard to a needs analysis on a six monthly basis via the North west regional Group and to re-align strategic priorities as necessary.	Charlie Barker	Bob McConnell	31-Mar-2010	On Target

Progress Summary

<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	60
Quarter 1	On Target	40

Progress

Performance with respect to NI141 and NI142 has been reported via KMIS. A quarter 1 report detailing overall and individual client group performance has been produced for submission to the Supporting People governance group showing that programme is on course to meet performance targets. Successful submissions also been made to Communities and Local Government for NI141 and NI142.

Quarter 1 outcomes report has also been produced containing outcome achievement rates. This data will also be used to inform any future re-alignment of strategic priorities. The report shows that the overall target of services meeting over 70% of identified needs is being achieved.

The second iteration of the North West Needs Analysis Toolkit has commenced. The revised toolkit was received in September 2009 resulting in the commencement being delayed from August 2009.

The sectoral review desktop analysis has been completed for all three groups and this is being used to inform the next stages of the reviews.

Issues affecting current/future progress & corrective actions

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<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
DSP-HSC-AP-01 Continue to meet targets set by CSCI and Central Government regarding Implementation of Government Policy 'Transforming Social Care' LAC Dh (2008) and Dh LAC (2009) 1	Charlie Barker	Peter Pattenden	31-Mar-2010	On Target

Progress Summary

<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	50
Quarter 1	On Target	25

Progress

Issues affecting current/future progress & corrective actions

- Second Quarter Performance to be reported on 14th October 2009.
- Implementation of Phase 2 actions continues, Transforming Social Care Steering Group and the Expert Stakeholder Panel continue to meet and scrutinise performance.

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<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
Monitoring and reviewing of progress in relation to Transforming Social Care.	The TSC process is subject to internal and external scrutiny, progress reports are submitted to relevant Council Committees on a regular basis and Work Stream action plans are progress reported on a quarterly basis.	Peter Pattenden	31-Mar-2010	On Target
The implementation of phase two of the Transforming Social Care Project Plan.	Phase Two proposals to be submitted to SMT for agreement in July 2009.	Peter Pattenden	31-Mar-2010	On Target
To meet local and national targets as set by the CQC and Central Government	First Quarter Targets met. CQC business support manager for the Directorate is satisfied with progress	Peter Pattenden	31-Mar-2010	On Target

<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
DSP-HSC-AP-02 To ensure that Supporting People funding is a contributory factor in ensuring that vulnerable parents are supported, thereby minimising the risk of harm to children.	Charlie Barker	Bob McConnell	31-Mar-2010	Completed

Progress Summary

<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 1	Completed	100

<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
<p>Page 26</p> <p>nsure that within the Quality Assurance Framework, relevant policies and procedures are up-to-date and :itive.</p>		Margaret Milne	31-Mar-2010	Completed
<p>aintain the independence of teenage and young nts by commissioning housing related support services.</p>		Margaret Milne	31-Mar-2010	Completed

<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
DSP-HSC-AP-03 To ensure that Assistive Technology promotes recovery, independence, health and wellbeing as well as the development of personalised care services that promote choice and control for people in need of care and to assist in the delivery of effective and efficient services.	Charlie Barker	Bob McConnell	31-Mar-2010	On Target

<u>Progress Summary</u>		
<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	60
Quarter 1	On Target	40

<u>Progress</u>	<u>Issues affecting current/future progress & corrective actions</u>
<p>As of week commencing 07/09/09, 897 service users are being supported to live independently in their own homes, using Assistive Technology.</p> <p>Page 27 have completed 60% of the installation of hearing impairment units, in partnership with Merseyside Fire & Rescue Service, with a completion date of November 2009.</p> <p>the implementation of Supporting People pilot's schemes around domestic violence and medication prompts for service users with mental capacity problems, plus the increase in service users from early discharge programme within the hospitals north and south of the borough, we are confident of achieving our target of 1,195 for 2009/10</p>	

<p><u>Action</u></p> <p>DSP-HSC-AP-04 Via the Supporting People Strategy, to create efficiencies by increasing capacity and commissioning increased floating support subsequent to available funding.</p>	<p><u>Authorising Officer</u></p> <p>Charlie Barker</p>	<p><u>Lead Officer</u></p> <p>Bob McConnell</p>	<p><u>Deadline</u></p> <p>31-Mar-2010</p>	<p><u>Status</u></p> <p>On Target</p>										
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<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>	
DSP-HSC-AP-05 To ensure the financial sustainability for Housing Related Support Services via the Supporting People Specific Grant.	Charlie Barker	Bob McConnell	31-Mar-2010	On Target	
<u>Progress Summary</u>					
<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>			
Quarter 2	On Target	40			
Quarter 1	On Target	10			
<u>Progress</u>		<u>Issues affecting current/future progress & corrective actions</u>			
Performance on NI141, NI142 and outcomes have been reported for quarter 1. A benefits realisation toolkit is also in the process of being analysed which will be used to calculate the financial benefits of the Supporting People programme on a client group basis.					
Page 29	<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
	evidence the performance and impact housing related work has on the community.		Margaret Milne	31-Oct-2009	On Target

<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
DSP-HSC-AP-06 To increase the number of people receiving self-directed support.	Charlie Barker	Robina Critchley	31-Mar-2010	On Target

<u>Progress Summary</u>		
<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	60
Quarter 1	On Target	40

Progress

1. All 78 users in the pilot day centre have been supported to complete a Person Centred Plan [PCP] and a Personal Budget Questionnaire [PBQ]. This information has been analysed and the information from the PCP was found to be more useful. In the first instance it would appear that approximately 58 of the individuals would wish to use their Individual Budget to purchase a service at the day centre. A proposal on the amount of this Individual Budget for this group based on a 3 tiered banding system relating to their levels of need will be complete by October 2009. However a further group of 15 individuals would appear to desire alternative services based on the use of a Direct Payment and the intention is to offer this group Individual Budgets based on a Support Planning model. 2 individuals have already left the day centre and are using the Direct Payment method to secure personalization of their services. The intention is now to offer the same process to the service users in the other 2 large day centres by April 2010 using the learning from the first pilot including dispensing with the PBQ.

2. In August 2009 the Transformation of Social Care Steering Group approved a proposal to park the work done on a points based Resource Allocation System [RAS] based on analysis of this method and bench marking activity with other local authorities. However personalisation has been rolled out across all client groups using the Direct Payment methodology for a total of 592 individuals to have choice and control of their social care services. Analysis is taking place via the Care Management and Support Planning Personalisation Workstream.

3. A recent evaluation of the Carers Direct payment scheme found that the recipients benefited from a direct payment, with 88% of carers reporting improved health. 93% reported improved emotional well being. 85% reported it sustained their ability to care. 34% reported it helped them to sustain their social activities.

4. Incremental progress continues to be made, as stated in the Performance Report submitted to Elected Members on 14th October 2009. A review of Direct Payment Brokerage Services has taken place, full analysis report to be submitted to the Senior Management Team on 28th October 2009.

5. The pilot was successfully reviewed by the University of Chester with positive results. Because of current financial restrictions on the NHS and individual budgets a local voluntary organisation, Imagine, was used as broker. The target group of the pilot was users of the Early Intervention in Psychosis team, a service jointly

Issues affecting current/future progress & corrective actions

Progress

resourced by health and social care.
 Thirty one Sefton service users of the Mersey Care Early Intervention in Psychosis utilised the service and 30 went on to receive an individual budget at an average cost of £545,50 per person.
 The following service user testimony is typical of the many accounts quoted in the review, " I would like to thank you for coming to see me and giving me the opportunity to tell my story and to thank the people from Imagine and the Early Intervention team for the recovery budget without them I wouldn't be where I am in my life".

Issues affecting current/future progress & corrective actions

Activities

Comments

Lead Officer

Deadline

Status

Direct Payments for Carers Pilot to be concluded in March 09 with full evaluation that will explore a full rollout 2009/10.	Carers Panel continues. Financial resources agreed and allocated.	Robina Critchley	30-Apr-2009	On Target
Individual Budget pilots (approx. 35) to be rolled out across all client groups with regular analysis of progress.		Derek Jones	30-Jun-2009	On Target
Implement a review of the Mental Health Recovery Budget Pilot.		Barry Robinson	31-Dec-2009	On Target
To increase the number of recipients of Direct Payments by 10% in 09/10.	Incremental progress throughout the year with regular review by SMT.	Robina Critchley	31-Mar-2010	On Target
Users of one LD day centre to be offered Individual Budgets as an alternative to the service they currently receive.		Derek Jones	31-May-2009	On Target

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<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
DSP-HSC-AP-07 To monitor and evaluate the work of the newly created 'Joint Executive Group' (NHS Sefton /Health and Social Care / Children's Services / Public Health).	Charlie Barker	Bob McConnell	31-Mar-2010	On Target

Progress Summary

<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	50
Quarter 1	On Target	25

Progress

Issues affecting current/future progress & corrective actions

Sefton's Transforming Social Care agenda's success is dependent on a number of external factors. World recession continues to have an adverse impact on business and the forthcoming Government Green Paper on Adult Social Funding is expected to announce considerable challenges for local authorities. Sefton Council's Strategic Budget Review will also review the form and function of a future Council and, as a result, might have an influence upon the TSC agenda.

Joint Executive Group have met on two occasions and plans are to meet once a month. The Council, through the Health and Social Care Directorate has had input into the Commissioning Strategy in relation to Transforming Community Services (Health initiative). Also agreed at the meetings that the opportunity will be taken to explore the potential for the Council to input into the NHS Sefton Strategic Commissioning Plan when it is refreshed in 2011/12 and that we would work towards a joint NHS Sefton / Sefton Adult Social Care 2011.12 Commissioning Intentions Plan.

NHS Sefton are now accommodated in Merton House and this is already facilitating closer working relationships which will support shared initiatives.

<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
To further plan the operational delivery for integration and joint commissioning.		Bob McConnell	31-Mar-2010	On Target
To perform a systematic review of current joint arrangements.		Bob McConnell	31-Mar-2010	On Target

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Agenda Item 6

<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
To strengthen partnership working between the Council and NHS Sefton		Bob McConnell	31-Mar-2010	On Target

<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
DSP-HSC-AP-08 To ensure that Safeguarding Adults is embedded across all appropriate organisations, Directorates within the Council and commissioned services.	Charlie Barker	Robina Critchley	30-Sep-2009	On Target

Progress Summary

<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	60
Quarter 1	On Target	25

Progress

Issues affecting current/future progress & corrective actions

• The second quarter briefing has been presented to the cabinet member on 14th October 2009; this will contain training and referral activity. The Cabinet Member will also receive an update on the Dignity in Care action plan.

Revised Safeguarding policy and procedure was presented to the senior management team in Health and Social Care and agreed by the Safeguarding Executive board in August 2009.

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<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
The Chair of the Safeguarding Executive Board to brief all Elected Members on Safeguarding issues	First quarter briefing to be presented to the Cabinet Member on 22nd July which will contain training activity, alert and investigator details.	Robina Critchley	30-Apr-2009	On Target
To ensure that safeguarding requirements for commissioned services are reviewed.	The Contracts and Commissioning Team to review commissioned services as prescribed by the Care Quality Commission.	Robina Critchley	30-Sep-2009	On Target
To refresh the safeguarding training strategy.	Annual plan in place which will be reviewed in November 2009.	Robina Critchley	30-Apr-2009	On Target
To strengthen the membership of the Safeguarding Executive Board	The Domiciliary and Nursing home sector and CPS have now joined the Board.	Robina Critchley	30-Apr-2009	On Target

Agenda Item 6

<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
DSP-HSC-AP-09 To develop and implement a 'No Wrong Door' policy with regard to access to services.	Charlie Barker	Robina Critchley	30-Jun-2009	On Target

Progress Summary

<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	70
Quarter 1	On Target	25

Progress

Issues affecting current/future progress & corrective actions

The Directorate's 'No Wrong Door' policy will be launched in October 2009. This policy will ensure that the public are given timely and appropriate advice and receive increased levels of customer care. All staff will be responsible for signposting to appropriate persons/teams and they will ensure that the customer, whether enquiring in person or via the telephone or via other forms of communication, receives the best level of customer care.

Policy will be visible on both the Council's Internet and Intranet websites.

Openness sessions for team managers will take place in November 2009 and information regarding staff responsibilities to be cascaded to all Directorate staff.

'Mystery shopping' exercise will take place in December 2009, with a full review of the policy taking place in March 2010.

<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
To ensure that all staff comply with procedures regarding access and information and to work with partners in developing accessible and clear access systems.	The Policy will be launched across the Directorate and information will be widely available on the Intranet and the Internet.	Robina Critchley	30-Jun-2009	On Target
To review and update web-based information services to ensure equality of access.	The 'No Wrong Door' policy is due for implementation in August 2009. Staff have been engaged and consulted via workshops and have been involved in the design of the policy.	Robina Critchley	30-Jun-2009	On Target
To review current information and access issues to ensure that the public and hard to reach groups have accessible information and equitable access to Directorate services.	Development of 'Find my Nearest' on-going. NHS Sefton continue to populate health-based information. The Prevention Strategy will add further information regarding early intervention services in the borough.	Robina Critchley	30-Jun-2009	On Target

<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
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<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
DSP-HSC-AP-10 To reduce the Sickness Absence figure towards the Corporate Target of 4%.	Charlie Barker	Bob McConnell	31-Mar-2010	On Target

Progress Summary

<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	50
Quarter 1	On Target	40

Progress

Issues affecting current/future progress & corrective actions

Sickness absence rate in Q1 was 5.1% reduction of 1.8% from the corresponding quarter 2008/09.

Suggested amendments are with the Occupational Health Manager for consideration. An outcome of the group was to examine and make recommendations as to the recording of reasons for absence in order to improve the quality of management information.

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<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
A new group consisting of Principal Managers and reps from Occupational Health and H.R to seek to address sickness absence in the Directorate.	Group has been formed and have made suggestions to amend the sickness absence policy. Meeting to held with Health & Safety advisor to progress.	Martin Murphy	31-Mar-2010	On Target
Identify teams and individuals consistently above Directorate target.	Teams identified, briefing made to SMT.	Martin Murphy	30-Sep-2009	On Target
To audit levels of short-term sickness.	Sickness levels have been audited managers contacted where appropriate to check if back to work meetings have taken place, and also review meetings have been held when trigger points have been reached.	Martin Murphy	30-Apr-2009	On Target

<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
DSP-HSC-AP-11 To support the Council in the achievement of Level 5 of the Equality Standard.	Charlie Barker	Bob McConnell	31-Mar-2010	On Target

Progress Summary

<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	80
Quarter 1	On Target	70

Progress

Training is now mandatory for all Council, contracted provider staff and staff in the third sector. The Directorate has attained 95% of the Level 4 of the Local Government Equality Standard and the Directorate is now assisting the Council to work towards Level 3 of the new Equality Standard.

Issues affecting current/future progress & corrective actions

<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
Complete Equality Impact Assessments in relation to Supporting People, Learning & Development and the Learning Disability Partnership Board.		Martin Murphy	31-Mar-2010	On Target
The development of action plans for the Welfare Rights Team, The Homelessness Team & Care emanating from the recent Service Monitoring Exercise based on the six pillars of Equality.		Martin Murphy	31-Aug-2009	On Target
To seek to increase the number of disabled staff working for the Directorate.		Martin Murphy	31-Mar-2010	On Target

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Agenda Item 6

<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
DSP-HSC-AP-12 The Implementation of the National Pay and Grading Review.	Charlie Barker	Bob McConnell	31-Mar-2010	On Target

Progress Summary

<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	50
Quarter 1	On Target	25

Progress

Negotiations are proceeding with Trades Unions regarding Pay Model and Implementation Date.

Issues affecting current/future progress & corrective actions

This timescale is likely to slip to Oct 2010.

Activities

Comments

Lead Officer

Deadline

Status

Support the Corporate implementation of the pay and grading review.		Martin Murphy	31-Mar-2010	On Target
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<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
DSP-HSC-AP-13 To support the implementation of the Independent Safeguarding Authority.	Charlie Barker	Bob McConnell	31-Oct-2009	On Target

<u>Progress Summary</u>		
<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	50
Quarter 1	On Target	25

<u>Progress</u>	<u>Issues affecting current/future progress & corrective actions</u>
<p>The first phase of the Vetting and Barring Scheme was introduced on 12th October 2009, placing a duty on local authorities to refer to ISA information about individuals working with vulnerable adults where they consider them to have caused harm or pose a risk of harm.</p> <p>employees or those changing jobs in regulated activities do not need to start applying for ISA registration until July 2010 and does not become a mandatory requirement prior to November 2010. All other staff will be phased into the scheme in 2011.</p> <p>The Directorate will continue to ensure that all key personnel remain apprised of the stages of introduction and the process of information sharing in tandem with production of a relevant disciplinary protocol.</p>	

<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
To publicise and fully implement actions related to Safeguarding.		Martin Murphy	31-Oct-2009	On Target

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Agenda Item 6

<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
DSP-HSC-AP-14 To produce a Health and Social Care Workforce Strategy in line with the National Strategy.	Charlie Barker	Bob McConnell	31-Mar-2010	On Target

<u>Progress Summary</u>		
<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	80
Quarter 1	On Target	50
Quarter 1	On Target	50

<u>Progress</u>	<u>Issues affecting current/future progress & corrective actions</u>
Workforce Strategy updated in line with National Strategy. We will be working with Finance and Commissioning colleagues to produce In LAWS strategy (Integrated Local Area Workforce Strategy) in conjunction with Skills for Care in early 2010.	

<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
Develop shared workforce planning arrangement with Sefton.		Martin Murphy	31-Mar-2010	On Target
To prepare for and implement Investors in People accreditation.		Martin Murphy	31-Oct-2009	On Target
To produce a local workforce strategy, once a national strategy is available.		Martin Murphy	30-Jun-2009	On Target

<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
DSP-HSC-AP-15 To increase the number of people with Learning Disabilities who are in paid work.	Charlie Barker	Robina Critchley	31-Mar-2010	On Target

Progress Summary

<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	60
Quarter 1	On Target	50

Progress

The Government Strategy Valuing Employment now has been published and we have checked that our work is compliant to the policy. Dialogue is ongoing with the Council Personnel Services in respect of a Council, Directorate and Contracted provider policy that ensures people with Learning Disabilities are employed within organisations. Meetings are continuing with Planning and Economic regeneration through Sefton@Work where efforts are being made to utilise external systems to develop employment opportunities for people with Learning Disabilities. Recording systems are now in place to ensure accurate employment information in respect of people with learning disabilities whose care provision have been assessed or reviewed during the year. 'Living People,' the commissioned service in the third sector for people who want to try voluntary or paid work, now has 17 people registered who want to work and a further 8 who are waiting to be registered.

Issues affecting current/future progress & corrective actions

Activities

To commission a service that supports people with learning disabilities into work with an emphasis on paid work of 16 hours or more, including intense 1to1 support.

Comments

Lead Officer

Derek Jones

Deadline

31-Mar-2010

Status

On Target

To commission a service to provide support to people with learning disabilities who wish to try paid or voluntary work including people with complex needs.

Derek Jones

31-Mar-2010

On Target

<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
To develop a Directorate and Council strategy regarding employing people with a learning disability within its own workforce and those the Council commissions.		Derek Jones	31-Mar-2010	On Target

<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
DSP-HSC-AP-16 The Sefton Drug Action Team (DAT) has been successful in a bid to become a pilot area for 'the Drug System Change Programme', which will test out new approaches to delivering services.	Charlie Barker	Robina Critchley	31-Mar-2010	On Target

Progress Summary

<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	50
Quarter 1	On Target	25

Progress

Latest data shows us that Sefton has not achieved its monthly milestone for numbers in Effective Treatment. This has been attributed to a number of factors. Engagement rates (12 week retention or planned discharge prior to 12 weeks) for this period are excellent and are above target at 87%. This suggests the problem lies in the number of individuals accessing treatment in the first instance. The main factor affecting access that relates to this period is the rise in recreational Cocaine users who are identified by Criminal Justice services (CJS) who are not referred into treatment and the decrease in the number of Opiate users being identified by CJS who then enter traditional drug treatment services. Another factor to consider is trend analysis showing numbers entering treatment in Sefton over the previous 4 years is historically lower in the first half of the year and then tends to climb throughout the year.

Planned exits in Sefton for All Drug Users were excellent in Q1; Sefton had the highest planned discharge rate in the NorthWest and the lay 6th in the National League table of planned discharges. Full Quarter 2 data for planned exits will not be available until early November, however latest data up and to including August demonstrates that planned exits for all adults has increased from 60% to 63%.

Present our Community Drugs Teams are 'front of house'. In future drug users going to enter treatment services will do so via our Single Point of Assessment (SPA). Staffed by the Health and Social Care Directorate of Sefton Council the SPA will undertake an independent comprehensive assessment of all entrants to services that will take into account not just their treatment needs but also housing, job and parental status, children's needs etc. Our primary goal is to raise the aspirations of everybody involved with the treatment system, commissioners, workers and service users alike.

The SPA will also assist in the improvement of NDTMS and TOPS compliance.

We recognise that some individuals will walk into the CDT's straight off the street. These individuals will receive an immediate triage assessment and an appointment will be made to attend the SPA within 24 hours.

Issues affecting current/future progress & corrective actions

Activities

Comments

Lead Officer

Deadline

Status

To improve commissioning arrangements.

John Hill

31-Mar-2010

On Target

<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
To improve operational and performance management processes.		John Hill	31-Mar-2010	On Target
To improve outcomes for service users.	<p>All of our efforts to achieve improved outcomes for service users & their families are focused upon the design & implementation of Sefton's drug system change pilot. Through the pilot we seek to deliver improved outcomes for drug users in relation to the four key domains of, reduction in dependent use, risky behaviour, criminality and improved health & social functioning.</p> <p>Sefton's Drug System Change Pilot Project Plan has been submitted in draft form to the National Pilot Management Board. Feed back is awaited. The plan consists of 18 different work streams which taken together will result in radical & significant change in the way drug treatment & support services are delivered in Sefton. Key themes include; Personalisation, workforce development, better end to end management of service users, increased opportunities for abstinence, & recovery, additional support to promote social re-integration via education, training and employment.</p>	John Hill	31-Mar-2010	On Target

<u>Action</u>	<u>Authorising Officer</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
DSP-HSC-AP-17 To reconfigure the Sensory and Community Occupational Therapy services to enable a more efficient and effective service.	Charlie Barker	Bob McConnell	31-Mar-2010	On Target

<u>Progress Summary</u>		
<u>Period</u>	<u>Action Plan Status</u>	<u>% Complete</u>
Quarter 2	On Target	70
Quarter 1	On Target	50

Progress

Sefton Council Business Transformation team have spent three months reviewing the reconfiguration of the service and have concluded that the service is now working to maximum efficiency.

As of 08.10.09 referrals for the OT and sensory service are being directed straight to OT admin from Sefton Plus reducing the previous historical process of going through SCAT then to OT. This aims to ensure a no wrong door approach and more timely and responsive service by the OT and sensory team who now evidence the largest in-tray for the HSC directorate.

As part of the OT review undertaken with NHS Sefton last year, the OT and Sensory department continue to deliver on the implementation plan for a more integrated service with NHS Sefton. Quarterly joint forums are now delivered and as a result of this work a shared Equality Impact Assessment for OT and sensory services is being delivered and joint competencies / workforce planning to ensure consistency and avoid duplication in future service provision. NHS Sefton is on target to implement the Single Assessment Process across Sefton CHS in November this will enable effective service provision, reduce gaps and duplication within the system.

Referrals for re-enablement OT service have been absorbed into the main OT team. Previously this was delivered in isolation in the North and commissioned the acute service in the South. This has resulted in a more streamlined service every whilst maximising the skills within the base team.

The OT and Sensory team are all now located within one central base. This has resulted in increased communication, productivity and efficiency.

Specialist contracts commissioned to support the sensory team are now being reviewed and a robust contract monitoring process is now in place to ensure outcomes are delivered and efficiencies realised.

October 09 saw the introduction and implementation of the physically disabled and Sensory Impaired Database (PDSI). This is currently being delivered through the OT and Sensory team and will inform future service provision across Sefton.

Issues affecting current/future progress & corrective actions

<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
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<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
<p>To explore, with NHS Sefton, the use of a self-assessment tool.</p>	<p>A business case has been presented to the Joint Management Board for CES, NHS commissioners and HSC transformation team detailing the rationale for developing this service. Currently small aids/aids for daily living are provided either through the community equipment service or the small aid retail service provided by Anchor Staying Put. Within Sefton there currently is no opportunity for clients / patients to self assess their own needs in relation to community equipment.</p> <p>With the implementation of ADL Smartassist we would provide our client / patients with a self-assessment tool that would provide an effective way of significantly improving our service meeting the needs of both funded and self funding clients. The software enables clients / patients to undertake a self assessment via the database for a simple assessment normally undertaken by a practitioner therefore giving the practitioner more time and capacity to deal with complex cases.</p> <p>Benefits through implementation would include;</p> <ul style="list-style-type: none"> • Highly cost efficient way of completing assessments for low-level equipment – small aids. • Overall productivity gains for practitioner services. • Overall speed of assessment improved. • Provides fully documented audit trails and secure client data. • Potential for daily living service based upon the client purchasing equipment as opposed to the existing donation/loan system. <p>Whilst internally this has been researched and recommended through formal channels, further progress cannot be made at service delivery level without the support investment from NHS Sefton / Sefton HSC.</p>	<p>Margaret Milne</p>	<p>31-Mar-2010</p>	<p>On Target</p>

<u>Activities</u>	<u>Comments</u>	<u>Lead Officer</u>	<u>Deadline</u>	<u>Status</u>
<p>To improve access to services by further developing of a mobile clinic and 'drop-in' clinic.</p>	<p>The mobile clinic is now viewed as integrated and fundamental part of service delivery providing an efficient, responsive, person-centered OT service. The service continues to deliver up to 80 assessments per week and has a dedicated team of staff to support the service delivery. SMT are now in receipt of a briefing paper recommending this service is implemented on a permanent basis.</p> <p>The drop in clinic is now available every Monday and is delivered within the CES. Twenty-six assessments have been completed for service users from April 09 (no clinics were delivered on the 4 bank holidays during this period). We continue to promote / market this new innovative service; in June 2009 this was short listed for the national NAEP conference and his stimulated national interest in our service delivery approach.</p> <p>Customer satisfaction is now integral to the review process and this demonstrates that clients are extremely satisfied with service delivery, this is also utilised to inform service review / changes. Customer satisfaction now also evidences our commitment to improve quality and client experience throughout the OT and sensory service. Within the mobile clinic service, emphasis is continually on client choice and personalised services.</p> <p>This needs led service has transformed service delivery enabling identification of the most appropriate solution to overcome any functional disability, enabling clients to live safely and independently within their home environment. This service continues to realise effective time management – releasing capacity within the area OT team to focus on complex cases and utilise their expert skills effectively supported by a dedicated administration team for the whole OT service. The implementation of a dedicated admin team has enabled the service to deliver assessments on an appointment basis ensuring that supply and demand are maximised to full potential whilst ensuring SMARTER working and realising cost efficiencies within the department.</p>	Margaret Milne	31-Mar-2010	Completed

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REPORT TO: CABINET MEMBER: HEALTH AND SOCIAL CARE

DATE: 23 DECEMBER 2009

SUBJECT: SEFTON AFFORDABLE WARMTH STRATEGY REVIEW 2009

WARDS AFFECTED: ALL

REPORT OF: MIKE MCSORLEY – HEAD OF REGENERATION AND TECHNICAL SERVICES

CONTACT OFFICER: MR IAN WELLER – ENERGY MANAGER
0151 934 4221

EXEMPT/CONFIDENTIAL: NO

PURPOSE/SUMMARY:

Seftons Affordable Warmth Strategy has been fully developed since publication in February 2007 and 1st Review in June 2008, led by Sefton's Energy Team and involves key partners from across the health, statutory, community and voluntary sectors. The purpose of this second Annual Review is to reflect upon what has been achieved and to refresh the strategy taking into account any changes in legislation and policies in order to ensure aims, activities and targets continue to be focused in the relevant areas

REASON WHY DECISION REQUIRED:

Development of local policy framework

RECOMMENDATION(S):

It is recommended that:-

Members give approval for Sefton to adopt the strategy review as continuing Council Policy to underpin and expand its ongoing work in tackling fuel poverty.

KEY DECISION: No

FORWARD PLAN: Not appropriate.

IMPLEMENTATION DATE: Following expiry of the “call-in” period for the minutes of this meeting.

ALTERNATIVE OPTIONS:

None - statutory requirement for local delivery on Affordable Warmth.

IMPLICATIONS:

Budget/Policy Framework: None directly.

Financial: None directly.

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Legal: None.

Risk Assessment: Lack of co-ordinated support and help would result in serious health affects to many Sefton residents.

Asset Management: None.

CONSULTATION UNDERTAKEN/VIEWS

Members of the Sefton Affordable Warmth Partnership Group who acted as the steering group to develop the Affordable Warmth Strategy for Sefton 2007 agreed to carry out a review of the strategy to reflect upon the last two years of activities and progress.

Members attended a workshop event in August 2009 to discuss what had been achieved and provided input and suggestions to update the aims and activities as well as setting more focused targets

The Affordable Warmth Partnership Group consists of 14 key representatives across Health, Local Authority, Voluntary and Community sectors.

Sefton Primary Care Trust- Steph Griffiths & Val Frampton
 Sefton CVS - Mike Mainwaring
 Housing Improvements Section - Steve Terry
 Age Concern - Dawn Stewart
 Sefton Pensioners Advocacy Centre - Margaret Lambert
 Sefton Local Pensions Service - Elaine Waddington
 Environmental Protection Department - Bob Hannah
 Anchor Staying Put - John Sandiford
 Linaker Childrens Centre - Jan Sanders
 Merseyside Fire & Rescue Service - Maureen Justice
 Energy Saving Trust Advice Centre (ESTAC)
 One Vision Housing Association - Geoff McKeating
 Health & Social Care - Sharon Lees

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		✓	
2	Creating Safe Communities	✓		
3	Jobs and Prosperity	✓		
4	Improving Health and Well-Being	✓		
5	Environmental Sustainability	✓		
6	Creating Inclusive Communities	✓		
7	Improving the Quality of Council Services and Strengthening local Democracy	✓		
8	Children and Young People	✓		

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

1.0 BACKGROUND - WHAT IS FUEL POVERTY

- 1.1 Fuel poverty is defined as the inability to provide sufficient heat and light for a home without spending a disproportionate level of income in doing so. It is broadly accepted that a fuel poor household is one that needs to spend more than 10 per cent of household income to achieve satisfactory heating levels.
- 1.2 Lack of sufficient income combined with thermally inefficient properties means certain households cannot afford to heat their homes to an adequate, safe and comfortable healthy level i.e. '**Affordable Warmth**'. Furthermore, the same lack of income also prevents those households from undertaking the necessary cost-effective improvements to the energy efficiency of their properties to alleviate the problem.
- 1.3 Fuel poverty is an urgent issue because cold homes can kill, harm people's health or damage quality of life. These effects can also impose wider costs on the community. Medical conditions and illnesses such as influenza, heart disease, and strokes are all exacerbated by the cold. Cold homes can also promote the growth of fungi and numbers of house dust mites. The former can damage the fabric of the building, whilst both fungi and dust mite allergens, can lead to respiratory diseases which reduce quality of life by enforced absences from work / school and restrict types of activities and employment.
- 1.4 Whilst all individuals may suffer from cold related illnesses older people, young children, householders who are disabled or householders suffering from long-term illnesses are particularly vulnerable. Social circumstances mean that these groups are more likely to spend longer periods of time in the home.
- 1.5 The blight of fuel poverty has recurring impacts that can increase social exclusion, mental health problems, sickness absence, winter pressures and keep people in a cycle of poverty which reduces housing standards and economic activity. The key aspect is that whilst fuel poverty is not the sole cause of these problems it can be eliminated very easily. Solving the issues of fuel poverty is related to improving the thermal efficiency of properties. Whilst it should be acknowledged that it can be solved by cheap fuel prices or higher incomes these are more expensive options and outside of direct control of the local agencies.

2.0 FUEL POVERTY IN SEFTON

- 2.1 The Sefton private sector housing stock condition survey, conducted in 2007 found that the average household energy costs were £750 p.a. - this is before recent high profile rises in costs and ignores costs incurred by using prepayment meters common in low income households. Figures published nationally by the NEA (national fuel poverty campaigning organisation) highlight that average combined fuel bills now stand far higher at £1,288 by 2009.
- 2.2 The stock condition survey found that 4,211 dwellings represented a category 1 Hazard under the Housing Health Safety Rating System for Excess Cold. A further 11,016 exhibit Excess Cold as a category 2 hazard. This is supported by the Non Decent Homes statistics on thermal efficiency where 7,753 dwellings failed. The survey estimated 10,909 households were considered to be in fuel poverty, representing 11.1% of private sector households. Whilst this is a significant improvement on 2002 survey results (at 19%) this does not take account of major price rises which have a significant impact on bills.

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- 2.2 A macro analysis of Sefton Fuel Poverty statistics (March 2003 by CSE/Bristol University) found that 28% of households suffered from fuel poverty (31,893 households) compared to an England average of 23%.
- 2.3 The high scores reflect the combined influences of high levels of deprivation, older housing and inadequate heating systems that are common problems in parts of Sefton. The scale of the problem is represented by the stark statistics of excess winter mortality experienced here in Sefton at an average of 200 deaths p.a. (based on a 5 year average).

3.0 POLICY CONTEXT

- 3.1 In February 2003 the DTI published the energy white paper 'Our energy future – creating a low carbon economy'. One of its four key goals was to ensure that every home is adequately and affordably heated. This was recognition of the 2001 UK Fuel Poverty Strategy which was brought about after a private members bill received universal support to help eradicate the blight of fuel poverty in the UK.
- 3.2 The UK Strategy aims to eradicate fuel poverty from vulnerable households (described as those over 65, those with disabilities and long term illnesses and homes with young children) by 2010. It also plans to eliminate fuel poverty by 2016 altogether from the UK. However, evidence suggests that despite huge falls in the numbers of people in fuel poverty, now due to ever increasing fuel costs, the improvements are temporary.
- 3.3 Annual progress monitoring on achieving Affordable Warmth has now been included in the statutory Home Energy Conservation Act (1995) reporting to DEFRA.
- 3.4 Local Area Agreement (LAA): The March 2007 Local Area Agreement for Sefton adopted 11 Headline Priorities, with one these target measures being to "Reduce fuel poverty and associated suffering". As a core stretch target there is a £800,000 reward element associated with achieving the target within the time period (this is dependent on the other targets being achieved for a sum total of £8 million reward). The indicator is measured by the number of properties below SAP 35. SAP is the Standard Assessment Procedure which measures energy efficiency of homes, using a scale of 0-100, anything below 35 is considered extremely poor, new builds achieve over 80. Sefton's target was to reduce this to only 10,233 properties by March 2010 (lifting 600 properties above this poor performance level).
- 3.5 Our results to March 2009 show we have achieved this already and even exceeded it as we can report that there only remains 9,217 properties of SAP 35 or below and we are working to reduce this number even further.
- 3.6 In addition National Indicator 187 measures a fuel poverty proxy, which Sefton will be required to report upon annually. It uses the two standards of SAP 35 or below (considered fuel poor) and SAP 65 (considered safe from fuel poverty concerns). However it only measures the housing of those on means tested benefits. The results for last year are:
 - ◆ 7.07% households on means tested benefit with a SAP rating below 35
 - ◆ Actual Value 33.77% households on means tested benefit with a SAP rating of 65 or above
 - ◆ Based on 679 households on income related benefits for which SAP assessment has been carried out

4.0 CURRENT WORK ADDRESSING FUEL POVERTY IN SEFTON

- 4.1 Sefton Council has developed many services and projects to tackle fuel poverty. In recent years the Energy Team has assisted many thousands of households to access a wide range of grants, schemes and offers to install measures to make homes warmer and healthier. However, with unstable gas and electricity prices there is still much to do and the list below details just some examples of the focused help available to eradicate fuel poverty in Sefton.
- 4.2 SEARCH –. Sefton Council with the support of Sefton PCT has been awarded mainstream funding to continue its SEARCH (Sefton Energy Action Reaching Cold Homes) programme funded until 2011 (worth approximately £162,000). SEARCH is a home insulation grant referral scheme. During 2008/09 207 grants were issued to households for loft and cavity wall insulation in homes where a member of the household suffers from a cold related illness.
- 4.3 WARM FRONT GRANTS – A national government grant scheme to tackle fuel poverty in England providing a package of heating and insulation measures up to £3,500 available to homeowners and private tenants in receipt of certain benefits/allowances. During the 2008/09 financial year, 2921 households received a Warm Front grant for heating and energy efficiency measures at a total cost of £3,582,129.31.
- 4.4 HEALTH THROUGH WARMTH - This scheme was recently extended until 2011 and 37 households received assistance through this crisis fund to provide heating measures in their homes during 2008/09.
- 4.5 HELP – Home Energy Loans Project offers interest free loans of up to £1,000 for homeowners to install energy efficiency measures in their homes (subject to acceptance).
- 4.6 ENERGY AND WARM HOMES ADVICE - We work in partnership with the *Energy Savings Trust Advice Centre* to provide a referral scheme with a local focus for our residents. The free phone advice line is open Monday to Friday from 9am to 5pm and trained advisors provide free, impartial advice on a wide range of home heating and insulation grants, schemes and offers as well as general energy efficiency advice.
- 4.7 SEFTON FUEL POVERTY OUTREACH SERVICE - With funding from Supporting People, commenced in May 2008 with one Fuel Poverty Support Worker to provide acute demand for outreach and advocacy support to enable undereached residents to be supported in accessing grants and other support to reduce their risks of suffering in fuel poverty. The main function of the role of Affordable Warmth Worker is to provide a home visiting service to assist people to apply for heating and insulation grants to make their homes warmer and healthier. During home visits the AWW frequently identify additional housing and social needs and signpost them accordingly to a wide range of partners and this aspect of the role has worked extremely well helping to enhance the service provided and ultimately assisting the clients to remain living independently in their homes, with physical and fiscal support. After exceeding targets in YR1 by directly assisting 440 vulnerable residents the service was expanded to add an second Support Worker in April 2009 due to demand for service and increasing risks of fuel poverty that exist.
- 4.8 HOUSE WARMER REFERRAL NETWORK - In order to strengthen and increase the referral network, the Affordable Warmth Co-ordinator has developed an ongoing programme of fuel poverty briefing sessions to front line staff across many partner organisations. These sessions are delivered during existing team meetings to make

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best use of their available time. Background information on fuel poverty and issues faced in Sefton, together with a summary of the help available to make homes warmer are discussed and staff are fully briefed on how to refer those who need assistance using a range of referral methods including accessing the free phone advice line, e-mail, fax or completing a House Warmer reply paid post card.

5.0 SEFTONS AFFORDABLE WARMTH STRATEGY [SAWS]

5.1 The Affordable Warmth Strategy for Sefton was originally developed and launched in February 2007, following consultation and input from The 'Sefton Affordable Warmth Partnership Group' which is made up of 14 members representing the Health, Local Authority, Voluntary and Community sectors.

6.0 THE SAWS REVIEW DOCUMENT

6.1 The Sefton Affordable Warmth Partnership Group who acted as the steering group to develop the original Affordable Warmth Strategy agreed to carry the annual review of the strategy to reflect upon the years of activities and progress.

6.2 Members, listed above in consultation section, attended a full workshop event in August 2009 to discuss what had been achieved and provided input and suggestions to update the SAWS aims and activities as well as setting more focused targets

6.3 The resulting document [Annex 1 – SAWS REVIEW Final draft] details the progress made within the first two years and sets out aims and activities within the revised action plan. The reviewed strategy's aims, objectives and key tasks are laid out in table format to demonstrate links between the different aims.

6.4 The Year 2 - 2009 review of the SAWS is a positive step and reflects the Partnership Group's commitment to continue to work together to ensure that fuel poverty is eradicated in Sefton by effective identification and referral of those in need of help whilst continually linking with income maximisation and signposting to additional support services.

6.5 There is however, a constant need to involve further organisations in order to ensure that we are raising awareness of the issues at every level and continually developing partnership working to achieve common targets. The need to tackle fuel poverty will only end when all residents across Sefton can afford to heat their homes to a level appropriate to their physical needs.

7.0 STRATEGY REVIEW ADOPTION

7.1 After Cabinet approval the Sefton Affordable Warmth Strategy Review 2009 will be circulated widely to publicise the updated aims, activities and targets.

7.2 Following the publication of this updated strategy it is hoped that many more local organisations will become aware of fuel poverty as an issue that needs to be tackled urgently and join the others who are already committed to supporting and implementing the Sefton Affordable Warmth Strategy review.

8.0 RECOMMENDATIONS

8.1 Members give approval for Sefton to adopt the strategy review as Council Policy to underpin and expand its ongoing work in tackling fuel poverty.

1. Raise awareness amongst decision makers, front line staff and general public about healthier, warmer homes and lower bills				
08/09 OBJECTIVE	08/09 TARGET	ACHIEVED	09/10 UPDATED/NEW OBJECTIVE	09/10 TARGET
Increase and strengthen House Warmer referral network.	75 Additional cross sector staff trained to increase referrals. Increase uptake of grants and schemes by 10%	194 staff trained (116 staff trained in previous year)	Continue ongoing programme of Fuel Poverty (FP) briefing sessions and increase House Warmer referral network. Work together with partners to identify new staffing groups to deliver sessions to such as One Vision Housing Welfare Benefits team, as well as revisiting teams such as Anchor Staying Put and Housing Improvements Team to ensure new staff members are briefed	Deliver FP sessions to 75 cross sector front line staffing groups. Improve heating and insulation in 3000 homes in Sefton.
Ensure that Health Visitor teams are offered FP training sessions	Extend invitation to relevant key contact to join the AW Partnership Group	Val Frampton Health Visitor Manager now representative on AW Partnership Group	Work with Steph Griffiths and Val Frampton from NHS Sefton to set up FP briefing sessions to all health visiting teams	20 Additional health visitors to receive FP briefings.
			Currently 14,000 clients on Registered Social Landlord (RSL) waiting list likely to be living in poor housing. Work together with Housing Associations to develop targeted information for waiting list tenants to promote basic energy efficiency tips and warm homes advice	Circulate information to 1000 waiting list clients per year
			Continue close working with Steph Griffiths to identify key person within NHS Sefton to negotiate attendance at quarterly GP professional forums to raise awareness of the links between cold homes and ill health	Attend 2 professional forums.
Publicise in local media how to access help and advice to reduce fuel bills and improve energy efficiency	4 media opportunities per year	Articles appeared in newsletters such as Carers Centre/L20 Zone/Housing Market Renewal newsletter/Formby Times/HECA action news	Continue to submit awareness raising articles and press releases to relevant newsletters and local newspapers including One Vision Housing Association website/newsletter. Ongoing use of web resource	4 articles/newsletters per year. Update Sefton Council webpage as and when appropriate

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2. To increase collaboration of organisations towards the formation of partnerships to achieve affordable warmth			
08/09 ACTIVITY	08/09 TARGET	ACHIEVED	09/10 TARGET
08/09 ACTIVITY	08/09 TARGET	ACHIEVED	09/10 TARGET
Ensure response provided to the Joint Strategic Needs Assessment (JSNA) consultation	Write position paper for the Primary Care Trust (PCT)	Position paper circulated June 08	Completed
New post of Affordable Warmth Worker managing ongoing caseload of clients, providing home visiting support and signposting to wide range of partner organisations	400 enquiries, 200 home visits, refer 125 clients for grant support and 400 households to receive home energy advice	441 enquiries, 269 home visits, 342 referrals for grant support, 441 households received home energy advice 2nd caseworker appointed April 09	800 enquiries, 400 home visits, 250 referrals to grant support and 800 households to receive home energy advice. Feb/Mar 2010 - initiate talks with Supporting People Manager to discuss continuation funding post 2011
Private Sector Housing Strategy	Included in extensive ongoing discussions	Postponed due to Audit inspection	Private Housing Sector Strategy currently in draft. Continue partnership working with Housing colleagues
Local Public Health team to assist with providing more detailed local statistics for use in planning programmes of activity	Contact relevant staff within Public Health team to obtain data broken down into specific local areas to target areas of greatest need	Stronger links forged with Public Health staff. Statistical information more accessible. Public Health staff assisted to break down Excess Winter Death (EWD) figures based on local statistics rather than national figures. This local statistical analysis prompted business case for major intervention programme	Business case for major intervention programme. Develop working relationship with key contacts within local Housing Associations to initiate discussions around a potential 'Sefton tariff'
Increase referrals to Department of Work and Pensions/Benefit Maximisation teams. Maintain close working with relevant advisory services and develop links with new services where appropriate.	20 Additional referrals. Provide FP sessions as well as crib sheets and leaflets as a resource for advice workers. Increase numbers of residents referred for tariff/fuel debt advice linking in with welfare benefit checks to maximise incomes	102 referrals (70 in previous year). 5 Health Outreach (CAB) staff attended Fuel Poverty briefing session. Updated crib sheet for front line staff. Over £77,000 additional income raised following successful referrals from Affordable Warmth Workers for benefit entitlement checks.	Explore other methods of income maximisation - tariffs - referrals into employment. Set up meeting with organisations such as Sefton@Work to strengthen system for reciprocal referrals.
Link in with Housing Associations in Sefton and have representation of Affordable Warmth Partnership Group	Increased partnership working to achieve common targets within Local Area Agreements and Decent Homes Standard	New links made with key Housing Association staff	Continue to strengthen working relationship and share information appropriately with Housing Associations in the locality
Identify relevant staff members within Sefton CVS to draw up list of relevant voluntary and community groups to make contact with	Engage with 5 new organisations who work with hard to reach/vulnerable groups	Made links with King George Bootle Credit Union, 408 Youth Centre, Venus Women's Centre, PSS and Sefton CVS Social Inclusion Project Team	Update list of partner organisations and circulate to Affordable Warmth Partnership Group. Draw up list of organisations to revisit and identify new contacts
Liaise with Health & Social Care Co-ordinator to access large network of mental health groups and support services	Provide FP briefings at appropriate Health & Social Care sub group meetings	Attendance at mental health and older persons sub group meetings. Raised awareness of FP issues and strengthened House Warner referral network	Request attendance at Health & Social Care forum as appropriate to continue awareness raising via networks within the forum

3. To influence national, regional and local policies, regulation and legislation, in order to achieve affordable warmth				
08/09 ACTIVITY	08/09 TARGET	ACHIEVED	09/10 UPDATED OBJECTIVE	09/10 TARGET
Maintain close working links with Anchor Staying Put and other relevant organisations to ensure sharing of appropriate information in relation to Warm Front cases of concern.	Feed concerns experienced at local level into the Fuel Poverty Advisory Group (FPAG - Local Authority/Eaga liaison group) and Parliamentary Warm Homes Group to resolve issues such as warm front funding and increasing numbers of excess payments	Collated information from clients concerning excess payments, high labour costs and installer issues and gave feedback during attendance at FPAG and Parliamentary Warm Homes groups. Warm Front grant maxima increased to £3500 and £6000 for oil systems	Maintain links with partner organisations and share appropriate information. Continue attendance at Fuel Poverty Advisory Group & Parliamentary Warm Homes Group meetings to ensure local concerns are fed into the national perspective	
Continue the role of Fuel Poverty Champion within the Partnership Group to take forward areas of concern and issues in order to raise them at a higher political level	Lobby to effect changes to national fuel poverty initiatives	Existing Fuel Poverty Champion unable to continue role. Members of Affordable Warmth Partnership Group agreed that a new FP Champion should be sought to assist the group to raise issues at higher political level when necessary	Liaise with Health & Social Care (Overview & Scrutiny Committee) and Local Strategic Partnership to identify and appoint Fuel Poverty Champion	Appoint Fuel Poverty Champion. Update and agree terms of engagement for the role
Respond to relevant consultations and papers		ERDF lobbying and response to Community Energy Saving Programme (CESP) and Heat and Energy Saving Strategy (HESS)	Work together with Merseyside colleagues to submit joint bid	

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Maintain close links with National Energy Action (NEA)	Complete application to become member organisation of National Energy Action	Became member of NEA in January 2009. Presentation at NEA forum in Manchester and regular attendance at quarterly regional forums	Maintain close links with NEA	Attend annual conference and regional forums
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4. To improve the energy efficiency of housing to contribute to affordable warmth and provide access to clear, appropriate and impartial information and advice related to fuel poverty			
08/09 ACTIVITY	08/09 TARGET	ACHIEVED	09/10 TARGET
Engage with Landlords & Housing Associations	Engage with key staff within One Vision Housing and extend invitation to join Affordable Warmth Partnership Group. Build on working relationships formed with other local Housing Associations	Geoff McKeating now representing One Vision Housing on the group. Invitation also extended to Chad Thompson from the Plus Dane Group	Begin talks with Housing Association key contacts to develop working arrangements in relation to the major business case and potential areas of work around tendering for a Sefton tariff
National Performance Indicators NI187 Fuel Poverty (NI 187 to measure the proportion of households on income related benefits for whom an energy assessment of their housing has been carried out and have a SAP of below 35 or greater than 65. Trends suggest a continuing 2% improvement in Standard Assessment Procedure (SAP) levels	Trends suggest a continuing 2% improvement in Standard Assessment Procedure (SAP) levels	Number of dwellings below SAP 35 = 9,217 Number of dwelling above SAP 65 = 17,752	Continue to monitor and improve housing stock
Providing input at national and regional meetings and comment on relevant papers	Continue to respond to relevant papers and consultations. Maintain attendance at Fuel Poverty Advisory Group, Parliamentary Warm Homes Group and regional Fuel Poverty forums	Responses issued to the following consultations -Community Energy Efficiency Programme (CESP) European Regional Development Fund (ERDF) National Indicators (NI) 185/186 & 187	Continue to respond to relevant consultations and papers as and when appropriate. Maintain involvement in the North West Carbon Action Network (CAN) and Domestic Energy Alliance (DEA)
Meet with ESTAC manager to clarify changes. Sefton to channel resources more at fuel poverty and education work	Strengthen referral process and improve feedback. Attend flu clinics to access hard to reach groups as well as able to pay clients. Complete 1000 home energy checks	9671 Home Energy Checks (HEC's) completed. Attendance at 7 flu clinics in Southport & Formby and 4 day Flower Show information stand. Outreach event at Asda, Aintree during national Energy Efficiency week. Information stands at Aintree & Southport hospital during national Warm Homes week. Gave informal talks to partner organisations and community groups	Continue close working arrangements with Energy Projects Plus (EP+) on fuel poverty work. Work together with ESTAC to plan a programme of appropriate awareness raising events and talks across the Borough
Liaise with Health & Social Care Co-ordinator to access large network of mental health groups and support services	Provide FP briefings at relevant Health & Social Care sub group meetings	Attendance at mental health and older persons sub group meetings. Raised awareness of FP issues and House Warmer referral network	Meet with Health & Social Care Co-ordinator to develop stronger links with the forum and sub group members
Clarify changes to Merseyside Energy Efficiently Advice Centre (MEEAC) to become Energy Saving Trust Advice Centre (ESTAC) from April 08.	Set up new Service Level Agreement to ensure referral process is seamless and feedback for referral network is improved	Service Level Agreement set up with Energy Projects Plus (EP+) as ESTAC focus on able to pay bracket	Continue close working arrangements - see point 4 above
Respond to consultation paper concerning Energy Watch closure in September 08 (to become Consumer Direct)	Highlight concerns on the loss of Energywatch and the proposal to absorb the service into Local Authorities	Very tight timescale to respond to consultation. Efforts made to formulate a joint response with regional colleagues. Consumer Direct replaced Energywatch from 1st October 08.	Attend Fuel Debt Seminar organised by NEA Sept 09

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