

CABINET AGENDA



Monday, 10 January 2011

at 9.15 am

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: CABINET:

The Mayor, Stuart Drummond

Councillors Brash, Hall, Hargreaves, Hill, Jackson, Payne and H Thompson

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

To receive the Record of Decision in respect of the meeting held on 20 December 2010 (previously circulated)

4. BUDGET AND POLICY FRAMEWORK

- 4.1 Medium Term Financial Strategy (MTFS) 2011/12 to 2014/15 – Specific Grant Issues – *Corporate Management Team*
- 4.2 Safer Hartlepool Partnership's Draft Strategy 2011 – 2014 – *Director of Regeneration and Neighbourhoods*

5. KEY DECISIONS

- 5.1 Housing Adaptations Policy 2010 – 2013 – *Director of Regeneration and Neighbourhoods*

6. OTHER ITEMS REQUIRING DECISION

- 6.1 Hartlepool Partnership And Council Proposed Outcome Framework 2011-15 – *Head of Performance and Partnerships*
- 6.2 Selective Licensing Of Private Landlords – Additional Areas – *Director of Regeneration and Neighbourhoods*

7. ITEMS FOR DISCUSSION/INFORMATION

- 7.1 Public Health White Paper – Healthy Lives, Healthy People: Our Strategy For Public Health In England – *Director Of Child And Adult Services*
- 7.2 Adult Social Care: A Strategic Overview – *Director of Child and Adult Services*

8. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS

No items.

CABINET REPORT

10 January 2011



Report of: Corporate Management Team

Subject: Medium Term Financial Strategy (MTFS)
2011/12 to 2014/15 – Specific Grant Issues

SUMMARY

1. PURPOSE OF REPORT

1.1 The purposes of the report are:

- i) to provide details of the changes to Specific Grants and
- ii) to enable Members to determine a proposed strategy for managing these changes.

2. SUMMARY OF CONTENTS

2.1 The report provides details of changes and cuts to specific grants.

3. RELEVANCE TO CABINET

3.1 The report enables Cabinet to assess the impact of changes to Specific Grants.

4. TYPE OF DECISION

4.1 Budget and Policy Framework.

5. DECISION MAKING ROUTE

5.1 Cabinet 10 January 2011, Cabinet 7 February 2011 and Council 12 February 2011.

6. DECISION(S) REQUIRED

6.1 Cabinet will be required to determine a strategy for managing cuts in Specific Grants.

Report of: Corporate Management Team

Subject: Medium Term Financial Strategy (MTFS)
2011/11 to 2014/15 - Specific Grant Issues

1. PURPOSE OF REPORT

1.2 The purposes of the report are to:

- i) to provide details of the changes to Specific Grants and
- ii) to enable Members to determine a proposed strategy for managing these changes.

2. SPECIFIC GRANT ISSUES

2.1 As reported to Cabinet on 20 December a number of Specific Grants have been transferred into the Formula Grant. It is expected that these changes will require the Council to implement further reductions in expenditure owing to the cuts in Grant Funding. A detailed assessment of these changes is currently being undertaken and these details will be reported at your meeting on 10 January 2011.

2.2 The detailed assessment of these changes will enable Cabinet to determine a proposed strategy for managing these changes. These proposals can then be referred to Scrutiny Co-ordinating Committee in January as part of the formal budget consultation process.

3. RECOMMENDATION

3.1 Cabinet will be required to determine a strategy for managing cuts in Specific Grants.

CABINET REPORT

10 January 2011



Report of: Corporate Management Team

Subject: Medium Term Financial Strategy (MTFS)
2011/12 to 2014/15 – Specific Grant Issues –
Supplementary Information

1. SUPPLEMENTARY INFORMATION

- 1.1. As indicated in the report issued with the main agenda a number of changes have been made to Specific Grants and grants previously allocated via the Area Based Grant
- 1.2. A detailed assessment of these changes has now been completed and the key issues are detailed in the following paragraphs, together with a proposed strategy for managing these changes.

2. GRANTS TRANSFERRED INTO THE FORMULA GRANT

- 2.1. A number of specific grants and grants previously paid via the Area Based Grant have been transferred into the Formula grant at a national level. These amounts have been top sliced, mainly for the Academies programme, before the Government reduced the level of grant funding. The reductions in these grants have, as is the case with the core Formula Grant, been front loaded over the next two years. The greatest reductions will be made in 2011/12.
- 2.2. For Hartlepool the top slice totals £0.323m, a 4.3% cut in the current overall level of grant funding. Hartlepool's grants have then been reduced from £7.515m in 2010/11 to £6.621m in 2011/12, a reduction of 11.9%.
- 2.3. There will be a further reduction to £6.210m in 2012/13, which brings the total reduction from 2010/12 (including the top slicing reduction) to approximately 21% over a 2 year period.
- 2.4. Further reductions are likely in 2013/14 and 2014/15 as the Government still needs to achieve the budget reductions detailed in the Spending Review. Once these reductions are known it is anticipated that the total reductions will be around 30%, which is the planning assumption for the 4 years commencing 2011/12 we have been working to.

- 2.5. The reduction in these grants will require a range of programmes to be scaled back. Details of proposed allocations for areas affected are set out in Appendix A. The main reduction relates to Supporting People services. This reduction was anticipated and negotiations have been ongoing for some time with providers to address reductions in this area.

3. GRANTS TRANSFERRED INTO NEW 'EARLY INTERVENTION GRANT' (EIG)

- 3.1 A number of specific grants and grants previously paid via the Area Based Grant have been transferred into the new Early Intervention grant. These grants have been reduced significantly by the Government in 2011/12. This grant then increases slightly in 2012/13, although the increase is likely to be less than inflation for 2012/13.
- 3.2 Hartlepool's grants have been reduced from £8.875m in 2010/11 to £6.935m in 2011/12 – a reduction of 21.9%.
- 3.3 For 2012/13 the Council has been given an indicative allocation of £7.062m – an increase of 1.8% on 2011/12. Despite this small increase over the next two these areas will face a funding reduction of nearly 21%.
- 3.4 The reduction in these grants will require a range of programmes to be scaled back. Details of proposed allocations for areas affected are set out in Appendix B. These are indicative allocations as there will need to be a degree of flexibility to transfer resources between individual areas to manage such a large in year reduction in funding.

4. UPDATE ON IMPACT OF PROVISIONAL SETTLEMENT ON BUDGET FORECASTS

- 4.1 It was report to Cabinet on 20th December 2010 that it was anticipated the budget strategy would gain £1.7m from Transitional funding and £1.0m from the new Personal Social Services grant in 2011/12. On this basis the report identified 2 options for the 2011/12 budget and the implications for future years as follows:

	2011/12 £'000	2012/13 £'000	2013/14 £'000	2014/15 £'000	Total £'000
Planning forecasts 29.11.10 (assumes no additional benefit from new Social Services Grant in 2012/13, existing Council Tax increases of 0% 2012/13 and 3.9% in 2013/14 and 2014/15 and 2012/13 BTP efficiencies of £2m not achieved)	5,650	8,900	2,400	4,600	21,550
<u>Report 20.12.10</u>					
Option 1 - Revised Deficits if 2011/12 maintained at £5.650m	5,650	7,556	2,400	4,600	20,206
Option 2 - Revised Deficits if minimum savings made in 2011/12	2,806	10,400	2,400	4,600	20,206

- 4.2 The December report advised Cabinet that it had not been possible to identify whether the new Personal Social Services grant would be included in the core Formula Grant, or would be paid as a specific grant. This issue was therefore a budget risk.
- 4.3 It has now been established that the new Social Service grant has already been included in the main Formula Grant, so this benefit does not exist. Therefore, the only flexibility for managing the 2011/12 budget is the Transitional grant of £1.7m.
- 4.4 Clarification of the position on the new Social Service grant means that the saving required under option 2 for 2011/12 increase from £2.806m to £3.806m.
- 4.5 The December report advised Members that option 1 provided one-off funding of up to £2.7m for 2011/12 and 2012/13 redundancy costs, in conjunction with any resources required for projects which may require investigation to ascertain if they provide any future budget benefits. This one-off funding has now reduced to £1.7m. The latest estimate of redundancy costs for 2011/12 is £1.6m, which would commit the majority of this funding.
- 4.6 Option 2 provides no funding for redundancy or other one-off costs as the available one-off resources would be committed to delaying cuts until 2012/13. This option therefore increases the cuts which will need to be made in 2012/13 and also defers an unfunded redundancy costs liability from delaying cuts. This will increase the level of cuts in 2012/13 as no further Transitional funding will be paid by the Government in 2012/13.

5. CONCLUSION

- 5.1. The report indicates that there have been significant changes in how some Specific Grants and grants previously allocated through the Area Based Grant will be allocated from 2011/12. The amount of funding allocated to individual councils will also reduce significantly.
- 5.2. The report outlines proposed allocations for using the grants transferred into the Formula grant and the new EIG, which will enable service reductions to be managed with significantly reduced funding.
- 5.3. In Hartlepool's case these reductions are on top of the reduction to the core Formula Grant. The current level of grant reductions is £9.288m, for 2011/12 which consist of the following amounts
- Core Formula Grant reduction £6.131m
 - Grant Transferred into Formula Grant reduction £1.217m
 - Grants transferred into EIG reduction £1.940m
 - Total Grant reduction £9.288m

- 5.4. The final reduction in grant funding will be higher than indicated above, once account is taken of reductions in specific grants.
- 5.5 The report also advises Members that the position on the new Social Service grant has been clarified. This funding has been included in the core Formula Grant, which means the Council's flexibility to manage the 2011/12 budget has reduced from £2.7m to £1.7m. This reduced amount will be needed to meet 2011/12 redundancy costs which are estimated to be £1.6m.

6. RECOMMENDATION

- 6.1. It is recommended that Cabinet approves the proposed allocations detailed in Appendices A and B and refers this issue to Scrutiny Coordinating Committee as part of the budget process.

Formula Grant Adjusted Baseline

	Specific grant or ABG	ABG and Specific Grants transferred into Formula Grant £'000
Formula Grant		
Concessionary Travel	Specific	582
Child Death Review Processes	ABG	18
Care Matters White Paper	ABG	116
Economic Assessment Duty	ABG	65
Adult Social Care Workforce	ABG	297
Carers - Adult	ABG	436
Carers - Child	ABG	109
Child & Adolescent Mental Health	ABG	234
Learning & Disability Development Fund	ABG	106
Local Involvement Networks	ABG	99
Mental Capacity Act & Independent Mental Capacity	ABG	63
Mental Health	ABG	373
Stroke Services	Specific	87
Social Care Reform Grant	Specific	440
Social Care Reform Grant	Specific	63
Social Care Reform Grant - Extra Care Specific	Specific	20
Aids	Specific	7
Private Sewers		-39
Planning Inspectorate SUDs Appeals Costs		-2
Academies		-282
Local Transport Services	Specific	118
Supporting People	ABG	3985
Housing Strategy for Older People	ABG	70
LSC Staff Transfer	ABG	275
Preserved Rights	Specific	270
Animal Health & Welfare		5
Adjusted Formula Grant		7515

APPENDIX A

2011/12 Proposed allocation £'000	Reducton in Funding £'000
350	0
16	2
100	16
56	9
257	40
377	59
94	15
202	32
92	14
86	13
54	9
322	51
75	12
380	60
54	9
17	3
6	1
0	0
0	0
0	0
102	16
3443	542
61	9
238	37
	37
233	
4	1
6621	985

2012/13 Proposed allocation 21.12.10 £'000	Reducton in Funding £'000
350	0
15	1
94	7
53	4
240	17
352	25
88	6
189	13
86	6
80	6
51	4
301	21
70	5
355	25
51	4
16	1
6	0
0	0
0	0
0	0
95	7
3218	226
57	4
222	16
	15
218	
4	0
6210	411

APPENDIX B

Early Intervention Grant

	ABG & Specific Grants transferred into Early Intervention Grant
	£
ABG Grants	
Connexions - utilised by Child and Adults Services	1,117,729
Connexions - utilised by Local Authority	166,814
Children's Fund	394,991
Positive Activities For Young People - utilised by Child and Adult Services	474,000
Positive Activities For Young People - utilised by Local Authority	32,508
Teenage Pregnancy	144,000
Youth Substance Misuse - only DFE element	13,174
January Guarantee	12,208
Child Trust Fund	2,378
Children's Social Care Workforce	41,495
ABG Total	2,399,297
Specific Grants	
Children's Centres	3,260,350
Early Years Sustainability	623,717
Early Years Workforce	359,135
Two Year Old Offer Early Learning and Childcare	215,990
Think Family Grant	969,706
Short Breaks for Disabled Children	381,630
Foundation Learning	22,620
Targeted Mental Health in Schools	222,500
Contact Point	64,266
Youth Crime Action Plan	175,000
Youth Opportunity Fund	181,100
Specific Grants Total	6,476,014
TOTAL	8,875,311

2011/12 Proposed Budget allocation	Reduction in Funding
£	£
879,788	237,941
131,303	35,511
310,906	84,085
373,095	100,905
25,588	6,920
113,345	30,655
10,370	2,804
9,609	2,599
1,872	506
32,662	8,833
1,888,536	510,761
2,566,289	694,061
490,941	132,776
282,683	76,452
170,010	45,980
763,276	206,430
300,389	81,241
17,805	4,815
175,134	47,366
0	64,266
137,746	37,254
142,548	38,552
5,046,820	1,429,194
6,935,356	1,939,955

CABINET REPORT

10 January 2011



Report of: Director of Regeneration & Neighbourhoods

Subject: SAFER HARTLEPOOL PARTNERSHIP'S DRAFT STRATEGY 2011-2014

SUMMARY

1. PURPOSE OF REPORT

To initiate the Council's consideration of the Safer Hartlepool Partnership's (SHP) strategy for 2011-2014, as part of the Budget and Policy framework.

2. SUMMARY OF CONTENTS

The report explains the legal context for the Council, in respect of the Safer Hartlepool Partnership's strategy development and outlines the legal process set for the production of the Partnership Plan, which comprises the 3 year strategy and annual priorities. The report details the strategy objectives for 2011-2014 and annual priorities for 2011/12.

3. RELEVANCE TO CABINET

Budget and policy framework item relevant to community safety.

4. TYPE OF DECISION

Budget and Policy Framework.

5. DECISION MAKING ROUTE

Cabinet 10 January 2011.
Regeneration & Planning Services Scrutiny Forum 20 January 2011.
Cabinet 7 February 2011.
Council 24 February 2011.

6. DECISION REQUIRED

Referral to Regeneration and Planning Services Scrutiny Forum.

Report of: Director of Regeneration & Neighbourhoods

Subject: SAFER HARTLEPOOL PARTNERSHIP'S DRAFT
STRATEGY 2011-2014

1. PURPOSE OF REPORT

To initiate the Council's consideration of the Safer Hartlepool Partnership's (SHP) strategy for 2011-2014, as part of the Budget and Policy framework.

2. BACKGROUND

- 2.1 The Crime and Disorder Act 1998 established a statutory duty for the Local Authority and Police to form a partnership and produce a 3 year strategy, based on a review of crime and disorder which occurred in the previous 3 years. The Police Reform Act 2002 extended this duty to include the Primary Care Trust, Police Authority and Fire Authority. The Policing and Crime Act 2009 also extended this duty to include the local Probation Trust from 1 April 2010. Collectively these 6 bodies are known as Responsible Authorities for the purposes of the partnership provisions in the Crime and Disorder Act 1998.
- 2.2 Following a review of the partnership provisions in the 1998 Act, the Police and Justice Act 2006 amended the Act, so that new regulations could be introduced, which would extend the statutory duty placed collectively on the Responsible Authorities.
- 2.3 The Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 came into force on 1 August 2007 and set out minimum standards on how the Safer Hartlepool Partnership (SHP) should function in formulating and implementing strategies to tackle crime, disorder and substance misuse in Hartlepool. This duty was extended by the Policing and Crime Act 2009, to cover reducing re-offending.
- 2.4 One requirement of the Regulations is that the SHP must produce an annual strategic assessment, instead of reviewing crime and disorder which occurred in the previous 3 years.
- 2.5 The purpose of the strategic assessment is to provide knowledge and understanding of community safety problems that will inform and enable the partners to:
- Understand the patterns, trends and shifts relating to crime and disorder and substance misuse;

- Set clear and robust priorities of their partnership;
- Develop activity that is driven by reliable intelligence and meets the needs of the local community;
- Deploy resources effectively and present value for money;
- Undertake annual reviews and plan activity based on a clear understanding of the issues and priorities.

2.6 Following consideration of the strategic assessment findings, the SHP must produce a Partnership Plan by 1 April. The Plan must:

- Include a strategy for tackling crime and disorder (including anti-social behaviour and other behaviour adversely affecting the local environment), and for reducing re-offending for combating the misuse of drugs, alcohol and other substances in the area over the subsequent 3 years;
- Be revised at least annually;
- Contain the priorities identified through the strategic assessment;
- Contain information about the role of each partner in supporting the delivery of the priorities and how this will be resourced;
- Contain information about the way the partnership will engage with the community.

The Partnership plan therefore comprises a 3 year strategy (to tackle crime, disorder, substance misuse and reducing re-offending) and annual action plans.

3. DEVELOPMENT OF THE 2011 PARTNERSHIP PLAN IN HARTLEPOOL

3.1 The SHP considered its fourth annual strategic assessment in December 2010. A summary of the findings from the strategic assessment is included in the draft strategy for 2011-2014, which is attached at **Appendix A**.

3.2 The SHP has reviewed its four strategic objectives contained in the strategy for 2008-2011 and adjusted their focus slightly for 2011 – 2014:

Current Objective 2008-2011

1. Reduce crime
2. Reduce the harm caused by illegal drugs and alcohol
3. Improve neighbourhood safety and increase public confidence, leading to a reduced fear of crime and anti-social behaviour

New Objective 2011-2014

1. Reduce crime and repeat victimisation
2. Reduce the harm caused by drug and alcohol misuse
3. Create confident, cohesive and safe communities

4. Reduce offending and re-offending	4. Reduce offending and re-offending
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3.3 The annual priorities for 2011/12, which have been established from the strategic assessment conducted in December 2010 have been agreed as:

- Acquisitive crime – specifically domestic burglary and theft
- Violent crime – including domestic violence and abuse
- Alcohol treatment, delivery of alcohol strategy and drug dealing and supply
- Anti-social behaviour – including links to private rented properties and alcohol related youth ASB
- Criminal damage – specifically damage to dwellings
- Confidence and cohesion
- Prevent and reduce offending, re-offending and the risk of offending

An action plan for 2011/12 will now be established covering each priority.

3.4 In addition, the SHP has agreed that it must continue to provide drug treatment – which has a planning process previously prescribed by Government for both adults and young people. The National Treatment Agency (NTA), which is a special health authority, and will become part of Public Health England in future, has encouraged Partnerships to continue to use its planning process, although this is not essential now.

4. THE COUNCIL'S RESPONSIBILITY

4.1 Hartlepool Borough Council is 1 of the 6 Responsible Authorities with a duty to formulate and implement a Partnership Plan.

5. RECOMMENDATIONS

5.1 In accordance with the Budget and Policy Framework, Cabinet is recommended to refer the Safer Hartlepool Partnership's draft strategy attached to this report at **Appendix A** to the Regeneration and Planning Services Scrutiny Forum for their consideration.

Contact Officer: Alison Mawson, Assistant Director (Community Safety and Protection).

Background papers

Report to SHP on 8 October 2010.
SHP Strategic Assessment 2010.

SAFER HARTLEPOOL PARTNERSHIP

**Draft Strategy 2011-2014
to tackle crime, disorder,
substance misuse and
reducing re-offending
in Hartlepool**

REVIEW OF PAST PERFORMANCE

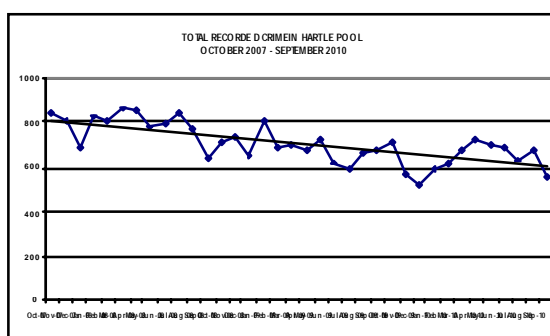
Hartlepool is a safer place than it was 3 years ago.

Between March and May 2010, the Council's citizen panel (Viewpoint) survey revealed that almost 50% of respondents were not worried about having their homes broken into or things stolen from their car.

This is very encouraging when compared to the October 2007 results of 36% and 38% respectively.

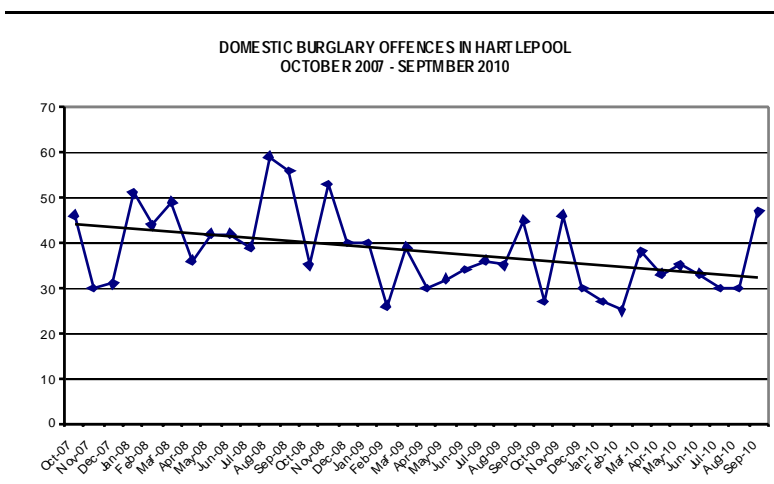
At the Partnership "face the people" event held in July 2010, the majority of attendees said more should be done to help/support victims.

Recorded crime has reduced by 5% compared to the previous 12 months.



Violence and criminal damage account for more than 40% of all recorded crime. Acquisitive crime offences such as burglary, vehicle crime and theft also continue to be a prominent feature.

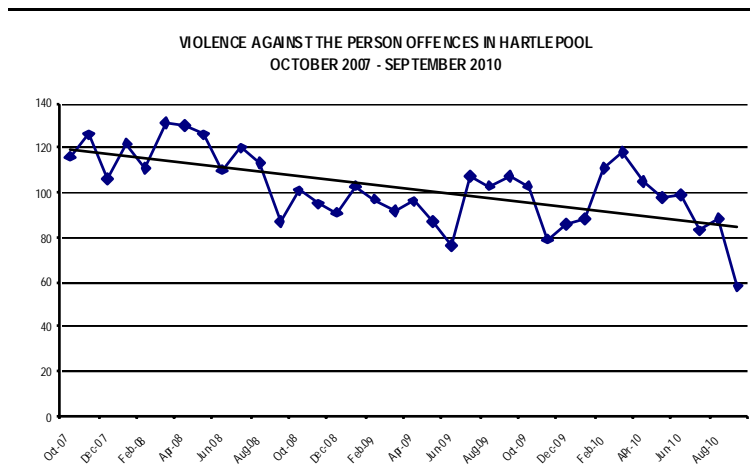
Domestic burglary offences (406) have reduced by 10% compared to the previous 12 months and 36% since 2006/07 (634).



Valuable metal theft has increased by 15% and shop-theft has increased by 5%.

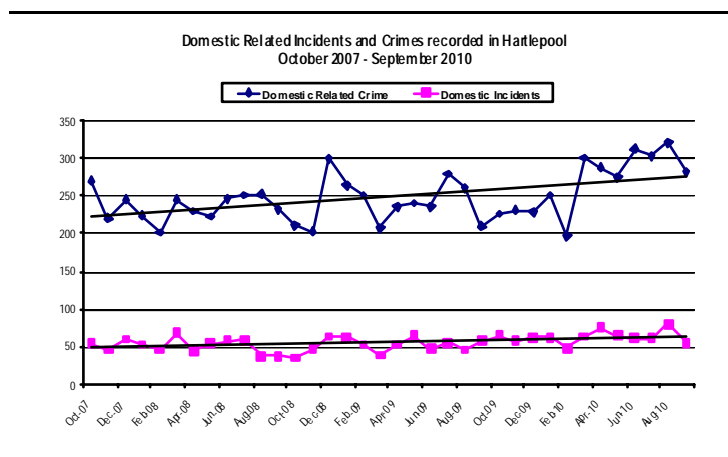
Lead theft from properties and cable theft from railways mainly account for the valuable metal. Offences of shop theft at 20 stores in the town accounted for 62% of offences, with each store reporting 10 offences or more.

Over the last 3 years non domestic violence against the person offences have been decreasing.



Almost two-thirds of non domestic violence offences in the town centre are linked to alcohol and almost a quarter to drugs. 75% of offences in the town centre occurred between 0000-0400 hours.

During the 12 month assessment period (i.e. Oct 09 to Sept 10) domestic related incidents have increased by 11% and domestic related crimes recorded by 21 %



16% of domestic related incidents are linked to alcohol. Just over 50% of domestic related incidents occur in Stranton, Brus, Owton, Dyke House and Burn Valley wards. Victim analysis shows that more than a third (34%) of crimes involved a child under 10 years (535 children) and a third of these children actually witnessed the crime.

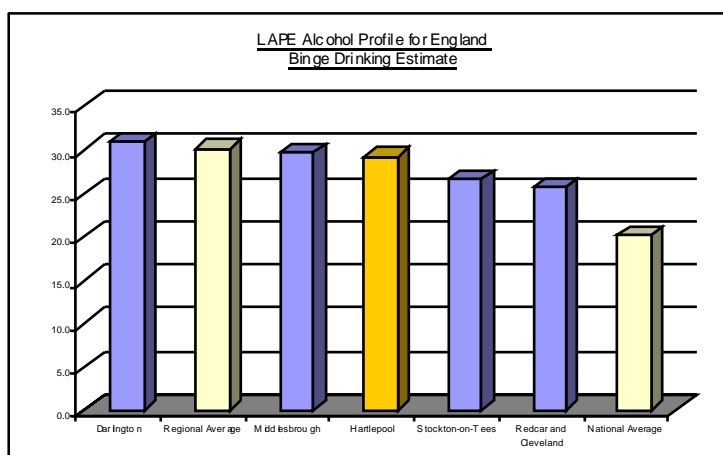
Since the introduction of the Specialist domestic violence court in Hartlepool in April 2010, more than half of the cases (59%) have resulted in a successful prosecution.

The majority of victims of domestic violence are female, with male victims presenting relatively low numbers. Offender data shows the opposite gender balance.

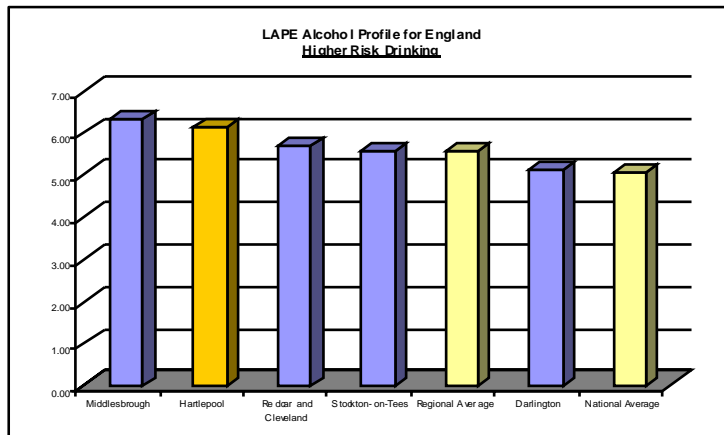
Alcohol continues to be a contributory factor in the occurrence of crime and disorder, specifically violence and anti-social behaviour.

Alcohol related anti-social behaviour incidents account for almost half (49%) of all alcohol related incidents recorded by Cleveland Police. Peak times recorded for alcohol related crimes and incidents correspond with the concerns of the Police and Hartlepool Borough Council's Licensing Committee that, longer opening hours have not had the desired effect of dispersing people away from the town centre across a longer time frame, but have merely shifted the time when most incidents are likely to occur from 0200 hrs to 0400hrs.

Hartlepool has the third highest estimate of binge drinking in the Tees Valley and one of the highest in the country (ranked 314 out of 324).



Levels of harmful (higher risk) drinking, defined as men drinking over 50 units per week and women over 35 units, are also high nationally (ranked 296 out of 324).

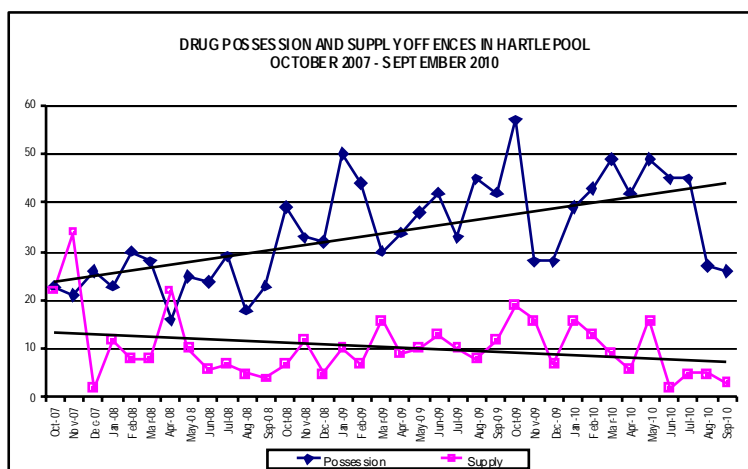


Rates of hospital admissions linked to alcohol have increased by 17% between 2009/10 and 2008/09. Hartlepool's hospital admission rate at 2186 per 100,000 population is slightly lower than the regional average (2420), but higher than national average (1743).

Locally, 2 in 5 young people stopped by the police for anti-social behaviour have an association with alcohol, with the vast majority (87%) stopped on Friday and Saturday nights.

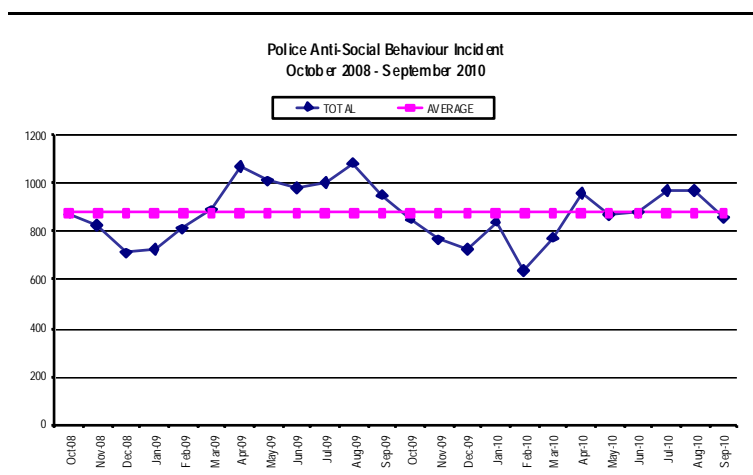
Similar to the previous 12 months, there have been over 550 drug offences recorded in Hartlepool.

Drug possession offences continue to follow a steep increasing trend, whereas supply offences are following decreasing trend. Class B drug types continue to account for the majority (79%) of drug offences, with offences recording an 11% increase year on year. Offences are predominantly in relation to cannabis, with 86% of Class B drug supply offences relating to the production/cultivation of cannabis.



Total Police recorded anti-social behaviour incidents in Hartlepool have reduced by 8% when compared with the previous assessment period.

Despite this reduction, anti-social behaviour incidents remain above average during the spring and summer months, where over the last two consecutive reporting years incidents have peaked during the month of August.

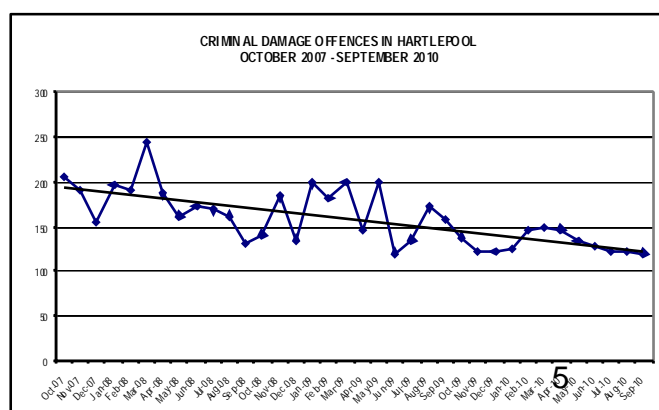


Alcohol, youths and off-road motorbikes have a significant impact on anti-social behaviour. All eleven test purchase visits to licensed premises by under-age persons were unsuccessful (i.e. no sale made). But Her Majesty's Revenues and Customs (HMRC) have seized 400 litres of spirits and 200 litres of wine during the 12 month period, with the greatest volume in TS24 postcode areas.

There have been 50 racially or religiously motivated crimes recorded in Hartlepool, which represents a slight increase compared to the previous year.

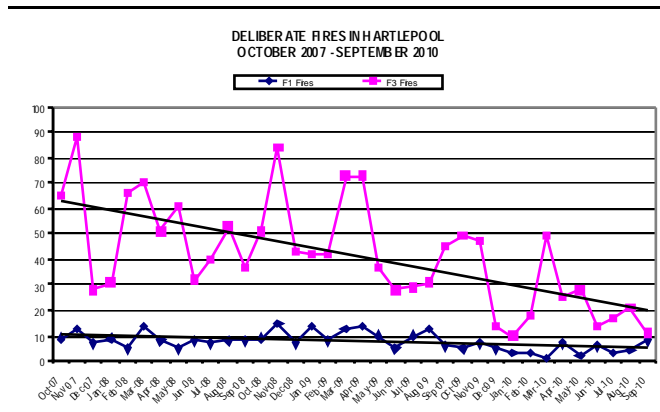
In addition, the Police have also recorded 20 racially motivated incidents, 16 homophobic incidents, 2 disablist, 1 faith and 2 transphobic incidents, with the majority involving inappropriate comments/verbal abuse. Partner agencies also record hate incidents (i.e. Housing Hartlepool, ASB Unit, Schools).

Total criminal damage offences in Hartlepool have reduced by 18.5%, yet still account for 20% of total crime.



Criminal damage to dwellings (40%) and vehicles (35%) continue to be the most prominent offence types in this crime category, with alcohol being a contributory factor.

Incidents of deliberate fire setting in Hartlepool have reduced by 49% when compared to the previous reporting period with secondary fires (F3) and deliberate property fires (F1) experiencing a reduction in incident of 48% and 56% respectively.

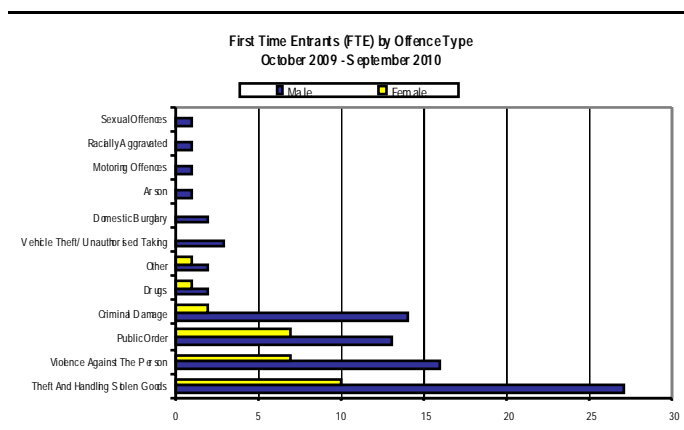


During the assessment period, the cohort of individuals identified as Prolific and Priority Offenders (PPO's) consisted of 36 males aged between 19 and 38 years, with the cohort of High Crime Causers (HCC's) being 31 individuals aged between 21 and 44 years, 7 of whom were female.

It is evident that substance misuse continues to be a contributory factor in the offending behaviour of PPOs and HCCs where during this reporting period, PPOs have accounted for 13% of positive drugs tests and HCCs accounted for a further 12%.

In relation to all Probation clients 49% of females stated that they were a victim of domestic violence. Almost 40% of male clients stated that they were perpetrators of domestic violence.

During this assessment period there have been 111 (83 male and 28 female) young people entering the criminal justice system for the first time, a 34% reduction when compared to the same period last year.



During this assessment period the Youth Offending Team has dealt with total of 302 young people, (237 male and 64 female). These individuals have been involved in 631 instances of crime within Hartlepool. Repeat offending is highly apparent with 27 young people being responsible for a third of these instances. Repeat offenders are predominantly male, aged between 16 and 17 years.

STRATEGIC CONTEXT

Locally, the vision of the Safer Hartlepool Partnership was revised in 2010 to:

“working together to create a Safer Hartlepool”.

Whereas the Sustainable Community Strategy for the town has a slightly different aim in relation to community safety.

“make Hartlepool a safer place by reducing crime and anti-social behaviour, and tackling drugs and alcohol”.

The Safer Hartlepool Partnership provides the lead role for development and delivery of the community safety theme within the Sustainable Community strategy.

During Autumn 2010, the Safer Hartlepool Partnership has reviewed its strategic objectives from 2008 and refocused them slightly:

Current Objective 2008 - 2011	New Objective 2011 - 2014
1. Reduce crime	1. Reduce crime and repeat victimisation
2. Reduce the harm caused by illegal drugs and alcohol	2. Reduce the harm caused by drug and alcohol misuse
3. Improve neighbourhood safety and increase public confidence, leading to a reduced fear of crime and anti-social behaviour	3. Create confident, cohesive and safe communities
4. Reduce offending and re-offending	4. Reduce offending and re-offending

Each year since 2007, the Safer Hartlepool Partnership has conducted an annual assessment during December, to enable it to establish annual priorities for action in the following financial year. The annual priorities for 2011/12 will be:

- Acquisitive crime – specifically domestic burglary and theft
- Violent crime – including domestic violence and abuse
- Alcohol treatment, delivery of alcohol strategy and drug dealing and supply
- Anti-social behaviour – including links to private rented properties and alcohol related youth ASB
- Criminal damage – specifically damage to dwellings
- Confidence and cohesion
- Prevent and reduce offending, re-offending and the risk of offending

These priorities will be reviewed and updated each year.

This overall community safety strategy, is complemented by other Safer Hartlepool Partnership strategies covering alcohol harm, domestic violence and anti-social behaviour, together with detailed annual plans for substance misuse (both for adults and young people) as required by the National Treatment Agency, and the Youth Offending Service Strategic Plan.

MEASURING THE SUCCESS OF THE STRATEGY

In the 2008-2011 strategy, Government prescribed improvement indicators, with agreed targets, to be included within the Local Area Agreement for all themes from the Sustainable Community Strategy.

In 2010, the new coalition government has determined that it will not set indicators and outcomes for partnerships. These must be agreed locally, as the National Indicator (NI) suite has been abandoned. At a recent meeting of the Safer Hartlepool Partnership's Business group, which conducts quarterly monitoring of both performance and finance on behalf of the Partnership, an amended suite of indicators was formulated. These are set out in Appendix 1 (to be developed).

The most important measure of success is the feedback received from the community in Hartlepool. The strategic assessment makes reference to the need to improve community engagement. Currently we utilise a range of mechanisms to provide information and advice to the community, for example:

- Partnership newspaper – 2 editions per annum
- Safer Hartlepool website
- Ringmaster (Neighbourhood Watch System)
- Press release and newspaper articles
- Police and community safety forums
- Attendance at resident/community group meetings
- Annual partnership 'face the people' event.

We will also continue to utilise survey mechanisms such as the Council's viewpoint Citizen panel, Police Authority user satisfaction survey and locally commissioned doorstep surveys.

SMART Action Plans covering each priority will be developed by 1st April 2011 and the 3 year Partnership Plan for 2011-2014 will be published before this date.

CABINET REPORT

10 January 2011



Report of: Director of Regeneration and Neighbourhoods

Subject: HOUSING ADAPTATIONS POLICY 2010 - 2013

SUMMARY

1. PURPOSE OF REPORT

To approve the first Hartlepool Housing Adaptations Policy for 2010-2013, its Review and the adoption of the Implementation Plan. The Policy sets out the key objectives that the Council and its partners will work towards achieving in order to contribute to supporting people to live as independently as possible. The Review of Disabled Facilities Grants (DFG's) in the private sector and other rehousing options provide the background for proposals to reduce waiting times for grant approvals and ensure that the most effective use is made of available funding.

2. SUMMARY OF CONTENTS

This report sets out the proposals arising from a review of Disabled Facilities Grants, alternative options and suggestions to reduce waiting times and alleviate pressure on the Council's budgets, offer a seamless service to disabled people and ensure the most effective use is made of available funding.

3. RELEVANCE TO CABINET

The Housing Adaptations Policy has strategic relevance across a range of Portfolios, including Community Safety and Housing, Regeneration and Economic Development, Adult and Public Health Services.

4. TYPE OF DECISION

Key. Tests (i) and (ii) apply. Forward Plan Reference Number RN 34/10

5. DECISION MAKING ROUTE

Cabinet Meeting on 20 December 2010.

6. DECISION(S) REQUIRED

Cabinet is recommended to:-

- a) Approve the adoption and publication of the draft Housing Adaptations Policy 2010 – 2013 contained at **Appendix 1**
- b) Approve the supporting Implementation Plan at **Appendix 2** and acknowledge that the actions have been developed by officers based on their best knowledge and current circumstances
- c) Approve the supporting Review at **Appendix 3**
- d) Note the Diversity Impact Assessment contained at **Appendix 4**
- e) Approve the establishment of a flexibly convened Adaptations Operations Panel based on the draft Terms of Reference at **Appendix 5**
- f) Approve facilitating other forms of assistance such as loans for people waiting for DFG; costs involved in developing a support package for rehousing as an alternative; assistance for hire of equipment for terminal illness
- g) Approve the potential introduction of recharges to owners in appropriate circumstances and following best practice

Report of: Director of Regeneration and Neighbourhoods

Subject: HOUSING ADAPTATIONS POLICY 2010 - 2013

1. PURPOSE OF REPORT

- 1.1 To approve the first Hartlepool Housing Adaptations Policy for 2010-2013, its Review and the adoption of the Implementation Plan. The Policy sets out the key objectives that the Council and its partners will work towards achieving in order to contribute to supporting people to live as independently as possible. The Review of Disabled Facilities Grants (DFG's) in the private sector and other rehousing options provide the background for proposals to reduce waiting times for grant approvals and ensure that the most effective use is made of available funding.

2. BACKGROUND

- 2.1 Hartlepool Borough Council administers Mandatory DFGs to all owner-occupiers, social and private housing tenants who are able to satisfy the criteria laid out in the Housing Grants, Construction and Regeneration Act 1996. It does not offer discretionary DFG.
- 2.2 The maximum grant set by Government is currently £30,000 per application.
- 2.3 Hartlepool does not currently have a Policy or Strategy for approving disabled adaptations. This has resulted over time in an increase in the waiting list for adaptations and an over stretched budget.
- 2.4 There are many external factors that will impact on how the Council will deliver adaptations in the future. These include:
- An ageing population. By 2029 the proportion of residents aged 60-74 will increase by 28.8% and the proportion over the age of 75 will increase by 50.7% compared to 2007.
 - Similar rises are predicted for the numbers of older people with disabilities.
 - The inconsistent way in which our Registered Provider partners implement minor adaptations
 - The recession, recent change in Government and cuts to reduce public borrowing will add pressure to the Council to reduce expenditure on all services.

- 2.5 A clear policy and criteria therefore needs to establish when adaptations would be carried out and when they would not.
- 2.6 It is proposed that an Adaptations Operations Panel is established. Consultation has advised that it should be convened on a flexible basis on the following criteria:
- Referrals based on officers judgement
 - Any refusal of funding by a Registered Provider
 - Complex Case issues - this could include but is not limited to
 - Extensions
 - Multiple Adaptations
 - Changes in circumstance of previous applications
- 2.7 How to best meet the needs of clients should be explored and rehousing offered if adaptations are above a certain value or would be a quicker option. A support package will need to be developed to assist this option and the scope of this should be assessed by the Adaptations Operations Panel.
- 2.8 It is proposed that depending on the nature of the work carried out the Council may impose a local land charge against the property. The introduction of charges will allow the Council to recycle some funds back into the DFG budget. Best practice will be followed for this aspect of the policy.
- 2.9 The objectives of the Policy are to:
- Enable and support people to live independently in their current and future homes
 - Promote, encourage and ensure fair access for disabled people to all appropriate adaptations services
 - Work in partnership to deliver a seamless service to disabled people, providing services and equipment that are cost effective and value for money
 - Make best use of Registered Providers' existing housing stock
- 2.10 The Policy and associated Implementation Plan will also link to wider objectives such as reducing the number of people with disabilities living in inappropriate accommodation; increasing the supply of suitable and affordable housing to meet the demand of the increasing numbers of people with disabilities; social inclusion; hospital discharge; accident prevention and quality of life.
- 2.11 In preparing and developing the Policy, it's supporting Review and Implementation Plan extensive consultation has taken place with the Housing Adaptations Policy Steering Group, Housing Partnership, Members and Older People's Forums. The responses have been used to develop the final version of the Policy and Implementation Plan.

3. RISK IMPLICATIONS

- 3.1 If a policy and criteria are not adopted for approving adaptations and rehousing the Council's housing waiting list will increase further, the current 12 month backlog waiting for DFG will increase and the budget will be further stretched.
- 3.2 With the possibility of reduced budgets for DFG it is inevitable that waiting times will increase.
- 3.3 A further risk will be that client's health needs will increase whilst waiting over 12 months for an adaptation and potentially costing more in the future.

4. FINANCIAL CONSIDERATIONS

- 4.1 The financial considerations of approving the recommendations contained within the Implementation Plan will need to be monitored and assessed. These include:
- Considering assistance for hire of equipment for terminal illness. In practice this happens now and the costs are covered by the overall budget for 2010/11 (the budget for DFGs and Adaptations for 2010/11 is £700k). Costs will be recorded over a 6 month period to assess the realistic options for providing value for money and efficiencies.
 - Exploring the feasibility of facilitating loans to people waiting for DFG. In order to identify a budget the costs involved will need to be established and monitored.
 - Providing assistance to people to help them move. Information will need to be collected on relocation costs via the Adaptations Operations Panel. The budget for this will come out of the overall budget for 2010/11 in the first instance.
- 4.2 Funding DFG's facilitates independent living for residents. Maintaining a large waiting list is counter productive as this is likely to lead to an increased pressure on Adult Social Care budgets and hospital beds.

Available funding through this Policy and Implementation Plan should be used to assist as many clients as possible by reducing the average cost of grants and offering better support for people to be rehoused into appropriate accommodation.

5. LEGAL CONSIDERATIONS

- 5.1 DFGs are governed by the Housing Grants, Construction and Regeneration Act 1996. Payment of a grant is mandatory provided the grant is for the purposes set out in the Act and providing the Local Authority is satisfied that the proposed works are necessary and will meet the needs of the disabled person.

6. EQUALITY AND DIVERSITY CONSIDERATIONS

- 6.1 The Policy has had a Diversity Impact Assessment to identify any unmet needs / requirements for specific equality groups. It is not anticipated that there will be adverse effects arising from the proposals as more clients will benefit.

7. COMMENTS FROM SCRUTINY COORDINATING COMMITTEE

- 7.1 Comments made by the Scrutiny Coordinating Committee held on 15th October 2010 were
- i) Members were comfortable with the content of the draft Housing Adaptations Policy (2010 – 2013) as a whole and should proceed as planned;
 - ii) Members should be consulted / involved at appropriate stages in the continuing development of the Housing Adaptation Policy (2010 – 2013);
 - iii) The Adaptations Operations Panel should be convened on a flexible basis;
 - iv) Additional comments from individual Members regarding the Housing Adaptations Policy 2010 – 2013 (as detailed in Section 3.3 (iii)) should be made to the Housing Regeneration and Policy Officer for submission as part of the consultation process; and
 - v) Members should be included in the consultation process for all policies so that their views can be taken into account before they are enforced.

8. RECOMMENDATIONS

- 8.1 Cabinet is recommended to:-
- a) Approve the adoption and publication of the draft Housing Adaptations Policy 2010 – 2013 contained at **Appendix 1**

- b) Approve the supporting Implementation Plan at **Appendix 2** and acknowledge that the actions have been developed by officers based on their best knowledge and current circumstances
- c) Approve the supporting Review at **Appendix 3**
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- g) Approve the potential introduction of recharges to owners in appropriate circumstances and following best practice

9. REASONS FOR RECOMMENDATIONS

- 9.1 The recommendations will ensure that there is a clear policy, criteria and supporting Implementation Plan to deliver the key objectives to contribute towards supporting people to live as independently as possible. They will also ensure that resources are used effectively to reduce the current waiting times, offer alternative solutions and maximise value for money. Following 12 months of monitoring and implementation of these proposals, Members should have the opportunity to review the future funding mechanisms for delivering DFGs, Adaptations and other rehousing options.

10. BACKGROUND PAPERS

Housing Adaptations Policy 2010 – 2013
Housing Adaptations Policy Strategic Review
Housing Adaptations Policy Implementation Plan
Housing Adaptations Policy Diversity Impact Assessment
Adaptations Operations Panel draft Terms of Reference

11. CONTACT OFFICER

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Hartlepool Borough Council

Housing Adaptations Policy 2010-2013

A policy to contribute to supporting people to live as independently as possible





Foreword by the Mayor

This Housing Adaptations Policy 2010-2013 has been developed in partnership with a range of agencies and stakeholders and produced to demonstrate Hartlepool Borough Council's commitment to support people to live as independently as possible. Outlined within this policy are the priorities for action, the policy tools and the level of resources available to the Council to ensure the objectives of this policy are delivered.

The Government is committed to assisting people who are older or disabled to remain in their own home and live independently in safety and comfort. The UK has an ageing population and the impact on costs and demand for public services is becoming apparent. The nature of new supply and adaptations of existing stock will play an increasing role in supporting people to maintain an independent lifestyle. In Hartlepool a shared vision and common objectives to support people with disabilities to live as independently as possible has been developed through this policy.

Stuart Drummond
Elected Mayor



The Housing Adaptations Policy

INTRODUCTION

Hartlepool Borough Council has prioritised a review in the way that housing adaptations, Disabled Facilities Grants (DFGs) and rehousing options are utilised to enable people to live independently in their current or future homes whilst providing services that are value for money and cost effective. A review of the current position in Hartlepool is available as a separate document.¹

This policy outlines an effective framework to deliver the vision of supporting people to live as independently as possible in homes that are safe and comfortable. It intends to provide an equitable DFG policy for the future that works across tenure, is cost effective and makes full use of policy tools in the delivery of services to clients. It also details how the Council will work to the preventative agenda, thereby reducing the need for costly adaptations and improving how it works in partnership with agencies across Hartlepool.

A three year life span has been set for this policy and it will be reviewed annually.

The need for this policy is underlined by the challenges and opportunities related to improving services for people with disabilities and our need to co-ordinate the actions of a diverse range of agencies in improving the standard of living and health and well-being of our communities.

POLICY AIMS AND OBJECTIVES

Hartlepool has developed this Policy due to the current resource position, long waiting list and current procedures together with the need to reduce the backlog, review the service delivery, make efficiencies and respond to people's needs and aspirations.

Improvements in health care means that the number of people with support needs living in the community is increasing. People are living longer and there is a preference among people with support needs to live independently in their own homes.

This Policy for Hartlepool sets out the strategic direction for housing adaptations and rehousing and supports Hartlepool's Local Area Agreement outcomes. Its objectives are to:



One: Enable and support people to live independently in their current and future homes

¹ Housing Adaptations Policy Strategic Review – August 2010

5.1 APPENDIX 1



Two: Promote, encourage and ensure fair access for disabled people to all appropriate adaptations services



Three: Work in partnership to deliver a seamless service to disabled people, providing services and equipment that are cost effective and value for money



Four: Make best use of Registered Providers' existing housing stock

Adaptations provided through Disabled Facilities Grants (DFG) are consistently effective. They produce significant health gains and prevent accidents and admission to residential care².

This Policy also sets out how the Council will consider options for disabled people in addition to mandatory DFGs as prescribed by legislation.

It can also be linked to wider objectives such as:

- Reducing the number of people with disabilities living in inappropriate accommodation
- Increasing the supply of suitable and affordable housing to meet the demand of the increasing numbers of people with disabilities
- Wider agendas including social inclusion, community care and hospital discharge
- Accident prevention
- Quality of life
- Support for carers
- Reduction in child poverty

² *Better outcomes, lower costs: implications for health and social care budgets of investment in housing adaptations, improvement and equipment: a review of the evidence*, Heywood F and Turner L, 2007

POLICY CONTENT

Mandatory Disabled Facilities Grants (DFG)

Hartlepool Borough Council administers Mandatory DFGs to all owner-occupiers, social and private housing tenants and occupiers who are able to satisfy the criteria laid out in the main legislation that governs its provision; the Housing Grants, Construction and Regeneration Act 1996. The maximum grant limit is set by Government and is £30,000 per application.

Where there is an application for assistance by a person with disabilities, an assessment of the needs of the person (and their carer if applicable) will be made by the Council's Occupational Therapist before any decisions in accordance with the Policy are made about the provision of equipment or adaptations. These assessments are made in accordance with the Department of Health's Fair Access to Care guidelines updated in 2007; superseded in 2010.³

Recommendations are passed to the Council's Special Needs Housing Team who process requests in waiting list order. The full eligibility criteria information for a DFG can be found in the Strategic Review document.⁴

Adaptations Operations Panel

A panel comprising of officers across the Council will be established. Its purpose will be to undertake case reviews and to deal specifically with service user issues. This will make the process more transparent; improve partnership working across the Council and aims to make best use of resources by exploring all options in addition to DFG.

The Adaptations Operations Panel will consider referrals to be put forward for applications for funding based on the following criteria;

- Referrals based on officers judgement
- Any refusal of funding by a Registered Provider
- Complex Case issues - this could include but is not limited to
 - Extensions
 - Multiple Adaptations
 - Changes in circumstance of previous applications

The Terms of Reference for the Panel is available as a separate document.

³ 'Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care - guidance on eligibility criteria for adult social care, England 2010'. Department of Health.

⁴ Housing Adaptations Policy Strategic Review – August 2010

Use of DFG funding by Registered Providers (RPs)

The Council works closely with its RP partners to deliver adaptations to tenants. In order to make best use of resources, an agreement is being developed with RPs to decide which adaptations will be funded through DFG. A common framework agreement will also be developed to agree a consistent approach to the level of minor works they will fund. Through this policy all applicants will be treated equally regardless of tenure.

Rehousing as an Option

In cases where major adaptations to a client's home are required and it is difficult to provide a cost effective solution, assistance will be offered to help the client move into suitable alternative accommodation or housing that is suitable for adaptation. Assistance for relocation costs will be considered by the Special Needs Housing Team.

Adapted social rented housing is advertised through the Compass Choice Based Lettings scheme which covers the Tees Valley. Such properties are re-let to applicants who match the requirements of the property.

Within Child and Adult Services a financial profile is being developed for clients which will detail costs of care and support in a range of settings e.g. own home, extra care or residential or nursing care. This will assist clients to move to more appropriate and sustainable housing rather than undertaking an adaptation to meet short-term needs.

Prevention

Following an assessment of need, minor adaptations (under £500) are undertaken for people who fall below the threshold for making an application for a DFG if there is a clear case that an intervention would prevent falls, reduce risk or prevent deterioration.

Financial Assistance

The Council participates in the North East Regional Loans Scheme. This scheme assists owner-occupiers and private landlords to undertake essential home improvements which help improve residents' long term health and well-being and maintaining their independence.

Working in Partnership

The Council actively works with all its partners to maximise the best use of resources in delivery of this policy. Internally the Occupational Therapy Team works in close liaison with the Special Needs Housing Team. The teams also work in partnership with the Health Authority and Registered Providers of social housing.

Recycling Equipment

The Council's Special Needs Housing Team endeavors to make savings where possible through recycling of adaptations such as stairlifts, through floor lifts and modular (metal) ramps.

Procurement

Where major adaptations are approved the Special Needs Housing Team obtains two quotes from an approved contractor except for stairlifts. Stairlifts are procured as part of a sub-regional contract which offers cost savings and value for money.

Land Charges

Depending on the nature of the work carried out the Council will seek to place a local land charge against a property. For DFGs that cost more than £5,000 Local Land Charges may be placed on the property (up to a maximum of £10,000) should the property be sold within 10 years.

Clients will be advised of the amount they will be expected to repay at the DFG approval stage. The placing of charges will allow the Council to recycle some funds back into the DFG budget.

EQUALITY AND DIVERSITY

The Council is committed to delivering services to people who need them without discriminating against any client or service user. It aims to treat all clients with courtesy and respect regardless of their gender, race, age, disability, religion, belief or sexual orientation.

An Equality Impact Needs Assessment has been carried out on this policy to ensure the impact of its practices do not negatively impact upon any individual.

POLICY MONITORING AND REVIEW

An action plan for delivery of this Policy up to 2013 has been developed using the 4 strategic objectives. Each year an annual action plan will be developed based on this framework, commencing in 2010/11.

Monitoring of the Housing Adaptations Policy will take place through regular reporting to Hartlepool's Housing Partnership and the Action Plan will be monitored through the Housing, Care and Support Strategy Steering Group.

A review of the policy will also take place on an annual basis and in line with legislative or regulatory changes.

Hartlepool Borough Council

Housing Adaptations Policy

Implementation Plan 2010-2013



5.1 APPENDIX 2



Objective One: Enable and support people to live independently in their current and future homes

Desired Outcome:

Key Action	Tasks / Actions Involved	Lead Department	Resources	Timescale
Consider assistance for hire of equipment for terminal illness e.g. stair lifts	Establish the average number of terminally ill people who approach the service each year for equipment	Occupational Therapy (C&AS)	Existing and Macmillan Grants	March 2011
	Formalise the agreement with Lift Able to provide reconditioned lifts at a reduced rate to install, remove and recycle	Occupational Therapy / Commissioning (C&AS)	Staff Time	March 2011
	Establish where funding will come from	Occupational Therapy (C&AS)	Existing	March 2011
Explore opportunities through the LSP and LAA to secure funding contributions from health and social services partners on the basis that adaptations offer a means to invest in the life chances of disabled people	Clarify the legal position	Commissioning (C&AS)	Staff Time	January 2011
	Look at best practice in other Tees Valley local authorities	Special Needs Housing Team (R&P)	Staff Time	March 2011
	Explore whether health can fund people on hygiene grounds	Commissioning (C&AS)	Staff Time	January 2011
Consider and implement where possible the use of S106 agreements as a means of providing new build housing options (suitable for disabled people) within new housing developments.	Formalise current arrangements with developers	Housing Regeneration and Policy (R&P)	Staff Time	2013
	5% of properties built to wheelchair accessible standards	Housing Regeneration and Policy (R&P)	Staff Time	2013

5.1 APPENDIX 2



Objective Two: Promote, encourage, and ensure fair access for disabled people to all appropriate adaptations services

Desired Outcome:

Key Action	Tasks / Actions Involved	Lead Department	Resources	Timescale
Explore the benefits of setting up a HIA	Liaise with Foundations	Special Needs Housing Team (R&P)	Staff Time	September 2011
	Pursue the opportunity to develop a Tees Wide HIA	Special Needs Housing Team (R&P)	Staff Time	March 2012
Maintain and monitor a comprehensive record of where DFGs and adaptations have been installed in the private sector	Expand the database to capture the costs for each DFG / adaptation	Special Needs Housing (R&P)	Staff Time	December 2010
Provide advice and guidance for disabled people	Develop a signposting service to assist people and utilise Hartlepool Now, Duty Team, Centre for Independent Living and Contact Centre to support individuals	Commissioning (C&AS)	Staff Time	March 2011
	Develop a list of contacts for local suppliers	Commissioning (C&AS)	Staff Time	December 2010



Objective Three: Work in partnership to deliver a seamless service to disabled people, providing services and equipment that are cost effective and value for money


Desired Outcome:

Key Action	Tasks / Actions Involved	Lead Department	Resources	Timescale
Reduce the DFG waiting list	Identify the resources needed	Special Needs Housing (R&P)	Staff Time	December 2010
	Identify one off and recurring funding for DFG work	Special Needs Housing (R&P)	Staff Time	Ongoing
	Identify the resources needed for funding to employ extra staff to clear the backlog	Special Needs Housing (R&P)	Staff Time	Ongoing
	Target appropriate people for rehousing to Extra Care Housing using the financial profile	Commissioning (C&AS)	Staff Time	December 2010
	Create a single rehousing form for all rehousing options	Commissioning (C&AS)	Staff Time	December 2010
	Explore the feasibility of facilitating loans to people waiting for DFG	Private Sector Housing (R&P)	Staff Time	Ongoing

5.1 APPENDIX 2

	Review the effectiveness of advice centres in Hartlepool assisting people to secure attendance allowance.	Commissioning (C&AS)	Staff Time	March 2011
	Maximise the number of people claiming attendance allowance in order to maximise the DFG allocation from CLG	Occupational Therapy / Commissioning (C&AS)	Staff Time	Ongoing
Look at options to provide major adaptations more quickly	Develop service standards and timescales	Special Needs Housing (R&P)	Staff Time	September 2011
	Review the system for employing contractors and consider introducing standard specifications and prices	Special Needs Housing (R&P)	Staff Time	September 2011
Simplify the processes / streamline the service	Through the Service Delivery Options Review consider the most appropriate location of OT and SNHT services	Special Needs Housing (R&P) / Occupational Therapy (C&AS)	Staff Time	2013
	Establish an Adaptations Operations Panel for case review and service user issues	Commissioning (C&AS) / Special Needs Housing (R&P)	Staff Time	January 2011
	Explore whether Housing Hartlepool's workforce have the expertise and capacity to undertake major adaptations work	Special Needs Housing (R&P)	Staff Time	December 2010
Review partnership working of different agencies	Develop a common framework agreement with all RPs on the level of minor works they are willing to fund	Housing Regeneration and Policy (R&P)	Staff Time	September 2011
	Consider introducing a 60:40 split of costs with RPs on major adaptations	Housing Regeneration and Policy (R&P)	Staff Time	September 2011
Undertake regular monitoring of the Adaptations service and learn from best practice	Continue to benchmark through the North East Adaptations Group	Special Needs Housing (R&P)	Staff Time	Ongoing
Consider introducing recharges to owners		Special Needs Housing (R&P)	Staff Time	March 2011

5.1 APPENDIX 2

 Objective Four: Make best use of Registered Providers' existing housing stock				
Desired Outcome:				
Key Action	Tasks / Actions Involved	Lead Department	Resources	Timescale
Maintain a comprehensive record of where DFGs and adaptations have been installed in the RP sector	Ensure CBL adverts highlight where adaptations have been installed in a void property	Housing Regeneration and Policy (R&P)	Staff Time	September 2011
	Expand the database to capture the costs for each DFG / adaptation	Special Needs Housing (R&P)	Staff Time	December 2010
	Obtain and monitor how much RPs are spending on adaptations each year	Housing Regeneration and Policy (R&P)	Staff Time	March 2011
	Seek to ensure already adapted properties are re-let to households who match the needs	Special Needs Housing (R&P)	Staff Time	Ongoing
Make better use of RP homes by encouraging them to refuse adaptations where alternative accommodation can be provided and if homes are under-occupied – consider the benefits of discretionary relocation grant*	<p>Investigate the feasibility of the following actions:</p> <p>Have regard to the longer-term letting value of properties and encourage RPs to refuse to undertake, or give consent for works, which may make the future letting of the property problematic</p> <p>Refuse landlord consent for adaptation work to be carried out if the needs of the resident can be met by transferring a tenant</p> <p>Refuse to carry out adaptation works where the property is substantially under-occupied and alternative accommodation has been refused.</p>	Housing Regeneration and Policy (R&P)	Staff Time	March 2011
Work with RPs to explore the feasibility of an incentive scheme to encourage people to move out of adapted properties if the adaptations are not needed	Provide practical assistance to people to help them move	Housing Regeneration and Policy (R&P)	Staff Time	March 2012
	Develop a support package for OTs and Social Workers to use to look at rehousing options with their clients	Occupational Therapy / Commissioning (C&AS)	Staff Time	September 2011

* only if this is legal – need to check

Hartlepool Borough Council

Housing Adaptations Policy

Strategic Review

August 2010





Glossary of Terms

Adaptation

A fixed alteration to a dwelling that makes it accessible and suitable for a disabled person.

Minor Adaptation

Minor adaptations are ones that are relatively inexpensive (up to £500) and may be fitted relatively easily and quickly. They typically involve the installation of aids to existing facilities to ensure they can be fully accessed and utilised by the customer. Need is identified during the Occupational Therapist process and recommendations passed to Special Needs Housing Team. Currently materials are funded by Adult Social Care and technician and transport by Supporting People. Examples include:

- Grab rails
- Stair rails
- Lever taps
- Door entry systems
- Alarms

Low Level Adaptation

These are minor adaptations that are identified as necessary by the individual and were previously installed by the Special Needs Housing Team. They are preventative in nature and funded by a contract with Supporting People. A variety of works are available under this scheme.

Removable Adaptation

Removable adaptations are adaptations that meet the identified needs of the customer but can easily be removed from a property if they are no longer required. Examples include:

- Removable ramps
- Stair lifts

Permanent Adaptations

Permanent adaptations are typically adaptations that meet the long term needs of a customer. Examples include:

- Permanent ramps
- Level access showers
- Widening of doors
- Wheelchair accessible kitchen units
- Clos-o-Mat toilets

Structural Adaptations

These are adaptations installed if the client has a substantial level of need. Examples include:

- Through floor lifts
- Extensions

The Disabled Facilities Grant

This grant is available for adapting, or providing facilities for, the home of a disabled person to make it more suitable for them to live in. It is also available for adaptations to the common parts of buildings containing one or more flats for a disabled person. Grants are available to, or on behalf of, registered or eligible disabled persons. They can be made to owner-occupiers, housing association tenants or to landlords on behalf of disabled tenants.

Mandatory grants are available for works to make the disabled person manage more independently at home. The amount of grant is subject to a test of financial resources and has a grant maximum currently set at £30,000. Discretionary grant is available for other works to make a home suitable for disabled occupant's accommodation, welfare or employment.

Choice Based Lettings

A system for letting affordable housing which allows housing applicants more choice by advertising vacancies and inviting applicants to express interest in being the tenant.

Equipment

Within occupational therapy, health and social care, 'equipment' is used to describe anything portable whereas 'adaptations' are fixed.

Home Improvement Agencies

Home Improvement Agencies are small, locally based, not-for-profit organisations. They help homeowners and private sector tenants who are older, disabled or on low income to repair, improve, maintain or adapt their homes

Registered Provider

The new general name for not-for-profit housing providers approved and regulated by Government through the Tenant Services Authority. Registered providers are independent, not-for-profit organisations that provide homes for people in housing need

Abbreviations

CBL	Choice Based Lettings
DFG	Disabled Facilities Grant
OT	Occupational Therapist (within Child and Adult Services)
SNHT	Special Needs Housing Team (within Regeneration and Neighbourhoods)
RP	Registered Provider



Introduction

During 2010 a group of Council officers from Regeneration and Neighbourhoods and Child and Adult Services met to review the Housing Adaptations and Disabled Facilities Grant (DFG) process in Hartlepool.

The aim of the review is to inform the development of a policy that will contribute to supporting people to live as independently as possible.

A Housing Adaptations Policy Steering Group was established to engage internal partners, raise awareness and seek the views of relevant departments for the issues and priorities that the policy should address.

The Steering Group is made up of:

- Strategic Housing Officers
- Private Sector Housing Officers
- Public Protection Manager
- Child and Adults Services – Commissioning
- Child and Adults Services – Occupational Therapy

The Housing Adaptations Policy Steering Group is attended by officers who have a corporate interest to ensure the success of the Policy. The group reports to the Director of Regeneration and Neighbourhoods.



Local Resource Position

The Council's budget allocation from Central Government for DFGs has remained quite consistent since 2004/05. Anecdotally, in comparison to other Local Authorities the allocation is quite low when compared against the disabled population. It has been identified that this is because the numbers of people claiming attendance allowance is low.

Since 2004, funding for DFGs has been identified from the following sources:

Table 1

Year	GOVT	SHIP ¹	NRF ²	SUPPORTING PEOPLE	PCT	SCRAPT	SOCIAL SERVICES
2004/2005	180000	120000	106000				
2005/2006	192000	245000	61221				
2006/2007	253000	168000	27500				55000
2007/2008	264900	176600					
2008/2009	277000	179310		28000	73000	105000	
2009/2010	275000	178455	21500			170000	30000
2010/2011	305000	185000				180000	

Each year the budget is inadequate to cover the referrals from Occupational Therapy (OT) and consequently the waiting list for DFG's has increased year on year. The cost of providing adaptations is consistent yet the 2010/11 budget was committed by May 2010. In recent years, several factors have stretched the DFG budget. These include demand, Hartlepool's supportive attitude towards early intervention, the numbers of people with long-term conditions and the ageing population.

Funding for 2010/11 has been increased with £180,000 identified from SCRAPT. It is expected that by the end of the financial year this should reduce the waiting list by approximately 40 completed grants.

Over the last five years, it can be identified from the information kept by the Council's Special Needs Housing Team (SNHT) that the DFG budget has primarily been spent on level access and overbath showers and stairlifts.

The amount spent on Registered Providers (RP) properties has increased considerably over recent years, from 13% of the overall budget in 2005/06 to 29% of the budget in 2009/10. Registered Providers have also continued to fund adaptations for tenants in their properties and Housing Hartlepool, the largest provider of social housing in the town, spent £447,774.37 on adaptations during 2009/10 (£365,471.81 of which was on major adaptations).



Service Delivery

Major Adaptations

Referrals for assessment of need are received by the Council's OT Team. They assess the client, identifying the needs and the range of options for meeting those needs. Following consultation with the individual and their carer/family, necessary and appropriate adaptations are identified and recommendations are passed to the to the

¹ Single Housing Investment Programme

² Neighbourhood Renewal Fund

Council's SNHT. The Occupational Therapist (OT) assesses whether the adaptation is urgent and therefore prioritised. All other requests are processed in waiting list order. The OT review team monitor the progress of the grant application and maintain contact with the individual during the grant process so that any change in needs can be addressed.

The SNHT processes requests for housing adaptations from the OT and ensures that the work which is requested is reasonable and practicable and completed to the required standard. This involves completing a financial assessment with the client, obtaining ownership verification of the property, completing technical drawings of the works required, obtaining permissions as required (planning and building approval), completing inspections as and when required and finally signing off and paying for the works completed.

Minor Adaptations

Minor adaptation work (under £500) that is identified as essential during the OT assessment process is referred to the SNHT who employ an Adaptations Technician who completes this work under the supervision of the Technical Officer. Work includes grab rails, stair rails, half steps, ramps etc.

Low Level Adaptations

Where an individual contacts the Council requesting a 'low level' adaptation that would have a preventative nature, requests are forwarded directly to the SNHT who arrange for the works to be done. The individual self-assesses for this service which is funded through Supporting People.

During 2010 Service Delivery Options for the Private Sector Housing Team are under review with various options for future delivery of the Housing Adaptations, DFG and Rehousing being considered.

How we work with Housing Hartlepool

Since stock transfer in April 2004 Housing Hartlepool manage the administration and arrangements in connection for any adaptations for their tenants. However, Housing Hartlepool does not have a statutory duty to fund and carry out adaptations. As part of the stock transfer agreement Housing Hartlepool agreed to continue funding adaptations until 2010. This commitment has now ended and may have some impact upon the Housing Adaptations Policy as the Council will increasingly be expected to fund DFGs for Housing Hartlepool tenants. However, Housing Hartlepool has made it clear that they will continue to work in partnership with the Council to produce cost benefits and savings and have made a commitment to fund adaptations post 2010.



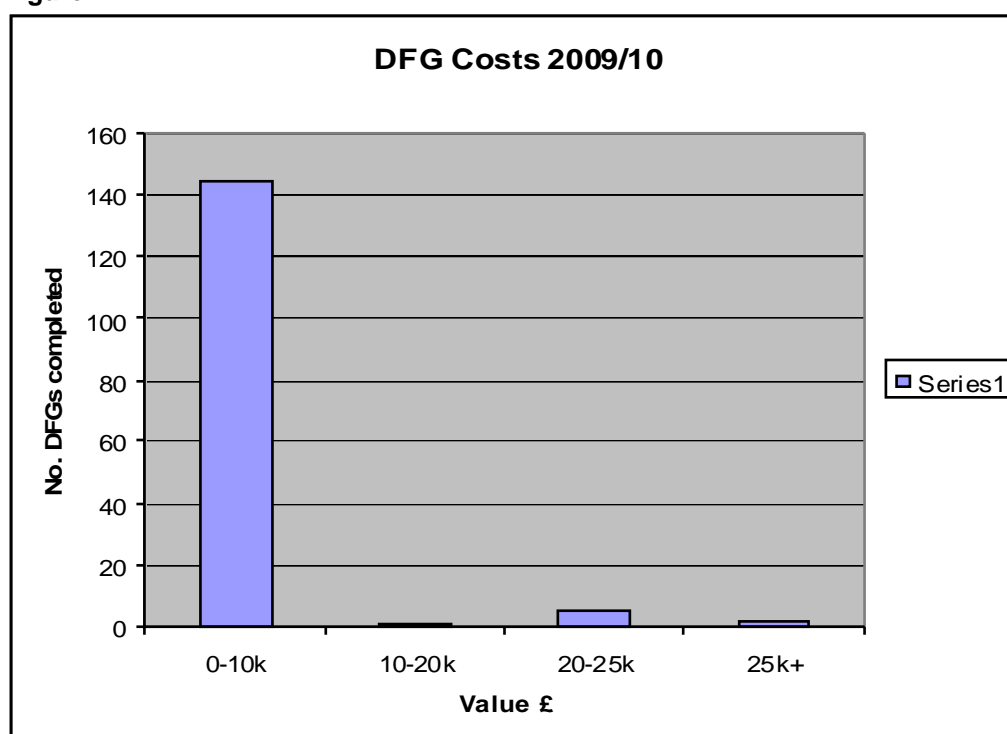
Performance

An analysis of the position at August 2010 shows:

- 129 referrals have been received from OT team waiting to apply for a DFG
- These referrals have an estimated value of £500k

During 2009/10 152 DFGs were completed at a value of £643,455 (average cost £4233). Of the DFGs completed during 2009/10, the following graph illustrates the costs involved.

Figure 1



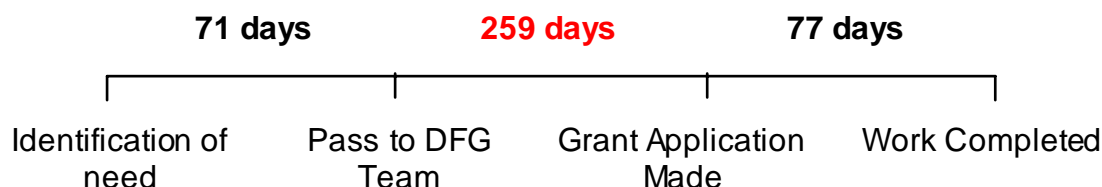
The cheapest adaptation undertaken was a reconditioned stairlift costing £646.97 and the most expensive was an extension costing £26,400.

There are no targets that cover the whole of the adaptation process from an individual presenting with a difficulty in accessing an essential facility within the home to work being completed. The OT team monitor and report on time taken from first contact (assessment) to passing the recommendation on and the SNHT monitor and report on the time taken to approve an application. Information on how long a service user might wait from assessment to completion of works is important in demonstrating the need for additional funds. An exercise has been carried out to look at this information:

Occupational Therapy Referral to pass over to DFG team [Based on 103 contacts] (Occupation Therapy Team)	71 days
Occupational Therapy Referral to completion of works (with DFG)	407 days

Team)	
-------	--

No of Days from Application for DFG to Works Complete (time reduced as a result of the introduction of the stairlift contract, no means testing for children, and possibly recession as contractors prices become more competitive to secure work)	09/10	77 days
	08/09	83 days
	07/08	90 days



From approval to the completion of works there is a target of 6 months. Currently the average time taken is 77 calendar days. However, the average waiting time following referral from the OT team to a grant application being made by the SNHT is 259 days. This is due to the backlog and lack of funding. The complete process starting from identification of need to work completed, takes an average of 407 calendar days.

Key points to note are that:

- Historically the Council commences the financial year with enough referrals waiting to apply for DFG to commit the year's allocation.
- Following a referral to the SNHT the average waiting time before a grant application can be made is 259 days.
- Benchmarking information received from Middlesbrough and Stockton Councils shows overall time taken from referral to completion of works to be 216 and 215 days compared with 407 days in Hartlepool.

The Council is also monitored against its Local Priority Target – the number of houses adapted or repaired to enable vulnerable people to remain living independently in their own homes. At the end of Quarter 4 for 2009/10 this Performance Indicator achieved its target by reporting 661 jobs completed.



What we know

The **2007 Strategic Housing Market Assessment** has provided the Council and its partners with a wealth of information to help inform strategic decision making. Findings will assist with the development of housing and planning strategies across the Borough and underpin initiatives to help support people in their own homes.

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Over the next few decades, Hartlepool is going to experience a demographic shift: the proportion of the population aged 60 and over will increase and the rate of increase will be highest amongst the 75+ age group.

The household survey asked about the future requirements from older people and the support services they required. Data suggests that the vast majority of older people would want to stay in their own home with support when needed (81%) and a further 23.6% have stated a preference for sheltered accommodation.

The household survey provided a rich source of information on supported and special needs requirements. Overall, 15,633 or 39% of households contained someone with an illness/disability. Their distribution by ward shows that the wards with the highest proportions of households containing someone with an illness/disability were Dyke House (52.3%), Rift House (50.4%) and Stranton (47.8%).

The proportions of households containing someone with an illness/disability were highest amongst social renters (58.2% of RP renters and 51.6% of Housing Hartlepool renters). This in part reflects the age profile of social renters.

The incidence of illness/ disability was highest amongst couples over 60 (59%), singles over 60 (45.9%) and other types of household (55.4%) which include, for instance, older people with adult children living with them.

Table 2 provides an insight into the nature of illness/disability reported by survey respondents. The largest identified group are people with a physical disability (accounting for 43.3% of people with an illness/disability) followed by age related illness/disability (24%). Nearly half of illness/disabilities were described as 'other' and would include conditions such as asthma.

Table 2 Nature of illness/disability

Nature of illness/disability	Total number	% with illness/disability
Physical disability: wheelchair user	1867	11.5
Physical disability: doesn't use wheelchair	7054	43.3
Learning disability	1160	7.1
Mental health problem	2523	15.5
Visual impairment	1175	7.2
Hearing impairment	2829	17.4
Drug/alcohol misuse	188	1.2
Age-related illness/disability	3912	24.0
Other	7765	47.7
Total residents with illness/disability	15633	
Total no. of illness/disabilities reported	28473	

Note: A person can have more than one illness/disability

Overall, 3,106 respondents stated that their current home had been adapted or purpose-built for a person with a long-term illness, health problem or disability. Of particular note are the higher proportion of social rented properties adapted/purpose built and the relatively low proportion of properties owned outright (given that 42.4% of

5.1 APPENDIX 3

residents in owned outright properties are aged 60 or over compared with 17.5% of social renters).

A total of 3,245 respondents (representing 8.3% of all households) stated that either they or another member of their household required care or support to enable them to stay in their current home. A particular issue is the number of outright owners requiring care/support.

2,263 respondents (representing 5.8% of households) stated that the ability of the person with an illness/disability to move around the home was impaired by some aspect of the home.

When asked how movement around the home could be improved (Table 3), almost two-thirds stated specific adaptations and 33.2% support in your current home. Other reasons would require a household to physically move, for instance moving into sheltered housing.

Table 3 Improvements to help ability to move

Ability to move improved by:	Responses	% Mentioning
Specific adaptations	985	63.1
A purpose-built extension	223	14.3
A new purpose-built home	276	17.7
Sheltered housing	241	15.4
A group home	9	0.6
Support in your current home	518	33.2
Total	2252	

The need for property adaptations is summarised in Table 4. Particular issues of note include the need for better heating, insulation, double glazing and bathroom adaptations.

Table 4 Summary of adaptations required

Adaptation to property	% households requiring adaptation in next 5 years
Better heating	18.1
Insulation	18.6
Double Glazing	16.5
Adaptations to Kitchen	10.6
Adaptations to Bathroom	15.4
Internal handrails	7.3
External handrails	4.6
Downstairs WC	6.9
Stairlift	6.7
Improvements to access	3.6
Wheelchair adaptations	2.9
Lever door handles	2.2
Room for a carer	2.0
Community alarm service	4.1
Security alarm	11.5
Increase the size of property e.g. extension	9.1
Total Households	39270

The **2008 Tees Valley Strategic Housing Market Assessment** identified the housing aspirations of older person households intending to move from their current housing. It demonstrates that for older people that there is a strong aspiration towards two bedroom properties, with the strongest preference being for bungalows followed by flats. The vast majority of older people also want to continue to live in their own home with support when needed. A minority of older people said they would consider other forms of housing including retirement / care villages and sheltered accommodation.

Table 5

Property Type	1 bedroom	2 bedroom	3 bedroom	4 bedroom	Total	% Type
House		56	29	8	93	21.5
Bungalow	40	172	30	2	244	56.5
Flat	22	67	6		95	22.0
Total	62	295	65	10	432	100.0
% size	14.4	68.3	15.0	2.3	100.0	Base: 432

2009 Private Sector House Condition Survey.

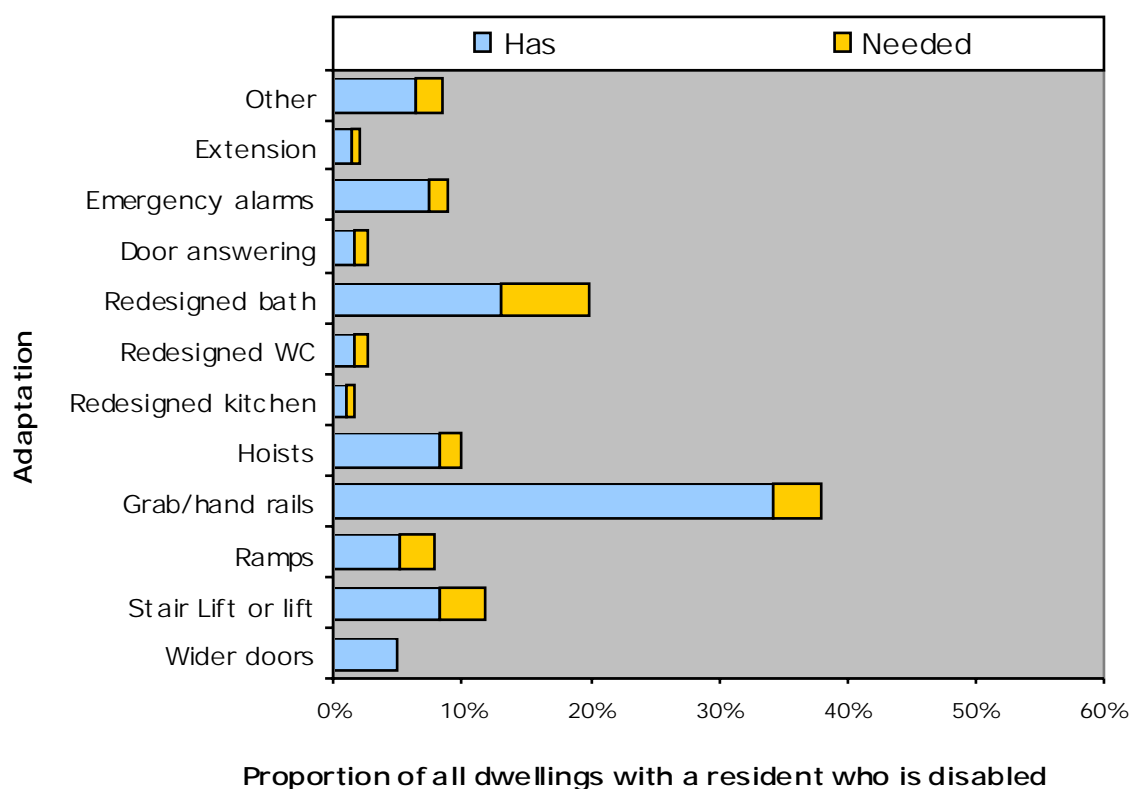
1) The Need for Adaptations

This indicates the potential levels and indicative costs for future adaptations. As part of the survey where it was indicated that a member of the household suffered from a long term illness or disability, the survey form included a section regarding the existing provision of adaptations and also whether the occupier felt there was the need for further adaptations.

The following chart illustrates the proportion of dwellings, with residents who have existing adaptations and their *perceived* need for further adaptations.

Figure 2

Disabled adaptations present and required



Source: 2009 House Condition Survey

This survey indicates that grab/hand rails has the highest level of current provision, present in 34% of dwellings occupied by a resident with a disability, followed by the provision of redesigned bath at 13%. The most needed is the provision of a redesigned bath at 7% followed by a grab/hand rails and stair lift or lift (both 4%).

The survey also found that the total cost of all adaptations that could potentially be fitted to benefit residents with a disability is just over £4.7 million. When means testing has been applied this total reduces to just under £2.1 million, which reflects the fact that there are residents with disabilities with average or above average incomes. However, the figure does not contain any reduction for occupiers that would not be considered after a visit by an OT, as this cannot easily be factored in. Also, many of the residents may not be aware of the need for an adaptation, may not want an adaptation or may not be aware that DFGs are available. The £2.1 million figure is an estimate of the amount that would need to be spent by the authority on adaptations, although this would be spread over a period of five years. The figure is, however, indicative only and could vary substantially if there are significant adaptations for children (applications for which are no longer subject to the test of resources), which would significantly increase the authorities overall contribution. The figure does, however, give some indication of potential demand that need to be taken into account with future DFG budgets.

2) Housing Health and Safety Rating System

The Housing Health and Safety Rating System (HHSRS) is used to assess the condition of housing. The HHSRS is best described as a means of identifying faults in a dwelling and evaluating potential effects on the health and safety of the occupants, visitors, neighbours and passers-by.

By combining the hazard and the likelihood of occurrence we are able to develop a Hazard Rating. The Council is under a statutory duty to take action to remedy what are known as category 1 hazards.

The House Condition Survey indicates that category 1 hazards were found in 18.5% of dwellings, of which the highest hazard per dwelling was found to be associated with excess cold in 43% of properties, 30% associated with falls on the level and the 18.5% for falls on stairs.

The highest rate of category 1 hazards is located in the Central sub-area at 24.6%.

People with disabilities are amongst the group that are most vulnerable to the effects of excess cold and falls.

3) Decent Homes Standard

In addition to the HHSRS in 2000 the Government introduced the Decent Homes Standard. Initially this standard was established for social housing but since 2002 it has been extended to include vulnerable households in private sector accommodation. This includes owner occupiers and those renting from a private landlord.

This target known as Public Sector Agreement 7 (PSA 7) defines a decent home as being "One which is wind and weather tight, warm and has modern facilities".

It is now generally accepted that people on low incomes with disabilities are more likely to be living in accommodation that is less decent and are more at risk in terms of the hazards associated with the property.

People with disabilities are more vulnerable to the effects of a hazardous or “non decent” home than most. Increases in house prices and private rents combined with the lack of suitable accommodation forces some people with disabilities to seek assistance from the Council.

Based on the House Condition Survey data 34.8% of dwellings in Hartlepool are classified as non-decent. 53.1% of these failed due to a category 1 hazard.

Private rented dwellings have the highest rate of non-decency at 58.2% followed by owner occupied at 30.2%.

The highest rate of non-decent dwellings is located in the Central sub-area at 44.1% and the rate of non-decency where the head of household is aged between 75 and 84 is 38.8%. 86.3% of non-decent dwellings are occupied by residents with incomes between £0k and £15k.

Limiting Long Term Illnesses in Hartlepool

Hartlepool has a larger proportion of people with poor health than the average for Tees Valley and England as a whole

Currently, it is estimated that around 8,587 pensioners, out of a total population of 15,200 people aged over 65, have one or more health problems or illnesses that limit their ability to lead a full life.

By 2025 this figure is projected to grow from 8,587 to be around 11,452 people (out of a total population of 20,200).

The data also suggests that there may be a relationship between stopping work and developing a LLTI (or an existing condition worsening)

There is also a clear relationship between deprivation and poor health. With the exception of one ward, the eight most deprived wards in Hartlepool also have the highest proportions of residents reporting ill health and/or claiming Attendance Allowance (AA) and/or Disability Living Allowance (DLA). On average, the life expectancies of residents of these wards are among some of the lowest levels observed in the Tees Valley sub-region.

Of the 8,587 Hartlepool residents estimated to have a LLTI currently, 4,862 are estimated to need help with self-care and 5,304 are estimated to need help with domestic care. However, only 2,881 are supported by the Local Authority

By 2025 it is projected that 11,452 Hartlepool pensioners will have a LLTI; 6,600 will need help with self-care and 7,200 will need help with domestic tasks, but a projected 3,829, only, will be supported by the Local Authority

There is also a projected growth in the number of unpaid carers between 2008-2025, from 2,729 in 2008 to 3,507 in 2025. There will also be an increase in the proportion of

carers who will be aged over 75, providing over 50 hours of care and in poor health themselves.

As a general rule, the more deprived a neighbourhood is, and the greater the proportion of residents with poor health, the greater the need for adaptations and support services.

Income Levels in Hartlepool

Income levels in Hartlepool are relatively low compared to the median national household income.

In 2006, the median income for people in employment living in Hartlepool was £21,315 per year. This compares with £23,379 for Great Britain.

A median income of singles 60 or over was only £6,500 per year.

Owner-occupiers with a mortgage have the highest incomes (£24,700 per year) and social renters the lowest incomes (£6,500 per year). The median income of private renters was £9,100 per year.

People with disabilities are more likely to be claiming income related benefits which mean they have a lower income.

Figures from May 2009 show:

Table 6

Incapacity Benefit / Severe Disablement Allowance Claimant			
	Hartlepool	NE	England
Total (persons)	6,200	138,920	1,925,320
Total IB (persons)	5,650	125,440	1,724,800
Total SDA (persons)	550	13,480	200,520
Claimants aged 60+	890 (14%)	16%	13%

Source: www.neighbourhood.statistics.gov.uk

The Housing Waiting List

At July 10 there were 180 people on the waiting list and 140 people on the transfer waiting list (320 in total) registered on the Compass Choice Based Lettings Scheme (CBL), who requires a certain type of property due to their disability. These figures are higher than before CBL was introduced across the Tees Valley. Reasons contributing towards this include; all applicants over 60 get a medical form to complete as do all people who indicate a disability.

An analysis has also been undertaken about the number of people re-housed into adapted accommodation since 2005/06.

Table 7

Year	No. re-housed
2005/06	53
2006/07	59
2007/08	100
2008/09	113
2009/10	117

The increase in the numbers re-housed can be attributed to increased development of specialist accommodation such as Hartfields Retirement Village. Extra care schemes such as Laurel Gardens, along with Housing Hartlepool and now the council building new properties will see this trend continue during 2010/11.



Statutory Duty - DFGs

Local Authorities have a legislative duty to assess the needs of those people who have a permanent and substantial disability and to provide services to meet their essential needs. The main legislation, which governs the provision of Disabled Facilities Grant (DFG), is contained within the Housing Grants, Construction and Regeneration Act 1996 (HGCRA)

The legislative framework detailed below defines the duties of the Authority.

- N.H.S. and Community Care Act 1990
- National Assistance Act 1948
- Chronically Sick and Disabled Persons Act 1970
- Disabled Persons Act 1986
- Health Services and Public Health Act 1968
- NHS Act 1977
- Children Act 1989
- Housing Grants, Construction and Regeneration Act 1996 (HGCRA)
- Disability Discrimination Act 1995
- Human Rights Act 1998
- Housing Act 2004

The main principles of the legislative framework are:

- The right to receive an assessment of need.
- The Council must make clients aware of the options available to meet the identified needs, how the provision can be made and who is responsible.
- The Council must liaise appropriately with Child and Adult Services to enable any need to be met.
- The Council must give reasons when services are not deemed to be essential.

- The Council must make clients aware of how to complain or appeal.

Lifetime Homes, Lifetime Neighbourhoods – A National Strategy for Housing in an Ageing Society (April 2008) set out the DFG in the context of overall policy developments. It:

- Raised the maximum grant limit to £30,000
- Enabled right of access to the garden
- Improved the means test
- Removed the 60:40 funding split so that local authorities do not have to match fund
- Enabled local authorities to place limited charges on adapted properties of owner occupiers, where the cost of the DFG exceeds £5,000, limited to a maximum charge of £10,000. Charges can be placed at the authority's discretion allowing it to recycle funds in the DFG programme when the adapted property is sold (providing this occurs within ten years).



The DFG Process in Hartlepool

Financial Information

- The maximum grant payable in respect of an individual DFG is £30,000.
- All clients applying for DFG in accordance with the HGCRA are means tested. The test of resources only takes into account the resources of the disabled client, and their spouse or partner where applicable. Where it has been determined that a client applying for DFG has a contribution to pay towards the cost of any adaptation the OT Team may apply their own financial assistance policy (designed to assist those in greatest need where the proposed works are demonstrably the most cost effective intervention).
- In all cases any determined contribution towards the cost of works must be paid to the Contractor in full either by the client or by the OT Team if they agree to contribute on completion of works.

Eligibility

- All owner-occupiers and tenants, licensees or occupiers who are able to satisfy the criteria in sections 19-22 of the HGCRA are eligible for a DFG. Landlords may also apply for a DFG on behalf of a disabled tenant but must also satisfy the requirements of the legislation. Social housing tenants are eligible to apply for DFG and are assessed for needs on the same basis as private owners and tenants and under the same means testing arrangements.
- Clients in receipt of one of the following types of income will be 'passported' through the means testing process:

- Income Support
 - Income Based Job Seekers Allowance
 - Guarantee Pension Credit
 - Housing and/or Council Tax Benefit
 - Working/Child Tax Credit (if income for tax credits is below £15,050)
- Applications for DFG can only be made to the Council in whose area the dwelling which is subject of the application is situated.
- Any application for grant assistance will only be processed upon receipt of a recommendation from the OT Team (or other suitably qualified persons)

Works Eligible for Mandatory Grant

- The purposes for which mandatory DFG may be given are set out in section 23(1) of the HGCRA. They fall into a number of categories and are summarised as follows:

❖ **Facilitating Access**

These include works to remove or help overcome any obstacles which prevent the disabled person from moving freely into and around the dwelling, access to the garden and enjoying the use of the dwelling and the facilities or amenities within it.

❖ **Making a Dwelling or Building Safe**

A grant may be given for certain adaptations to the dwelling or building to make it safe for the disabled person and other persons residing with him. This may be the provision of lighting where safety is an issue or for adaptations designed to minimise the risk of danger where a disabled person has behavioral problems which causes him to act in a boisterous or violent manner damaging the house, himself and perhaps other people. Where such a need has been identified, DFG is available to carry out appropriate adaptations to eliminate or minimise that risk.

❖ **Access to a room usable for sleeping**

While in some cases a living room may be large enough to enable a second room for sleeping to be created, in smaller homes this will not be possible. The provision of a room usable for sleeping will therefore only be undertaken if the Housing Authority are satisfied that the adaptation of an existing room in the dwelling (upstairs or downstairs) or the access to that room is unsuitable in the particular circumstances. Where the disabled person shares a bedroom with another person, mandatory grant may be given to provide a room of sufficient size so that the normal sleeping arrangements can be maintained.

❖ **Access to a bathroom**

The provision of a lavatory and washing, bathing and showering facilities have been separated to clarify that a disabled person should have access to a wash hand basin, a WC and shower or bath (or if more appropriate, both a shower and a bath)

❖ **Facilitating preparation and cooking of food**

Eligible works include the re-arrangement or enlargement of a kitchen to ease maneuverability of a wheelchair and specially modified or designed storage units, gas, electricity and plumbing installations to enable the disabled person to use these facilities independently.

Where most of the cooking and preparation of meals is done by another household member, it would normally not be appropriate to carry out full adaptations to the kitchen. However, it might be appropriate that certain adaptations be carried out to enable the disabled person to perform certain functions in the kitchen, such as preparing light meals or hot drinks.

❖ **Heating, lighting and power**

Provision is made for the improvement of an existing heating system in the dwelling to meet the disabled person's needs. Where there is no heating system or where the existing heating arrangements are unsuitable to meet his needs, a heating system may be provided. A DFG will not be given to adapt or install heating in rooms which are not normally used by the disabled person. The installation of central heating to the dwelling will only be considered where the well-being and mobility of the disabled person would otherwise be adversely affected.

Provision is also made for works to enable a disabled person to have full use of heating, lighting and power controls in the dwelling. Such work includes the relocation of power points to make them more accessible, the provision of suitably adapted controls where a disabled person has difficulty in using normal types of controls and the installation of additional controls.

❖ **Dependent Residents**

Eligible works required to a dwelling to enable a disabled occupant better access and movement around the dwelling in order to care for another person who normally resides there whether or not they are related to the disabled person may also receive grant assistance. This may include spouse, partner or family member, another disabled person or a child. Importantly the dependent being cared for need not be disabled. Such works could include adaptations to a part of the dwelling to which the disabled person would not normally need access but which is used by a person to whom they are providing care and therefore it is reasonable for such works to be carried out.

❖ **Common Parts**

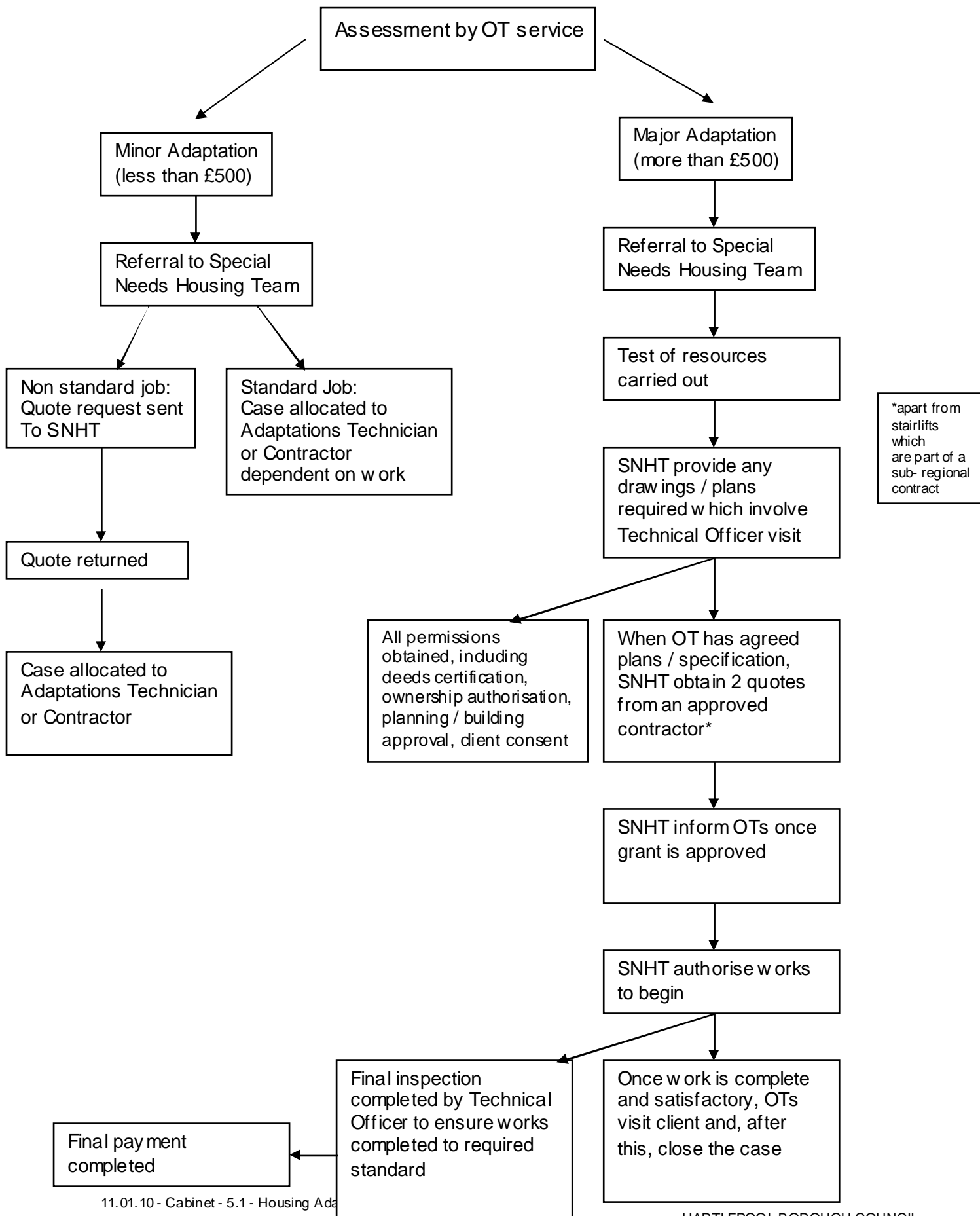
A DFG is intended to assist towards works not only to dwellings but also to the common parts of buildings containing flats, where the disabled person is the occupant of one of the flats. The purposes for which grant is available for works to the common parts of such buildings are limited to works to facilitate access to the dwelling through the common parts, or facilitating the use by the disabled person of a source of power, lighting or heating in the common parts. Each application will be dealt with taking into account the individual circumstances of each case. Any works provided through DFG will be to the minimum requirement to meet the client's needs.

5.1 APPENDIX 3

In Hartlepool the process for determining the nature and scale of works to be undertaken is illustrated by the flow chart in figure 3.

Figure 3

DFG Process Flow Chart





Drivers for Change in delivering Housing Adaptations

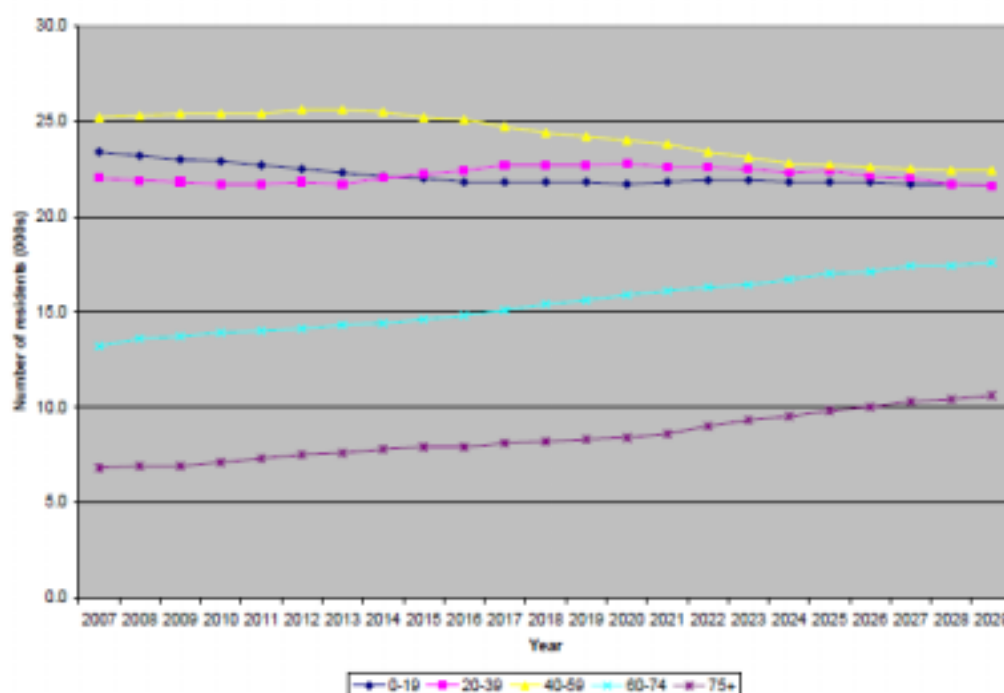
This section considers how the housing needs of older and disabled people will be affected by various influences and how the Council should respond to the changing population and environment.

Demographic Changes

Our ageing society will bring an increase in the number of older people living at home, resulting in more demand for adaptations to make homes suitable for their needs. By 2026 older people will account for almost half (48%) of the increase in the total number of households – resulting in 2.4 million more older households than there are today.

How the population profile of Hartlepool is expected to change over the next few decades is summarised below.

Figure 4 Population projections by age band 2007 to 2029



Source: ONS 2004-based sub-national population projections

During the period 2007 to 2029 the overall population in Hartlepool is expected to increase by 3.6%. Over this period, the number of people over the age of 60 will continue to increase. By 2029:

- the proportion of residents aged 75 and over will have increased by 50.7%, from 7.5% of the population in 2007 to 11.3% by 2028;

- the proportion of residents aged 60-74 will increase by 28.8%;

Hence, over the next few decades, the population is going to age and it is likely to put increasing strain on resources directed at the housing and support needs of older people.

Similar rises are predicted for the numbers of older people with disabilities, and amongst those, the proportion who will need work carried out to their homes to enable them to continue living independently.

Demand has also been accelerated by changes in social policy and medical advances which have allowed people of all ages, with varying levels of disabilities and complex needs, to lead more independent lives in the community. Many children with serious inherited medical conditions are being treated more effectively and are therefore living longer into adulthood, which can mean that families need to adapt their homes more than once as the child becomes an adult and their requirements change.

The above demographic projections are important in meeting the rising demands likely to be generated by an ageing population and by changes in the profile of the population of disabled children surviving with high levels of need. This will have an impact on the demand for resources through the DFG budget and will be a catalyst for ensuring that all budgets from partner agencies are used effectively.

The Personalisation Agenda

The personalisation agenda may drastically alter the procurement of adaptations, as the power to choose and pay for services and equipment will increasingly be passed from statutory authorities into the direct control of individuals. With such a large capital grant often involved, there are clear dangers in devolving too much responsibility around adaptations to individuals without having adequate safeguards and expertise to hand. A further concern is to make sure that the cost advantages gained from purchasing adaptations equipment in bulk are not lost.

Transformation of Supporting People

Although not directly related to DFG funding, the transformation of Supporting People into 'non-statutory housing support' services, which is controlled and commissioned by Child and Adult Services creates an opportunity to strengthen the bond between housing, social care and health.

In areas where adaptations are dealt with by home improvement agencies, this changed commissioning environment will allow the agencies to build a better appreciation amongst social care professionals of the preventative nature of adaptations and demonstrate how they can enable independent living. With social services increasingly taking control of funding the adaptations services provided by home improvement agencies, a possible extension to this line of logic would be to include the DFG capital funding allocations within social care budgets.

Economic Climate

The recession, the recent change in Government and the recently announced cuts to reduce public borrowing will add significant pressure to the Council to reduce expenditure on all services. In Hartlepool there is already a 12 month backlog in undertaking adaptations due to a lack of funding. Any further cuts in funding will have a serious impact on an already overstretched system.

With such funding pressures, the need to demonstrate the benefits of adaptations to other public services is much more acute. However, the 'one-off' nature of much adaptations work makes the tracking of longer-term outcomes less easy to achieve. Although there is a well-researched evidence base demonstrating that adaptations can reduce the need for more costly interventions³, there are no established structural links between DFG budgets and the statutory beneficiaries of their preventative outcomes: acute health service and social care budget holders.

In September 2009, the Housing Sub-Group of the Hartlepool Partnership examined the effect of the recession on a range of housing issues, including Disabled Facilities Grants and Adaptations, and identified some immediate actions for issues worthy of more detailed investigation through the process of updating the Housing Strategy⁴

- We need to use information from a variety of sources including the Stock Condition Survey and Choice Based Letting to gain a better understanding of the demand for DFGs and adaptations
- We need to consider if we are making the best use of adapted homes. Might there be opportunities to explore nomination rights for RSL properties that have received HBC funding for DFGs or adaptations?
- The Council needs to exercise its nomination rights more clearly in this area to achieve a more strategic approach
- An audit of resources currently supporting this activity should be undertaken. This should include a review of "tracked investment" – what have we spent and what happened as a result. This will ensure that resources are used most effectively
- The issues should be raised with colleagues, especially those working to promote Health & Wellbeing to ensure that a cross-cutting approach is taken
- We need to understand more about the cost of delivery. Are overheads for operating the scheme as low as possible – is it value for money?
- Opportunities for joint procurement should be explored, and existing good practice built upon.

³ *Better outcomes, lower costs: implications for health and social care budgets of investment in housing adaptations, improvement and equipment: a review of the evidence*, Heywood F and Turner L, 2007

⁴ *A Review of the impact of the recession on the implementation of Hartlepool's Housing Strategy*. Housing Sub-Group, September 2009.

Use of DFG funding by Registered Providers (RP's)

The position of RP's in relation to DFG and adaptations is an area which needs clarifying and making consistent across the town. Currently there are inconsistent arrangements. RP's vary in their processes, cost limits and autonomy given to area managers to implement minor adaptations.

As responsible social landlords RP's should fund requests for their residents' minor adaptations and also endeavour to install some of the major adaptations required. A consistent approach across the town should be developed to implement this.

Service Delivery

It has been identified that the OT within Child and Adult Services makes the assessment of need at the front end working with the individual and their carer to identify needs, options and priorities before producing a care plan to meet the needs. Recommendations for adaptations are passed to the Special Needs Housing Team (SNHT) which sits within Regeneration and Neighbourhoods. The assessment made by the OT is not reviewed other than to identify where proposals are not reasonable and practical. Through delivery of the policy an Adaptations Operations Panel will be established for case reviews and to also deal specifically with service user issues. This will make the process more transparent for both departments and would also improve understanding and partnership working. This may also prevent some of the more expensive adaptations being approved if more suitable rehousing options could be considered / provided.



Existing Initiatives and Joint Working

There are already a number of initiatives that currently encourage and promote good practice in relation to Housing Adaptation delivery in Hartlepool.

Efficiency Measures

When processing DFGs the SNHT endeavours to make savings wherever possible. All possible adaptations are recycled:

- **Stairlifts and Through Floor Lifts.** There is an ongoing stock of reconditioned stairlifts with Lift Able Ltd which are re-used as and where possible, providing the reconditioned model meets the specification of the clients need. This can generate savings of £700 to £1500 depending on the extra requirements i.e. powered swivel etc. Through Floor Lifts are re-used as and where possible but there is not an ongoing reconditioned stock due to lack of demand.
- **Modular (Metal) Ramps.** These are recycled and re-used in either parts or whole when there is availability to do so. Some ramps (depending on size) have

been separated into the individual parts and used on separate DFG's in order to maximise savings and utilisation of the parts.

Other works carried out under DFGs are unable to be removed and re-used as they are permanent fixtures. However, if a wet floor area shower is fitted and the client does not wish to keep the carer screens there is a possibility of re-using these depending on specification and providing agreement has been received from the OT Team to remove them.

Clos-o-Mat Toilets. The OT Team has identified that, in most cases, a Bio Bidet (electronic) would meet the needs of the service user at a fraction of cost of Closo Mat Toilets. Where appropriate these are fitted instead.

Preserving Equity

Costs associated with long term housing care and support can be substantial. Where service users have large amounts of capital, either in property or cash / shares etc, if that person should require care and support in the future they may find that they will have to pay the full costs of that care.

It is essential that decisions on long term care are taken in stable situations, where possible, and that plans are put in place to minimise disruption in the future. In order to assist with this the Child and Adult Services department are developing a financial profile for service users which will detail costs of care and support in a range of settings e.g. own home, extra care or residential or nursing care.

It is hoped that by offering this service the Council can assist service users to make decisions before they reach crisis situations and consider a move to more appropriate housing rather than adapt an existing property that will only ever be able to provide housing in the short term until further deterioration of their condition takes place.

Investing capital into long term housing provision such as Extra Care can reduce physical capital levels and also maximise income by reducing contributions to the care package required. Hartlepool has made significant investment in this area over the last few years and this has resulted in more options being available to people.

Prevention / Early Intervention

An individual's eligibility for statutory support is determined following assessment. Under section 47 of the NHS and Community Care 1990 Act, local authorities have a duty to assess the needs of any person for whom the authority may provide or arrange the provision of community care services and who may be in need of such services. Once eligible needs are identified, councils should take steps to meet those needs in a way that supports the individual's aspirations and the outcomes that they want to achieve.

National guidance on the eligibility framework is graded into four bands, which describe the seriousness of the risk to independence and well-being or other consequences if needs are not addressed.

Hartlepool has committed to providing services to people who are at substantial or critical risk to their independence. This means that as OT staff assesses need they also determine eligibility and recommend or refuse adaptations on this basis. Provision of adaptations enables people to remain in their own homes safely and reduces the potential cost of residential care fees.

In addition, minor adaptations are undertaken for people who fall below the threshold if there is a clear case that an intervention would prevent falls, reduce risk or prevent deterioration.



Options to support people to live independently

Although a mandatory DFG will often be the preferred funding route for major adaptations, other policy options may be considered as an alternative or as a top-up to the grant. These options must be explored as part of the preventative agenda, to prevent people's housing needs becoming critical and to provide the most efficient way to meet people's long-term needs.

Rehousing

In cases where major adaptations are required and it is difficult to provide a cost effective solution in a client's existing home, then the possibility of moving to a RP or more suitable dwelling in the private sector must be considered.

Through the Compass CBL scheme, adapted properties are advertised and re-let to people who match the requirements of the property in order to make best use. This will reduce the need for expensive adaptations having to be removed.

New Build Developments

In private developments, developers should be encouraged to build new properties to lifetime homes standards. The overall aim of The Lifetime Homes Standard is to make homes suitable for people at all stages of their lives. Many of the standards can be absorbed into building costs at little or no cost such as the positioning of sockets and switches, widening doorways and external lighting.

These standards should be delivered by the Council through planning policy and scheme briefs.

Home Improvement Agency (HIA)

HIAs help homeowners and private sector tenants who are older or disabled to remain in their own home, living independently, in safety and comfort. HIAs advise on improvements and adaptations that their clients may need in their homes and help them to apply for local authority grants or loans needed to carry out the required work. They

also help to identify reputable contractors to undertake the work, and oversee the work to ensure that their clients are completely satisfied.

Many agencies also run handyperson services to carry out small jobs around the home, or operate specific schemes to improve home safety, prevent falls in the home, improve energy efficiency or make homes suitable for people returning from hospital.

HIAs are usually small, locally based not-for-profit organisations and can be independent, local authority in-house agencies, or run by a managing agent such as a registered provider or charity.

The activity the Council undertakes is equivalent to that of a HIA.

Loans and Equity Release

Loans and equity release could be made available to enable clients to finance adaptations more quickly. Such policies will not affect a person's right to a mandatory DFG and a loan of this type can be used as additional assistance if the applicant has to make a contribution towards the cost of the works. Equity release products can provide capital for householders to undertake essential repairs or improvements whilst remaining in their home on a shared ownership or lease basis.

In April 2010 a regional loans scheme was introduced in the North East to assist home owners and private landlords to undertake essential home improvements thereby improving residents' long term health and well-being and maintaining their independence. In the future this scheme could be expanded to assist people who are not eligible for a DFG under the 'Test of Resources' as the test bears no relation to real outgoings and requires a level of contribution that may be unaffordable.

Telecare

Many elderly or disabled people have a desire to live in local communities with a range of support services around them. As technology advances there are opportunities for people to remain safely in their homes with the installation of telecare and assistive technology, even for those people suffering long term illnesses. Community alarm services support customers across tenures with a lifeline unit / emergency pendant and warden response.

Specialist Accommodation

This means specialist housing for older people where care services are provided or facilitated. In certain circumstances, it may be more appropriate for people with disabilities to consider the following forms of housing as more appropriate and sustainable to their needs rather than having their existing home adapted.

Sheltered, retirement or warden-assisted housing are all terms used to describe accommodation provided specifically for elderly people. Schemes usually have the

services of a warden or scheme manager, though increasingly this person lives off site, or the service is provided as 'floating support', with periodic visits from a member of staff.

Assisted living, extra care housing or housing-with-care are terms used to describe various models of retirement housing for older people who can no longer live completely on their own but do not need 24-hour complex medical supervision. Retirement villages are a relatively new type of housing for elderly people, but are growing in popularity in the UK.

Care homes for personal care, sometimes known as residential homes, are for people who need 24 hour support. Residents have a room, sometimes with their own en suite bathroom, and access to shared facilities.

Independent Living Services

Hartlepool's Centre for Independent Living will provide a range of preventative and information services aimed at supporting people with long term conditions and disabilities. It aims to help reduce health inequalities and improve health outcomes across the town.



Links to Wider Objectives

National Priorities

Current national priorities relevant to people with a physical disability include:

- A requirement to support more disabled people to live independently in the community.
- A requirement to provide more community equipment more quickly to more people.
- A drive to integrate health and social care provision wherever possible in order to give a seamless service, including sharing information across agencies.
- Tailoring services to meet user needs and aspirations through effective consultation mechanisms.
- Avoidance of unnecessary hospital admissions and the use of arrangements to enable people to be discharged from hospital care at the earliest opportunity.

The Legislation which underpins these priorities includes:

- Disability Discrimination Act 1994
- 1990 NHS and Community Care Act
- Housing Grants, Construction and Regeneration Act 1996
- Housing Act 2004

The Government has also published guidance on the implementation of disabled adaptations. These include:

- **Improving the Life Chances of Disabled People (2005).** This report set out an ambitious vision to improve the life chances of disabled people through four key areas. Firstly, to help disabled people achieve independent living, secondly by improving support for families with young disabled children, thirdly by facilitating a smooth transition into adulthood and fourthly by improving support and incentives for getting and staying in employment.
- **Delivering Housing Adaptations for Disabled People – Good Practice Guide (2006).** The primary purpose of this document is to advise local authorities on how they can establish a first class service which can deliver adaptations to the homes of disabled people to meet their needs and statutory requirements.
- **Putting People First: A shared vision and commitment to the transformation of adult social care (2007).** Across Government, the shared ambition is to enable people to live in their own homes as they wish, confident that services are of a high quality, are safe and promote their own individual needs for independence, well-being and dignity. This publication established the collaboration between central and local government, professionals, providers and the regulator. It sets out shared aims and values that work across agendas with users and carers.
- **Lifetime Homes, Lifetime Neighbourhoods. A National Strategy for Housing in an Ageing Society (2008).** This strategy acknowledges that the ageing of the population will be one of the greatest challenges of the 21st century for housing. The strategy sets out the government's response to this challenge and the plan to create Lifetime Homes in Lifetime Neighbourhoods. It outlines plans to ensure there is enough appropriate housing available in future to relieve pressures on homes, health and social care services. The Strategy details plans to boost preventative housing services such as advice and information, adaptations and repairs, which can prevent health and care crises for individuals.
- **Building the National Care Service – Social Care White Paper (2010).** This White Paper sets out the Government's proposals to build a comprehensive National Care Service for all adults in England with an eligible care need, free when they need it. One of the objectives will be to support more people to be cared for in their own homes.

Regional Policy

Government Office for the North East has contributed to the implementation and promotion of the Government's Housing Policy to ensure people have a good quality of life in sustainable communities. They work with local delivery partners and stakeholders around the key policy themes of affordable homes; tackling low demand and market restructuring; the provision of decent homes and addressing the housing needs of vulnerable groups. The North East Housing Strategy 2007 set the strategic housing priorities for the region with one of the four strategic objectives relating to the housing needs for specific community and social needs, including an ageing population. It identified key targets for activity, including:

- sustain, and increase if possible, the level of provision for clients benefiting from housing adaptations, through Disabled Facilities Grant or similar; and
- maintaining people with care and support needs in their own home as long as possible

Sub Regional Policy

At the time of writing this policy a new Housing Strategy for the Tees Valley and a Local Investment Plan (LIP) are in the process of being developed. The Housing Strategy, called 'A Statement of Housing Ambition in the Tees Valley 2010/2020' acknowledges that longer life expectancy will result in greater numbers wanting to remain in their current home, with support when needed; the increase in older people with learning and physical disabilities, dementia and long term conditions will increase pressure on resources and that the personalisation agenda will change the way social care services are delivered. The action plan includes key objectives and actions to respond to this.

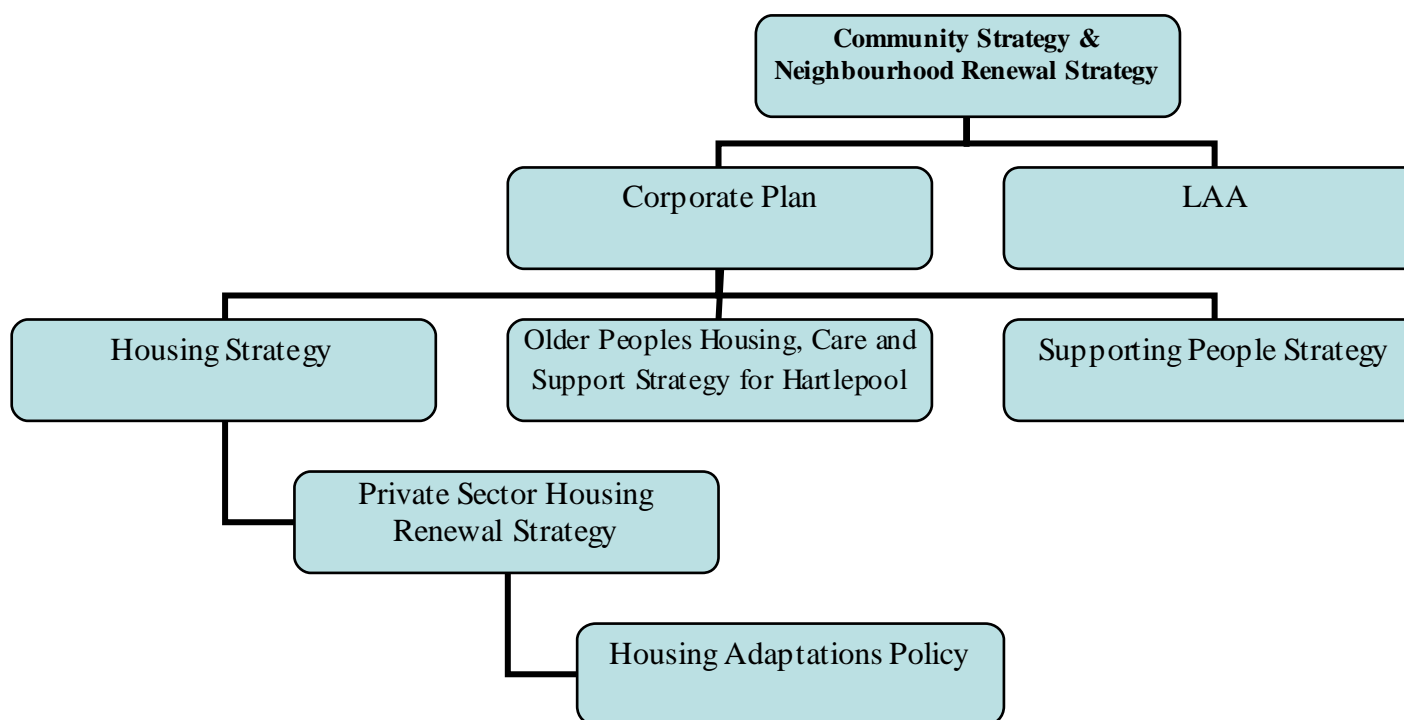
In developing the LIP, Tees Valley Unlimited brought together representatives from housing, planning and adult social care from across the Tees Valley to agree a joint approach to providing lifetime homes for older people in the sub region. This work will feed into the Tees Valley Economic and Regeneration Investment Plan.

Hartlepool works closely with its Tees Valley partners to develop specific initiatives to address the challenge of the ageing population and the Tees Valley has a good track record of sub-regional working.

Local Strategies

Housing Adaptations and DFG work impacts upon and has links with many local strategies, as detailed in figure 5.

Figure 5: Local Strategies



Community Strategy & Neighbourhood Renewal Strategy 2008-2020. The Community Strategy, called Hartlepool's Ambition, looks ahead to 2020 and sets out the long-term vision and aspirations for the future:

"Hartlepool will be an ambitious, healthy, respectful, inclusive, thriving and outward-looking community, in an attractive and safe environment, where everyone is able to realise their potential".

This Policy is directly linked to the Health and Wellbeing Objectives:

- Improved health
- Easier access to services
- Exercise of choice and control and retention of personal dignity

It also links to the Housing Objective:

- Meeting the housing needs of vulnerable people

- **Housing Strategy 2006-2011.** The current Strategy was developed by the Hartlepool Partnership through the Housing Partnership. It details our housing objectives, priorities and the actions that will be undertaken to meet local housing need and aspiration. The aim of the housing partnership is to:

"Ensure that there is access to good quality and affordable housing in sustainable neighbourhoods and communities where people want to live."

In 2008 a supplement was produced to be read alongside the Housing Strategy 2006-11. It acknowledges that there is a need to review the services provided to

help people remain in their homes since the closure of Endeavour Housing's Home Improvement Agency in Hartlepool.

- **Older Persons Housing, Care and Support Strategy for Hartlepool 2008.** This strategy sets out the priorities for housing, care and support for the future in Hartlepool. In addition to identifying what housing provision is required to meet the needs of the population in the future the strategy also identifies what services need to be commissioned or which existing services need to be improved. It was recognised through this strategy that the DFG policy would need to be reviewed as a result of a large waiting list for DFG's in the town. It is good practice to enable people to live as independently as possible preferably in their own home. Access to DFG's allows people to do this and therefore reduce the need for costly residential and nursing care placements.
- **Private Sector Housing Renewal Strategy.** This Strategy identifies the following priority:
 - Work with partners to prevent hospital admissions, reduce delays in hospital discharge, improving the thermal efficiency of homes and enabling residents to remain living independently
- **Hartlepool Supporting People Strategy 2006 – 2011.** This Strategy contributes to and complements a great many other strategies, but at the same time has its own identity and vision. The programme's own vision is set out below:
 - Ensure that a wide range of services are provided, so that service users can receive the level of support they need, in short term accommodation, longer term supported housing or their own homes as appropriate
 - Ensure that all services are aimed at helping service users to achieve as much independence in the community as possible
 - Achieve good value for money, so that services are affordable to those who have to pay for them
 - Provide for a diverse group of people, from all parts of the community
- **Private Sector House Condition Survey 2009.** This survey provides a means of maintaining a detailed picture of housing conditions in the private sector. Such a picture forms a useful evidence base on which to build strategies and inform investment decisions, and feed into statistical returns and other internal reports. The survey was a sample survey of a nominal 1,000 dwellings, covering all private sector tenures excluding registered social landlord (RSL) properties.
- **Joint Strategic Needs Assessment.** Hartlepool's Joint Strategic Needs Assessment provides an in-depth look at the full spectrum of health and social care needs of local people. It shows there is a high degree of health inequalities for people of all ages. Hartlepool has a higher numbers of people with disabilities than most towns of its size. Evidence show that barriers related to deprivation and social exclusion may disproportionately affect people with disabilities.



Housing Grants, Construction and Regeneration Act 1996, Sections 19 – 24

Disabled facilities grants

19 Disabled facilities grants: owner's and tenant's applications

- (1) A local housing authority shall not entertain an application for a disabled facilities grant unless they are satisfied—
 - (a) that the applicant has, or proposes to acquire, an owner's interest in every parcel of land on which the relevant works are to be carried out, or
 - (b) that the applicant is a tenant (alone or jointly with others)—
 - (i) in the case of an application in respect of works to a dwelling, of the dwelling, or
 - (ii) in the case of a common parts application, of a flat in the building,
 and, in either case, does not have or propose to acquire such an owner's interest as is mentioned in paragraph (a).
- (2) References in this Chapter to an "owner's application" or a "tenant's application", in relation to a disabled facilities grant, shall be construed accordingly.
- (3) In accordance with directions given by the Secretary of State, a local housing authority may treat the condition in subsection (1)(a) as met by a person who has, or proposes to acquire, an owner's interest in only part of the land concerned.
- (4) In this Chapter, in relation to an application for a disabled facilities grant—

"qualifying owner's interest" means an owner's interest meeting the condition in subsection (1)(a) or treated by virtue of subsection (3) as meeting that condition; and

"qualifying tenant" means a tenant who meets the conditions in subsection (1)(b).
- (5) In this Chapter "tenant", in relation to a disabled facilities grant, includes—
 - (a) a secure tenant, introductory tenant or statutory tenant,
 - (b) a protected occupier under the [1976 c. 80.] Rent (Agriculture) Act 1976 or a person in occupation under an assured agricultural occupancy within the meaning of Part I of the [1988 c. 50.] Housing Act 1988,
 - (c) an employee (whether full-time or part-time) who occupies the dwelling or flat concerned for the better performance of his duties, and
 - (d) a person having a licence to occupy the dwelling or flat concerned which satisfies such conditions as may be specified by order of the Secretary of State;
 and other expressions relating to tenancies, in the context of an application for disabled facilities grant, shall be construed accordingly.

20 Disabled facilities grants: the disabled occupant

In this Chapter the “disabled occupant”, in relation to an application for disabled facilities grant, means the disabled person for whose benefit it is proposed to carry out any of the relevant works.

21 Disabled facilities grants: certificate required in case of owner’s application

- (1) A local housing authority shall not entertain an owner’s application for a disabled facilities grant unless it is accompanied by an owner’s certificate in respect of the dwelling to which the application relates or, in the case of a common parts application, in respect of each flat in the building occupied or proposed to be occupied by a disabled occupant.
- (2) An “owner’s certificate”, for the purposes of an application for a disabled facilities grant, certifies that the applicant—
 - (a) has or proposes to acquire a qualifying owner’s interest, and
 - (b) intends that the disabled occupant will live in the dwelling or flat as his only or main residence throughout the grant condition period or for such shorter period as his health and other relevant circumstances permit.

22 Disabled facilities grants: certificates required in case of tenant’s application

- (1) A local housing authority shall not entertain a tenant’s application for a disabled facilities grant unless it is accompanied by a tenant’s certificate.
- (2) A “tenant’s certificate”, for the purposes of an application for a disabled facilities grant, certifies—
 - (a) that the application is a tenant’s application, and
 - (b) that the applicant intends that he (if he is the disabled occupant) or the disabled occupant will live in the dwelling or flat as his only or main residence throughout the grant condition period or for such shorter period as his health and other relevant circumstances permit.
- (3) Except where the authority consider it unreasonable in the circumstances to require such a certificate, they shall not entertain a tenant’s application for a disabled facilities grant unless it is also accompanied by an owner’s certificate from the person who at the time of the application is the landlord under the tenancy.

23 Disabled facilities grants: purposes for which grant must or may be given

- (1) The purposes for which an application for a disabled facilities grant must be approved, subject to the provisions of this Chapter, are the following—
 - (a) facilitating access by the disabled occupant to and from the dwelling or the building in which the dwelling or, as the case may be, flat is situated;
 - (b) making the dwelling or building safe for the disabled occupant and other persons residing with him;

- (c) facilitating access by the disabled occupant to a room used or usable as the principal family room;
 - (d) facilitating access by the disabled occupant to, or providing for the disabled occupant, a room used or usable for sleeping;
 - (e) facilitating access by the disabled occupant to, or providing for the disabled occupant, a room in which there is a lavatory, or facilitating the use by the disabled occupant of such a facility;
 - (f) facilitating access by the disabled occupant to, or providing for the disabled occupant, a room in which there is a bath or shower (or both), or facilitating the use by the disabled occupant of such a facility;
 - (g) facilitating access by the disabled occupant to, or providing for the disabled occupant, a room in which there is a washhand basin, or facilitating the use by the disabled occupant of such a facility;
 - (h) facilitating the preparation and cooking of food by the disabled occupant;
 - (i) improving any heating system in the dwelling to meet the needs of the disabled occupant or, if there is no existing heating system in the dwelling or any such system is unsuitable for use by the disabled occupant, providing a heating system suitable to meet his needs;
 - (j) facilitating the use by the disabled occupant of a source of power, light or heat by altering the position of one or more means of access to or control of that source or by providing additional means of control;
 - (k) facilitating access and movement by the disabled occupant around the dwelling in order to enable him to care for a person who is normally resident in the dwelling and is in need of such care;
 - (l) such other purposes as may be specified by order of the Secretary of State.
- (2) An application for a disabled facilities grant may be approved, subject to the provisions of this Chapter, for the purpose of making the dwelling or building suitable for the accommodation, welfare or employment of the disabled occupant in any other respect.
- (3) If in the opinion of the local housing authority the relevant works are more or less extensive than is necessary to achieve any of the purposes set out in subsection (1) or the purpose mentioned in subsection (2), they may, with the consent of the applicant, treat the application as varied so that the relevant works are limited to or, as the case may be, include such works as seem to the authority to be necessary for that purpose.

24 Disabled facilities grants: approval of application

- (1) The local housing authority—
- (a) shall approve an application for a disabled facilities grant for purposes within section 23(1), and
 - (b) may if they think fit approve an application for a disabled facilities grant not for a purpose within that provision but for the purpose specified in section 23(2),

subject to the following provisions.

- (2) Where an authority entertain an owner's application for a disabled facilities grant made by a person who proposes to acquire a qualifying owner's interest, they shall not approve the application until they are satisfied that he has done so.
- (3) A local housing authority shall not approve an application for a disabled facilities grant unless they are satisfied—
 - (a) that the relevant works are necessary and appropriate to meet the needs of the disabled occupant, and
 - (b) that it is reasonable and practicable to carry out the relevant works having regard to the age and condition of the dwelling or building.

In considering the matters mentioned in paragraph (a) a local housing authority which is not itself a social services authority shall consult the social services authority.
- (4) An authority proposing to approve an application for a disabled facilities grant shall consider—
 - (a) in the case of an application in respect of works to a dwelling, whether the dwelling is fit for human habitation;
 - (b) in the case of a common parts application, whether the building meets the requirements in section 604(2) of the [1985 c. 68.] Housing Act 1985.

and the authority shall take that into account in deciding whether it is reasonable and practicable to carry out the relevant works.
- (5) A local housing authority shall not approve a common parts application for a disabled facilities grant unless they are satisfied that the applicant has a power or is under a duty to carry out the relevant works.



Diversity Impact Assessment (Predicted Assessments)

Lead Officer: Nigel Johnson	Published Date:
Who has undertaken the assessment: Karen Kelly	
Date forwarded to Departmental Diversity Rep:	

Is the subject to be assessed a: <i>(Please tick)</i> <div style="display: flex; justify-content: space-around;"> Strategy <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Service <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-around;"> System <input type="checkbox"/> Project <input type="checkbox"/> Other _____ </div>
Name of the assessed and brief description: Hartlepool Borough Council's Housing Adaptations Policy 2010 – 2013 has been developed to provide a framework to deliver the vision of supporting people to live as independently as possible in homes that are safe and comfortable. It also intends to provide an equitable DFG policy for the future that works across tenure.

What is being assessed is <i>(please tick)</i> <div style="display: flex; justify-content: space-around;"> Existing <input type="checkbox"/> New <input checked="" type="checkbox"/> </div>

Is a copy of the new policy/strategy attached <i>(please tick)</i> <div style="display: flex; justify-content: space-around;"> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> </div> If No, where can it be viewed?

Links into Community Strategy and Council Themes <i>(please tick box(es))</i>	
Jobs and the Economy <input type="checkbox"/> Lifelong Learning and Skills <input type="checkbox"/> Health and Care <input checked="" type="checkbox"/> Community Safety <input type="checkbox"/> Organisational Development <input type="checkbox"/>	Environment <input type="checkbox"/> Housing <input checked="" type="checkbox"/> Culture and Leisure <input type="checkbox"/> Strengthening Communities <input checked="" type="checkbox"/>

HARTLEPOOL BOROUGH COUNCIL

Stage 1 - Overview

1. Please give a brief description of the aims, objectives or purpose. <i>(Note: Wherever possible please quote from the document)</i>	
<p>The Policy has 4 strategic objectives:</p> <ol style="list-style-type: none"> 1. Enable and support people to live independently in their current and future homes 2. Promote, encourage and ensure fair access for disabled people to all appropriate adaptations services 3. Work in partnership to deliver a seamless service to disabled people, providing services and equipment that are cost effective and value for money 4. Make best use of Registered Providers' existing housing stock 	
2. Who is responsible for implementation?	
The Public Protection Manager	
3. Who are the main stakeholders? (please tick)	
The General Public <input checked="" type="checkbox"/>	Public Sector Service Providers <input checked="" type="checkbox"/>
Employees <input checked="" type="checkbox"/>	The Community & Voluntary Sector <input checked="" type="checkbox"/>
Elected Members <input checked="" type="checkbox"/>	

Stage 2 – Research and Findings

4. What evidence do we presently have and what does it tell us? <i>(Include any numerical data, public consultation or involvement, anecdotal evidence and other organisations' experiences, outcome of any previous service related INRA, entry into the Risk register)</i>
<p>Data is available from research that has been collected to inform the Older Persons Housing, Care and Support Strategy, the Tees Valley Strategic Housing Market Assessment and the Private Sector House Condition Survey.</p> <p>Performance Indicator data is collected for the LAA on the number of adaptations carried out to enable vulnerable people to remain living independently in their own home.</p> <p>Data is collected on applications to the Council's Housing Register relating to age, disability, gender, race, religion and sexual orientation of applicants.</p> <p>Data is collected on age and disability for applicants for Disabled Facilities Grants.</p>

5. Identify the gaps in the evidence that we presently have?
Insufficient data is collected on gender, race, religion and sexual orientation relating to applicants for Disabled Facilities Grants.
6. Record what needs to be done to gather further evidence to undertake the impact assessment?
A proactive approach needs to be adopted to ensure that everyone is aware of the options open to them in relation to having adaptations made to their existing home or being re-housed to a property which better suits their long-term housing needs.

Please note: You will need to have viewed your data or insufficient data before answering the following questions. If no data is available, you will need to make a record of this within your answers below and indicate how this data will be gathered in the future. *(Please refer to glossary for the terms- unmet needs, differential impact, positive impact, negative impact and adverse impact provided in the guidance)*

7. Are there any unmet needs/requirements that can be identified from your research that impact specific equality groups? Which equality groups does it impact?
No – options need to be accessible to all
8. Are there any concerns that there could be a differential/positive/negative/ adverse impact on the grounds of gender? Gender refers to male, female and transgender. Please explain your answer.
No – options need to be accessible to all
9. Are there any concerns that there could be a differential/positive/negative/ adverse impact on the grounds of racial or ethnic origin? Please explain your answer.

HARTLEPOOL BOROUGH COUNCIL

<p>No – options need to be accessible to all. However, adaptations and rehousing information promoting the options available to disabled residents needs to be made available in different formats if requested to make sure that everyone is suitably informed (i.e. offer documents via interpreter / translation services)</p> <p>The layout of adaptations to bathrooms and access to the house need to be considered.</p>	
<p>10. Are there any concerns that there could be a differential/positive/negative/ adverse impact on the grounds of religion or belief? Please explain your answer.</p>	
<p>No – options need to be accessible to all.</p>	
<p>11. Are there any concerns that there could be a differential/positive/negative/ adverse impact on the grounds of disability? Please explain your answer.</p>	
<p>No – options need to be accessible to all. However, all material relating to housing adaptations and rehousing options should be made suitably available to those with a sensory disability.</p>	
<p>12. Are there any concerns that there could be a differential/positive/negative/ adverse impact on the grounds of age? Please explain your answer.</p>	
<p>No – options need to be accessible to all</p>	
<p>13. Are there any concerns that there could be a differential/positive/negative/ adverse impact on the grounds of sexual orientation? Please explain your answer.</p>	
<p>No – options need to be accessible to all</p>	
<p>14. Summary of adverse impacts (please tick)</p>	
<p>Gender <input type="checkbox"/></p> <p>Race/Ethnic Origin <input checked="" type="checkbox"/></p> <p>Religion/Belief <input type="checkbox"/></p>	<p>Disability <input type="checkbox"/></p> <p>Age <input type="checkbox"/></p> <p>Sexual Orientation <input type="checkbox"/></p>

Stage 3 – Consultation

15. Who have you consulted with?

Consultation regarding the Policy has taken place with:

- Housing Adaptations Policy Steering Group
- The Director and Assistant Directors within Regeneration and Neighbourhoods
- Housing Partnership (includes a BME rep, young persons rep and rep with a physical disability)
- Members

16. Summary of findings/recommendations from the consultation

As a result of consultation the main changes proposed to the Policy include:

- Creating an Adaptations Operations Panel with appropriate Terms of Reference which will consider referrals based on the following criteria:
 - Referrals based on officers judgement
 - Any refusal of funding by a Registered Provider
 - Complex case issues i.e. extensions, multiple adaptations, changes in circumstances from previous applications

Stage 4 – Adverse Impacts**17. Please give details of what the predicted adverse impact is expected and which groups or individuals it affects.**

Registered Providers in Hartlepool may not have the right type of property appropriate to needs.

Working disabled people are disadvantaged due to the means test.

For people in certain communities the layout of bathroom adaptations and also access to the property may be a factor.

HARTLEPOOL BOROUGH COUNCIL

18. Record what immediate actions are taken prior to implementation to address the adverse impact?
Research if there are cultural issues why properties may need certain types of adaptations.
19. Can the adverse impact be justified for any reason? Please explain. (Legislation, promoting equality of opportunity for one group (positive action) etc.)
n/a

Stage 5 – Action Planning and Publishing

20. What actions are needed to be taken after the implementation		
Action	Responsible officer	Completion Date
Annual review of the Implementation Plan	Public Protection Manager	Annually
21. What are the main conclusions from the assessment?		
All groups are aware of the Policy		
22. How is the impact assessment published/publicised?		

23. How is the impact further assessed after its implementation?	
INRA reviews	
Signed: _____ Director/Head of the Service	Date: _____

ADAPTATIONS OPERATIONS PANEL TERMS OF REFERENCE

1. Title

- 1.1 Adaptations Operations Panel

2. Purpose

- 2.1 The Adaptations Operations Panel brings together appropriate responsible officers from Hartlepool Borough Council and its partners involved in the process for adapting privately owned and socially rented properties in Hartlepool to meet the needs of citizens with a physical impairment or disability.
- 2.2 It is responsible for deciding on behalf of the council what is reasonable and practicable according to current legislation and guidance in approving applications to provide funding for adaptations to properties.

3. Objectives

- 3.1 The Adaptations Operations Panel will consider referrals to be put forward for applications for funding based on the following criteria;
- Referrals based on officers judgement
 - Any refusal of funding by a Registered Provider
 - Complex Case issues - this could include but is not limited to
 - Extensions
 - Multiple Adaptations
 - Changes in circumstance of previous applications

4. Responsibilities and Accountabilities

- 4.1 Referrals to the panel will be instigated via the Occupational Therapy and Special Needs Housing teams.
- 4.2 Adaptations Operations Panel is responsible for considering and making decisions on who is eligible for adaptations and subsequent applications for Disable Facilities Grant.

5.1 APPENDIX 5

- 4.3 Adaptations Operations Panel is responsible for hearing appeals in respect of the refusal of adaptations.
- 4.4 Adaptations Operations Panel is responsible to the Housing Care and Support Strategy Steering Group chaired by the Director of Regeneration and Neighbourhoods.

5. **Membership**

Head of Service (Operations) Child and Adult Services
Public Protection Manager
Occupational Therapy Team Manager
Admin Support

Where cases involve adapting a property under the ownership of a registered provider a representative from the organisation may be invited.

6. **Chairing Arrangements**

Chair of the Adaptations Operations Panel with alternate between the Head of Service (Operations) and the Public Protection Manager.

7. **Meeting Schedule**

Meetings will be held on a monthly basis. Where no cases require consideration the meeting will be cancelled as necessary.

8. **Review of Terms of Reference**

The Terms of Reference for the panel meeting will be reviewed initially after a period of three months; subsequent reviews will be scheduled at the initial review.

CABINET REPORT

10 January 2011



Report of: Head of Performance & Partnerships

Subject: HARTLEPOOL PARTNERSHIP AND COUNCIL
PROPOSED OUTCOME FRAMEWORK 2011-15

SUMMARY

1. PURPOSE OF REPORT

The purpose of this report is to seek approval of the proposed Hartlepool Partnership and Council outcome framework for 2011-15.

2. SUMMARY OF CONTENTS

This report sets out the proposed outcome framework for the Hartlepool Partnership and Council which will be used as the framework for developing Departmental plans, the Corporate Plan and the Hartlepool Partnership Performance Management Framework for 2011/12. The report also includes the service planning timetable setting out the key dates in the agreement of the Departmental and Corporate plans and the Hartlepool Partnership Delivery & Improvement Plan.

3. RELEVANCE TO CABINET

The outcome framework will be used in the development of the Departmental Plans, the Corporate Plan and the Hartlepool Partnership Performance Management Framework which set out how the Community Strategy will be delivered.

4. TYPE OF DECISION

Non-Key Decision.

5. DECISION MAKING ROUTE

Agreement of the Outcome Framework:

- Scrutiny Coordinating Committee 10th December 2010
- Cabinet 10th January 2011
- Hartlepool Partnership Board 21st January 2011

Following agreement of the Outcome Framework the next steps are:

Who	What	When
Scrutiny Coordinating Committee Scrutiny Forums: <ul style="list-style-type: none"> - Adult & Community Services - Children's Services - Neighbourhood Services - Regeneration & Planning Services 	Consideration of the Departmental and Corporate plans including actions, performance indicators and risks that underpin each outcome	Jan / Feb 2011
Scrutiny Coordinating Committee	Consideration of the proposed Corporate Plan and Hartlepool Partnership Delivery & Improvement Plan 2011/12	25 th Feb 2011
Scrutiny Coordinating Committee Cabinet Council	Agreement of the Corporate Plan	March / April 2011
Cabinet Hartlepool Partnership	Agreement of the Hartlepool Partnership Delivery & Improvement Plan 2011/12	April / May 2011

6. DECISION REQUIRED

Cabinet is requested to agree the Hartlepool Partnership and Council outcome framework for 2011-15.

Report of: Head of Performance & Partnerships

Subject: HARTLEPOOL PARTNERSHIP AND COUNCIL
PROPOSED OUTCOME FRAMEWORK 2011-15

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to seek approval of the proposed Hartlepool Partnership and Council outcome framework for 2011-15.

2. BACKGROUND

- 2.1 Service planning for the last 3 years has been based on a common set of outcomes shared by the Council in the Departmental and Corporate Plans and the Hartlepool Partnership in its Local Area Agreement (LAA). Since 2006 the LAA has provided the delivery plan for the Community Strategy in the short to medium term and has been refreshed annually. Over that time there have been some amendments to the outcome framework and in 2010/11 a child poverty outcome was added. The Departmental and Corporate Plans have also included a small number of additional outcomes that do not form part of the LAA.
- 2.2 The current LAA will end in March 2011 and we have recently received confirmation that there will be no requirement from central government to prepare a new LAA from April 2011. The removal of this requirement provides an opportunity to review the outcome framework and develop a more targeted and slimmed down version of what is currently in place. With this in mind a review of the outcome framework has been undertaken.

3. SERVICE PLANNING 2011/12

- 3.1 The Corporate Plan is the Council's top-level plan. It sets out the Council's top priorities and contributions for delivering the Community Strategy aims in 2011/12. Progress is reported regularly to Cabinet and Scrutiny Coordinating Committee throughout the year.
- 3.2 As in previous years, the focus of the Corporate Plan for 2011/12 will be on addressing the key issues facing the Borough and its residents and the Council. Maintaining a focus on the key issues is particularly important as the Council seeks to maintain its effectiveness while addressing the reduction in funding from Central Government. Additional activities will be picked up through Departmental plans which are reported to individual portfolio holders.

- 3.3 The four key elements of the framework and plans will remain unchanged – outcomes, actions, Performance Indicators (PIs) and risks. However, the timetable for service planning has been brought forward following requests made last year by Scrutiny Coordinating Committee to enable sign off of the Corporate Plan before the end of the municipal year. The proposed Corporate and Departmental plans for 2011/12 will be taken through the relevant Scrutiny Forums in January and February 2011 with final discussion at Scrutiny Coordinating Committee at the meeting on 25th February 2011.

4. PROPOSED OUTCOME FRAMEWORK 2011-15

- 4.1 The Council's service planning framework is based on having a clear set of outcomes that the Council is working towards achieving. Therefore, the first stage of the service planning process for 2011/12 is to develop and agree the Partnership and Council outcome framework. This will form the framework from which the Corporate Plan, all Departmental Plans and the Hartlepool Partnership Performance Management Framework (PMF) will be derived.
- 4.2 Discussions have taken place with Council Officers from across all Departments on the revision of the outcome framework. These discussions have also considered the additional departmental and organisational development outcomes that are currently included within the Departmental and Corporate Plans. The proposed outcome framework for 2011-15 including the identified outcome owners is included as appendix 1. The outcome framework that is proposed contains 24 Partnership outcomes, which is a reduction of 10 on the previous framework, 3 departmental outcomes for Regeneration & Neighbourhoods and 6 Organisational Development outcomes, a reduction of 5 from 2010/11.
- 4.3 The revised outcome framework was considered by Scrutiny Coordinating Committee (SCC) on 10th December 2010. SCC were concerned that the outcomes proposed were too ambitious given the current climate of budget cuts. Their concern was particularly focused on outcome 2 'People have greater access to employment and skills opportunities' and outcome 3 'Fewer children in Hartlepool experience the effects of poverty'.

5. NEXT STEPS

- 5.1 Further work is currently being undertaken to develop the actions that will underpin the outcomes, and which will ultimately appear in the Service Planning documents. The key steps in agreeing the Departmental and Corporate plans and the Hartlepool Partnership Delivery & Improvement Plan are as follows:

Who	What	When
Scrutiny Coordinating Committee Scrutiny Forums: <ul style="list-style-type: none"> - Adult & Community Services - Children's Services - Neighbourhood Services - Regeneration & Planning Services 	Consideration of the Departmental and Corporate plans including actions, performance indicators and risks that underpin each outcome	Jan / Feb 2011
Scrutiny Coordinating Committee	Consideration of the proposed Corporate Plan and Hartlepool Partnership Delivery & Improvement Plan 2011/12	25 th Feb 2011
Scrutiny Coordinating Committee Cabinet Council	Agreement of the Corporate Plan	March / April 2011
Cabinet Hartlepool Partnership	Agreement of the Hartlepool Partnership Delivery & Improvement Plan 2011/12	April / May 2011

12. RECOMMENDATIONS

- 12.1 Cabinet is requested to agree the Hartlepool Partnership and Council outcome framework for 2011-15.

13. BACKGROUND PAPERS

- 13.1 The following background papers were used in the preparation of this report:-
- (i) Hartlepool Borough Council Corporate Plan 2010/11
 - (ii) Hartlepool's Local Area Agreement 2008-11 (refresh 2010)
 - (iii) LAA Delivery and Improvement Plan 2010/11

Copies of document (i) are available at:
http://www.hartlepool.gov.uk/downloads/file/6262/corporate_plan_201011

Copies of documents (ii) and (iii) are available at are available at:
http://www.hartlepoolpartnership.co.uk/info/7/local_area_agreement

14. CONTACT OFFICER

- 14.1 Joanne Smithson – Head of Performance & Partnerships
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284161
Email: joanne.smithson@hartlepool.gov.uk

Proposed Outcome Framework 2011-15**Jobs & the Economy**

Outcome	Outcome Owner 2010/11
1. Hartlepool has increased levels of investment and is globally competitive	Antony Steinberg
2. People have greater access to employment and skills opportunities	Antony Steinberg
3. Fewer children in Hartlepool experience the effects of poverty	Danielle Swainston (C&AS)
4. People have greater access to financial information, advice and support particularly those currently excluded	John Morton (CEX)

Additional Regeneration & Neighbourhoods Department outcomes proposed:

Outcome	Outcome Owner 2010/11
25. Hartlepool is at the forefront of economic policy making at the national, regional and sub-regional levels	Derek Gouldbum (R&N)
26. Key public buildings and spaces are improved to reflect Hartlepool's economic ambition	Andy Golightly (R&N)

Lifelong Learning & Skills

Outcome	Outcome Owner 2010/11
5. To promote opportunities for all children and young people to reach their full potential by accessing good quality teaching and curriculum provision which fully meets their needs and enables them to participate in and enjoy their learning	Caroline O'Neill (C&AS)
6. Provision of high quality learning and skills opportunities that drive economic competitiveness, widen participation and build social justice	Diane Martin (R&N)

Health & Wellbeing

Outcome	Outcome Owner 2010/11
7. Improve health by reducing inequalities and improving access to services	Louise Wallace (C&AS)
8. Be healthy – children enjoy good physical and emotional health and live a healthy lifestyle	Louise Wallace (C&AS)
9. Children & young people are safe	Sally Robinson (C&AS)
10. Vulnerable adults are supported and safeguarded and people are able to maintain maximum independence while exercising choice and control about how their outcomes are achieved	Jill Harrison (C&AS)

Community Safety

Outcome	Outcome Owner 2010/11
11. Hartlepool has reduced crime and repeat victimisation	Brian Neale (R&N)
12. There is reduced harm caused by drugs and alcohol misuse	Chris Hart (R&N)
13. Communities have improved confidence and feel more cohesive and safe	Sally Forth (R&N)
14. Offending and re-offending has reduced	Chris Catchpole (R&N)

Environment

Outcome	Outcome Owner 2010/11
15. Hartlepool has an improved natural and built environment	Damien Wilson (R&N)
16. Quality local environments where public and community open spaces are clean, green and safe	Clare Clark (R&N)
17. Provide a sustainable, safe, efficient, effective and accessible transport system	Mike Blair (R&N)
18. Hartlepool is prepared for the impacts of climate change and takes action to mitigate the effects	Paul Hurwood (R&N)

Housing

Outcome	Outcome Owner 2010/11
19. Hartlepool has a more balanced housing provision	Amy Waters (R&N)
20. The quality of existing housing has been improved	Sylvia Pinkney (R&N)
21. Vulnerable people have improved access to accommodation which meets their need	Lynda Igoe (R&N)

Culture & Leisure and Community Learning

Outcome	Outcome Owner 2010/11
22. People enjoy equal access to leisure, culture, sport, libraries and community learning which enrich their lives, improve the places where they live, and strengthen communities.	John Mennear (C&AS)

Strengthening Communities

Outcome	Outcome Owner 2010/11
23. Local people have a greater voice and influence over local decision making and the delivery of services	Denise Ogden (R&N)
24. Make a positive contribution – people are involved with the community and society	John Robinson (C&AS)

Additional Regeneration & Neighbourhoods Department outcome proposed:

Outcome	Outcome Owner 2010/11
27. Improved community awareness of how to respond to emergency situations	Alastair Smith (R&N)

Organisational Development

Outcome	Outcome Owner 2010/11
28. Improve the efficiency and effectiveness of the organisation	Andrew Atkin/Chris Little (CEX)
29. Deliver effective customer focussed services, meeting the needs of diverse groups and maintaining customer satisfaction	Joanne Machers (CEX)
30. Maintain effective governance arrangements for core business and key partnerships	Peter Devlin (CEX)
31. Maintain effective Performance, Finance and Risk Management Arrangements	Andrew Atkin/Chris Little (CEX)
32. Maintain the profile and reputation of the Council	Andrew Atkin (CEX)
33. Deliver effective Member and Workforce arrangements, maximising the efficiency of the Council's Democratic function	Andrew Atkin/Peter Devlin/Joanne Machers (CEX)

CABINET REPORT

10 January 2011



Report of: Director of Regeneration and Neighbourhoods

Subject: SELECTIVE LICENSING OF PRIVATE
LANDLORDS – ADDITIONAL AREAS

SUMMARY

1. PURPOSE OF REPORT

To consider extending the areas covered by a selective licensing scheme for private landlords.

2. SUMMARY OF CONTENTS

The report briefly outlines the legal framework for selective licensing, sets out the requirements and process for introducing further licensing areas and identifies a timetable from implementing the process leading to declaration of new areas.

3. RELEVANCE TO CABINET

This is a cross-cutting issue which potentially affects several wards in the central and north neighbourhoods.

4. TYPE OF DECISION

Non key

5. DECISION MAKING ROUTE

Cabinet 10 January 2011

6. DECISION(S) REQUIRED

- 6.1 Cabinet are recommended to approve the gathering of evidence to establish proposed priority area for a 2nd phase of selective licensing of private landlords.

- 6.2 Cabinet are recommended to note the timetable set out at paragraph 4.1, which identifies the milestones for establishing the 2nd phase of selective licensing of private landlords.

Report of: Director of Regeneration and Neighbourhoods

Subject: SELECTIVE LICENSING OF PRIVATE
LANDLORDS – ADDITIONAL AREAS

1. PURPOSE OF REPORT

To consider extending the areas covered by a selective licensing scheme for private landlords.

2. BACKGROUND

2.1 The Housing Act 2004 introduced a discretionary power for Local Housing Authorities to designate areas for the selective licensing of private sector rented housing suffering from, or likely to suffer from, low demand and/or significant and persistent anti-social behaviour. The term “selective” recognises the intention to apply this only to specific targeted areas. Selective licensing is intended to be a focused and intensive area-based activity targeted in a small area normally not more than a ward, or 500 to 1000 licensable dwellings.

2.2 A ‘low demand area’ means any neighbourhood (of at least 50 dwellings) where private sector housing is predominant and one or more of the following symptoms apply:

- private property values are low or falling
- visibly high numbers of properties are for sale or to let
- a high percentage of empty private houses, particularly for over 6 months
- a high turnover of population

‘Significant and persistent anti-social behaviour’ means causing harassment, alarm or distress, which is affecting or potentially affecting one or more people not of the same household, and continuing despite warnings having been given.

2.3 The objective is to improve the housing management standards of the landlords in the areas designated which, it is envisaged, will reduce anti-social behaviour and increase occupancy of the housing stock, stabilising demand in the areas chosen.

2.4 The Council must be satisfied that designation will significantly assist them to improve social or economic conditions or to reduce or eliminate anti-social behaviour. It must also consider whether other

courses of action are available that might provide an effective method of achieving those objectives.

- 2.5 Selective licensing needs to be integrated and to have a consistent strategic fit with other initiatives aimed at regeneration of older housing areas in Hartlepool. However while it is a useful tool, just as 'bad' landlords are not the sole reason for the decline of an area, selective licensing is not the sole solution to all problems. There needs to be a balancing of expectations of what selective licensing can achieve.
- 2.6 The maximum period for a selective licensing scheme is five years although if conditions persist, a further designation may be made.
- 2.7 The existing Hartlepool scheme for selective licensing of private landlords commenced in May 2009. A map showing the existing 6 areas is attached at **Appendix 2**.

3. THE CASE FOR INTRODUCING MORE SELECTIVE LICENSING AREAS

- 3.1 Since the existing scheme commenced in May 2009, it is fair to say that progress has been slow and the housing market in Hartlepool has changed. Locally, as nationally, house prices have fallen and the investments being made by landlords and potential landlords has almost ceased. More properties are empty, particularly in the central town neighbourhoods. Regeneration on a large scale has continued, but this is slowing now due to the limited availability of capital funding.
- 3.2 In May 2010, Cabinet approved an Empty Homes Strategy and Action Plan, to bring empty homes back into use. Priority activity covers:
 - streets adjacent to the Housing Market Renewal (HMR) areas – i.e. part of Borrowdale and Patterdale Streets in Belle Vue, Carr and Hopps Street area in Grange ward and Perth, Hurworth, Gray Street area in Dyke House ward.
 - Baden Street
 - individual homes known to be empty for more than 5 years.
 - individual empty homes in streets with high private rental demand
- 3.3 The HMR areas are shown at **Appendix 1**. Cabinet members will note that 3 of the existing selective licensing areas overlap partly or wholly with the 3 HMR areas. Inevitably, as progress is made to demolish and redevelop the HMR areas, the number of landlords subject to selective licensing will diminish.
- 3.4 The recently published New Deal for Communities (NDC) evaluation of selective licensing makes recommendations about service delivery,

which needs to be addressed to improve the objective of selective licensing to “improve the housing management standards of the landlords, in the areas designated which, it is envisaged, will reduce anti-social behaviour and increase occupancy of the housing stock, stabilising demand in the areas chosen”.

- 3.5 There is evidence that landlords from selective licensing areas are becoming members of the voluntary landlord accreditation scheme, which operates across the town and requires properties to reach a minimum standard of property condition and management before membership is granted. This will provide a longer term sustainable scheme for encouraging and ensuring good property standards are provided by landlords, which will then attract good tenants.

4. THE PROCESS TO CONSIDER NEW SELECTIVE LICENSING AREAS

- 4.1 The legal framework set out in Part 3 of the Housing Act 2004, has been amended, as in March 2010, the Minister for Housing and Planning notified local authorities that the Secretary of State for communities and Local Government had exercised powers under Section 82(b) of the Housing Act 2004, to give general approval for designation of selective licensing areas. This applies where persons (i.e. partners, residents and landlords) who are likely to be affected by the designation are consulted for not less than 10 weeks. A copy of the shelter good practice guide process for approval of selective licensing areas is attached at **Appendix 3**. This means that approval to designate an area for selective licensing is no longer required from the Secretary of State for Communities and Local Government, but the 3 month period at action 5, in the table below, is still required for the statutory notifications required. However, the remainder of the process followed in 2008/09 is still required.

A proposed timetable is set out below:

	Action	Timescale for completion
1.	Gather evidence on ASB, empty homes, properties for sale or to let	January 2011
2.	Establish priority areas for proposed designation as selective licensing areas, based on the evidence gathered	Cabinet report in February 2011
3.	Consult residents in proposed areas for designation	February – April 2011
4.	Make decision on areas to be	Cabinet report in

	Action	Timescale for completion
	designated	May 2011
5.	3 months period for statutory notifications	June-August 2011
6.	New selective licensing areas commence	September 2011

5. FINANCIAL IMPLICATIONS

5.1 The existing scheme requires a budget of £89,000 per annum to cover salary and associated costs. This covers:

- scheme co-ordinator
- scheme enforcement officer
- scheme administrator/support officer

5.2 A budget of £40,000 was established by the Council in 2008/09, this was supplemented by contributions of £46,068 (2008/09), £51,650 (2009/10) and £44,955 (2010/11) from NDC.

5.3 Fees are charged to landlords for the issue of a licence for each individual property owned in the selective licensing areas. The fee for each property is £600, potentially reducing to £300 per property if the landlord is accredited through the council's voluntary landlord accreditation scheme, and if the landlord applies within the application timescale required.

5.4 In order to ensure sufficient funding is available to cover the costs for the 5 year life of the scheme (i.e. until May 2014), income is held corporately in a reserved account. The current reserve balance is £85,365 (at 31st March 2010). Further income has been generated through 2010/11 and this will be added to the reserve at end of 2011/12, to pay for future years costs.

5.5 Once new selective licensing areas are designated, it will be important to establish a budget for the staff required to manage the 2 schemes.

6. RECOMMENDATIONS

6.1 Cabinet are recommended to approve the gathering of evidence to establish proposed priority areas for a 2nd phase of selective licensing of private landlords.

- 6.2 Cabinet are recommended to note the timetable set out at paragraph 4.1, which identifies the milestones for establishing the 2nd phase of selective licensing of private landlords.

7. BACKGROUND PAPERS

Selective licensing in the private rented sector Evaluation report – NDC November 2010.

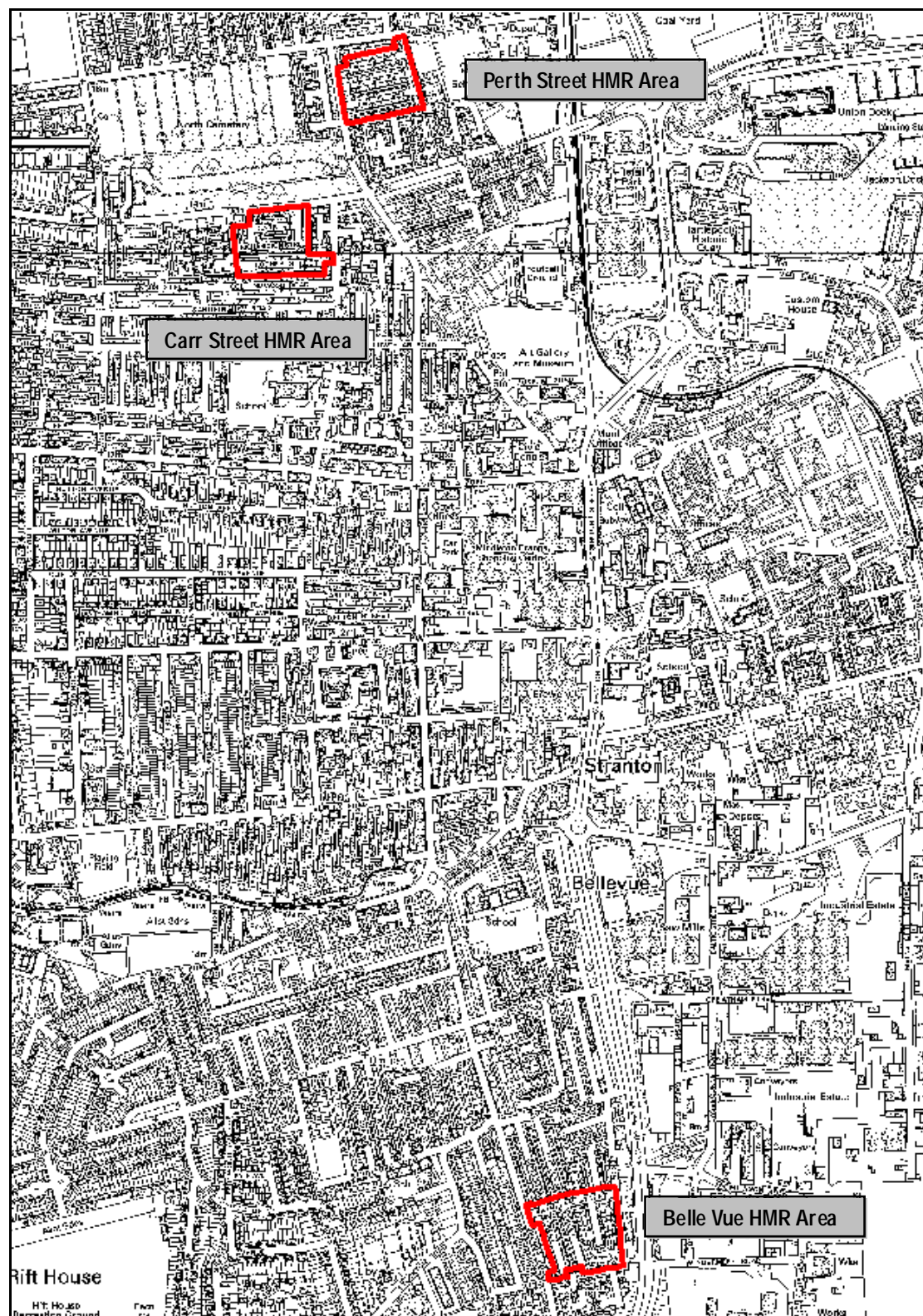
8. CONTACT OFFICER

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TS24 8AY

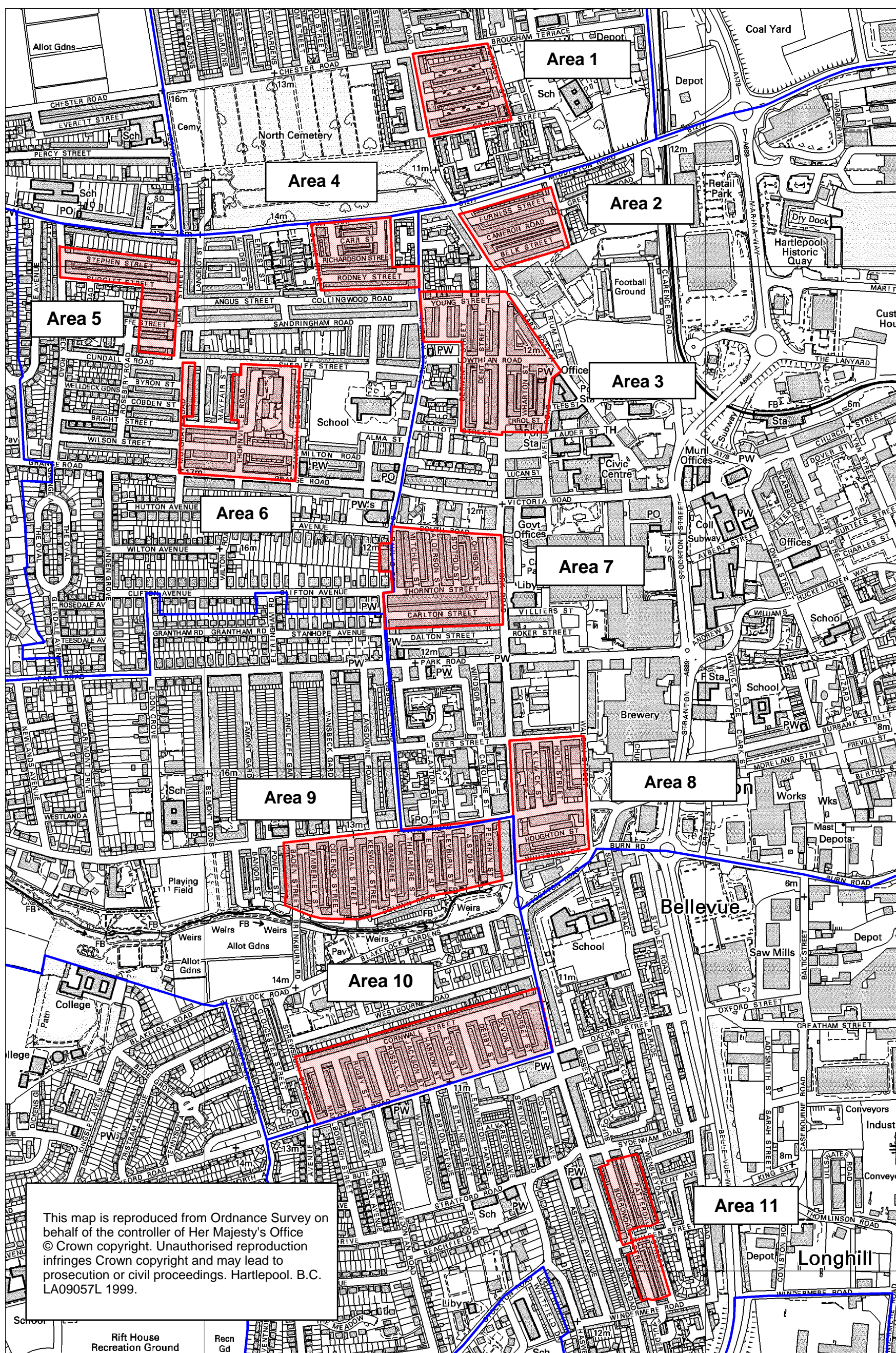
Tel: 01429 284342

Email: alison.mawson@hartlepool.gov.uk

APPENDIX 1

HMR Boundaries

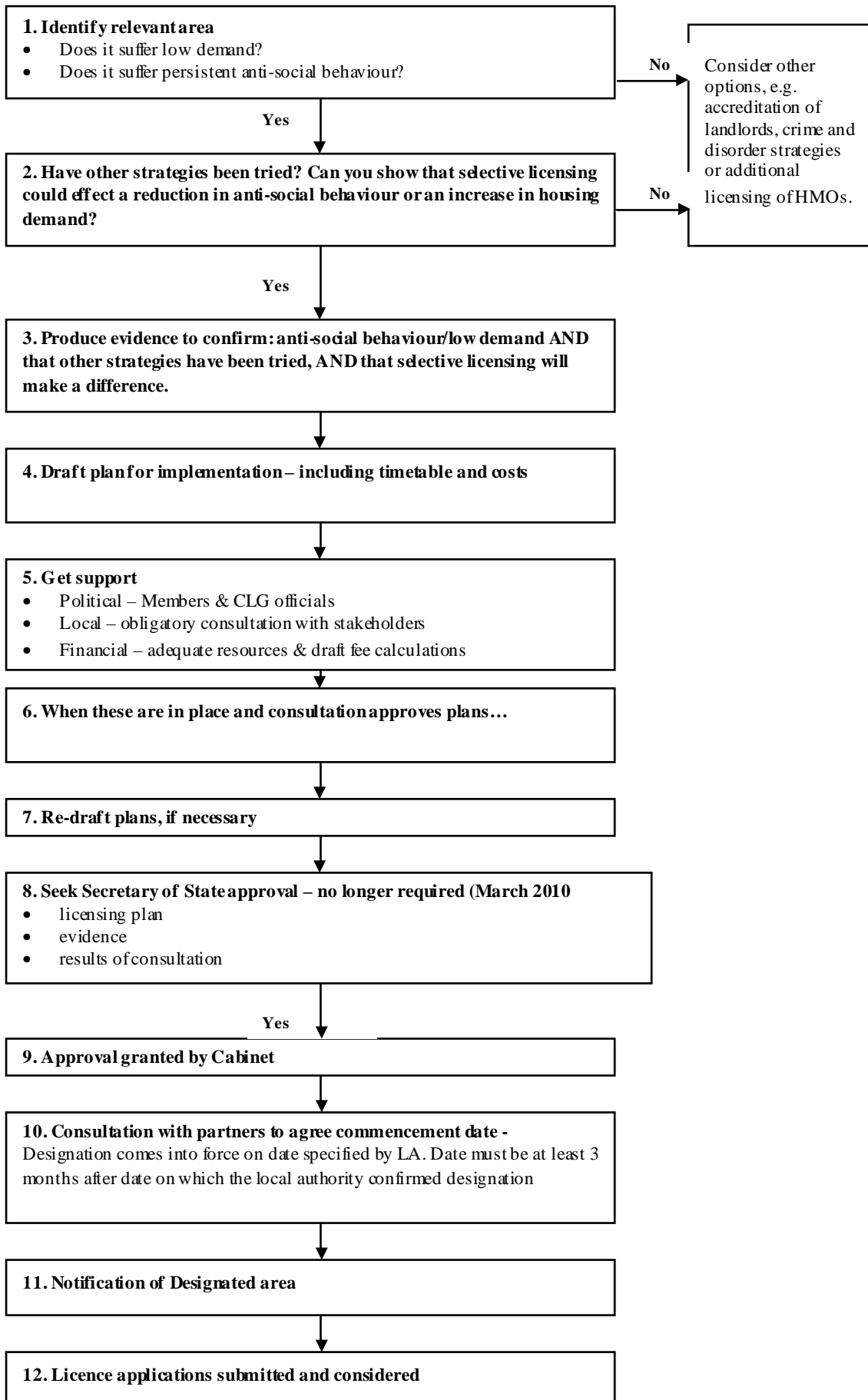
Appendix 2: Selective Licensing Areas Under Consideration



Selective Licensing Procedure

Shelter- Licensing for Local Authorities : a good practice guide

APPENDIX 3



CABINET REPORT

10 January 2011



Report of: Director of Child and Adult Services

Subject: PUBLIC HEALTH WHITE PAPER – HEALTHY LIVES,
HEALTHY PEOPLE: OUR STRATEGY FOR PUBLIC HEALTH
IN ENGLAND

SUMMARY

1. PURPOSE OF REPORT

To inform Cabinet of the content of the proposed white paper, Healthy Lives, Healthy People: Our Strategy for Public Health in England outlining the future of Public Health in England.

2. SUMMARY OF CONTENTS

The paper provides a summary of the key proposals and the timescale and process of consultation on this white paper.

3. RELEVANCE TO CABINET

This is a hugely significant set of proposals for the future of public health and therefore Cabinet may wish to respond as part of the consultation on this paper.

4. TYPE OF DECISION

Information and comment.

5. DECISION MAKING ROUTE

Cabinet

6. DECISION(S) REQUIRED

Comment from Cabinet as part of consultation process.

Report of: Director of Adult and Children Services

Subject: PUBLIC HEALTH WHITE PAPER – HEALTHY LIVES, HEALTHY PEOPLE: OUR STRATEGY FOR PUBLIC HEALTH IN ENGLAND.

1. INTRODUCTION

- 1.1 The Public Health White Paper – ‘Healthy Lives, Healthy People: Our Strategy for public health in England’, published on 30 November, expands on the Government’s proposals for public health originally set out in *Equity and Excellence: Liberating the NHS*.
- 1.2 The White Paper is wide ranging in its proposals. Further details on a number of issues are still outstanding including: the outcomes framework for public health; details of public health funding (due out before end of year); and a further 10 consultation documents on specific aspects of health improvement and health protection.
- 1.3 There is an increased emphasis on localism and acknowledgement of the breath of local government activity that can have a direct influence on public health outcomes. This requires councils to play a leading role in improving, promoting and protecting the health of their local communities.
- 1.4 A £4b figure for the overall Public Health ring-fence national budget is being floated and the transfer of public health responsibilities and staff to local authorities will create a number of complex employment issues which will need to be managed effectively.
- 1.5 The paper proposes the creation of Public Health England (PHE), who will jointly appoint a Director of Public Health employed within each local authority.

2. BACKGROUND AND CONTEXT

- 2.1 The Public Health White Paper outlines the considerable public health challenges facing us. It supports Professor Sir Michael Marmot’s recommended ‘life course’ approach to improving health and addressing health inequalities, which focuses on health and wellbeing throughout life to ensure that everyone is supported to make healthier choices. It also emphasises the importance of addressing the wider determinants of health such as employment, educational achievement, environmental, social and cultural factors, as well as housing. It highlights the need to improve wellbeing – mental and physical – as well as treating sickness, and highlights the lead role that local government has in addressing this agenda. Furthermore, the White Paper emphasizes the importance of tackling inequalities in health.

3. SUMMARY OF KEY PROPOSALS

- 3.1 The White Paper: Healthy Lives, Healthy People talks about a “radical new approach that will empower communities, enable professional freedoms and unleash new ideas based on the evidence of what works, while ensuring that the country remains resilient to and mitigates against current and future health threats”. It talks about a shift from centralised, top down approaches, announcing that “Centralism has failed [and] we will end this top-down government. It is time to free up local government and local communities to decide how best to improve the health and wellbeing of their citizens, deciding what actions to take locally with the NHS and other key partners, without undue interference from the centre”.

3.2 A focus on outcomes

A national outcomes framework for public health will set the broad public health and health inequalities outcomes for all areas and organisations to address. It will be published by the end of 2010.

3.3 Transferring public health

From 2013, public health responsibilities currently undertaken by Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) will be divided between Public Health England (PHE) and local councils. The Directors of Public Health (DsPH) will move to local authorities and will be jointly appointed by councils and PHE. The Secretary of State for Health will be able to dismiss the DPH in some circumstances.

3.4 Funding and rewards

From 2013, upper-tier councils will receive a ring-fenced public health grant to improve the health of the population and to reduce health inequalities. Details of the public health fund will be published before the end of 2010. A new ‘payment by results’ system will reward Councils for making progress in improving health outcomes and reducing health inequalities.

3.5 Public Health England

The White Paper announces the creation of a dedicated and professional public health service, known as Public Health England’s (PHE), within the Department of Health. PHE is charged with “bringing together a fragmented system, it will do nationally what needs to be done; it will have a new protected public health budget; and it will support local action through funding and the provision of evidence, data and professional leadership”. PHE will be accountable to the Secretary of State for Health, who will have new powers to protect the population’s health. PHE will have a close relationship with the NHS, social care, business and voluntary sector partners, and with the NHS Commissioning Board.

It will incorporate the current functions of the Health Protection Agency, the National Treatment Agency, the Regional DsPH, the Public Health Observatories and cancer registries. At local level, Directors of Public Health (DsPH) will develop relationships with GP commissioning consortia, through Health and Wellbeing Boards (HWBs). PHE are likely to hold responsibility for the ring-fenced public health funding which comes from the overall NHS budget. Early estimates suggest that current spend on the areas that are likely to be responsibility of PHE could be approximately £4 billion.

Public Health England's role will include:

- Providing public health advice, evidence and expertise to the Secretary of State and the wider system;
- Delivering effective health protection services;
- Commissioning or providing national-level improvement services, including appropriate information and behaviour change campaigns;
- Jointly appointing DsPH and supporting them through professional accountability arrangements;
- Allocating ring-fenced funding to local government and rewarding them for progress made against elements of the proposed public health outcomes framework;
- Commissioning some public health services from the NHS;
- Contributing internationally-leading science to the UK and globally;
- PHE will be responsible for funding and commissioning of health protection, emergency preparedness, recovery from drug dependency, sexual health, immunisation programmes, alcohol prevention, obesity, smoking cessation, nutrition, health checks, screening, child health promotion (including health visiting and school nursing) and some elements of GP contract such as immunisation, contraception, dental public health.

3.6 Director of Public Health and transfer of public health staff

All upper-tier and unitary authority will be required to have a DPH councils. DsPH will be employed by local government and jointly appointed with PHE, and will be "the strategic leader for public health in local communities, deploying the local ring-fenced budget to achieve the best possible public health outcomes across the whole local population".

DsPH will be public health professionals with a support team with specific public health and commissioning expertise. Critical tasks for DsPH are:

- Promoting health and wellbeing within local government and advising on health inequalities and developing local strategies to reduce them;
- Providing and using evidence relating to health and wellbeing and leading public health through membership;
- Advising and supporting GP consortia;
- Developing an approach to improve health and wellbeing locally;

- Working with PHE health protection units to provide health protection as directed by Secretary of State;
- Collaborating with local partners – i.e. GP consortia, other local DsPH, local business etc.

Professional accountability for DsPH will be to the Chief Medical Officer. Both the council and the Secretary of State for Health will have the power to dismiss DsPH which distinguishes them from other senior council officers.

3.7 The Role of the NHS

The NHS will continue to play an important role in public health. PHE will commission NHS Commissioning Board (NHSCB) to undertake screening, including cancer screening, some aspects of emergency preparedness, childhood immunisations and public health aspects of primary care contracts, through the Secretary of State's mandate to the NHSCB.

Other health professionals, including GPs, dentists, pharmacists, health visitors (who will be employed by PHE) dieticians, speech therapists all have an important role to play in improving health and addressing health inequalities. GPs in particular, will be incentivised – both as primary care professionals and commissioners – to focus on prevention and early intervention. Locally, GP consortia and DsPH will work with councils, the voluntary and community sectors and the business sectors through HWBs to ensure that services and commissioners are maximising their effectiveness on health improvement and reducing inequalities. To incentivise GP practices, the Quality and Outcomes Framework (QOF) will focus far more on primary and secondary prevention, with funding for this work coming from the PHE budget. GPs will continue to provide a range of public health services such as childhood immunisations, contraceptive services, cervical screening etc but in the future PHE may wish to change how services are commissioned and delivered.

3.8 Addressing health and wellbeing throughout life

The White Paper takes a 'life course' approach to health improvement outlined in Professor Sir Michael Marmot's report encompassing:

- Starting well – focusing on maternal and child health and breaking the intergenerational cycle of ill-health and inequalities. There will be a particular focus on children who are at risk of poor outcomes. Details of a new health visitor workforce of 4,200 to improve child health will be published in 2011, though the document does highlight the role of Health and Wellbeing Boards (HWBs) in ensuring that they join up with existing services and plans for early years.
- Developing well – focus on child and adolescent wellbeing, including mental wellbeing and self esteem. Schools have an important part to play in delivering better health outcomes for children and young people in promoting physical activity, providing high quality personal, social and

- health education, improving self-esteem and mental wellbeing through a range of existing and new programmes;
- Living well – encompasses all factors which contribute to health and wellbeing, including housing, planning, the natural environment, access to active transit etc. The White Paper lists a range of new and existing schemes to support people to make healthier choices in relation to eating, physical activity, environmental sustainability and use of alcohol. It highlights many ways that councils can influence health through their housing, planning, environmental, licensing, community development and regulatory functions;
 - Working well – promoting good physical and mental health at work. This section focuses on the importance of work in promoting health and wellbeing and the intention of the Government to support people with long term health conditions to get back into the world of work;
 - Ageing well – supporting older people to remain active, health and independent within their own homes. It summarises a wide range of universal benefits and more targeted support that enable older people to maintain their health, wellbeing and capacity. A crucial component is the *Vision for Social Care* published on 16 November 2010. There is a focus on mental health and wellbeing throughout life, with a particular emphasis on mental wellbeing of children and adolescents.

3.9 Health protections and emergency planning

New arrangements for emergency preparedness and health protection in which PHE will bring together the health protection and emergency planning functions of the Health Protection Agency with the public health functions of PCTs and SHAs. At local level, DsPH will have a leading role in emergency planning.

3.10 Role of business, the voluntary sector and other partners

The paper highlights the role of business and the voluntary sector through the Public Health Responsibility Deal with five networks on food, alcohol, physical activity, health at work and behaviour change. The Responsibility Deal will be launched with further details in 2011. It is expected to include undertakings from retailers on more socially responsible selling of alcohol and further restrictions on tobacco. Individuals will be encouraged to make healthy choices by the provision of subsidised sporting activities. More details will be available in 2011 but so far, there are plans for a 'Great Swapathon' which will make available £250 million worth of business sponsored vouchers for physical activity sessions.

4. Next steps

Consultation documents on the Public Health Outcomes Framework and on Public Health Funding will be published before the end of 2010.

Timetable for implementation

- Set up shadow PHS April – July 2011;
- Appoint senior leader to set up new public health structure “to set up working arrangements with LAs , including matching of PCT DsPH” April – July 2011;
- Agree and consult on Public Health Professional Workforce Strategy and staff transfer to PHS October 2011;
- PHS going live April 2012;
- Shadow public health ring-fenced allocations April 2012;
- Public health ring-fenced allocations are made April 2013.

Further papers to be published by the Department of Health will set out the proposed public health outcomes framework and the funding and commissioning arrangements for public health. A timetable is as below:

Winter 2010/11 Spring 2011 Autumn 2011

- Health Visitors Public Health Responsibility Deal;
- Health Protection emergency preparedness and response;
- Mental Health Obesity;
- Tobacco control Physical Activity;
- Social Marketing;
- Sexual health and teenage pregnancy;
- Pandemic Flu.

The closing date for responses is 8 March 2011.

5. RECOMMENDATION

Cabinet are recommended to note the content of this report and provide comment as part of the consultation process within the Local Authority.

CABINET REPORT

10 January 2011



Report of: Director of Child and Adult Services

Subject: ADULT SOCIAL CARE: A STRATEGIC OVERVIEW

SUMMARY

1. PURPOSE OF REPORT

- 1.1 The coalition government has set out the direction of travel for adult social care in a White Paper and two policy documents.
- A Vision for Adult Social Care: Capable Communities and Active Citizens
 - Think Local Act Personal: Next Steps In Transforming Adult Social Care
 - Equity and Excellence: Liberating the NHS (White Paper).
- 1.2 This report sets out the key messages for adult social care services. Cabinet is requested to note the contents.

2. SUMMARY OF CONTENTS

- 2.1 The strategic direction of travel set out in the above publications builds on the concordat 'Putting People First' (2007). The focus is on two key components to achieve transformational change in the way services are provided:
- community based approaches
 - personalised care and support
- 2.2 These strategic documents deliver the vision that will shape local authorities' practice. They also provide the context to the work of two Commissions which are currently considering reform of both the law and the funding of care and support. A social care White Paper alongside new legislation to establish a modern / financially sustainable framework will be published in 2011.

2.3 The principles of personalisation remain at the centre of the new strategy and they are underpinned by a leaner more outcomes-focussed and outward-facing role for public sector services.

2.4 The emphasis is on:

- Extending the roll out of Personal Budgets (PBs) so that by 2013 all people eligible for social care support and their carers will receive a PB, preferably as a Direct Payment (DP).
- Breaking down the barriers between health, social care and other agencies' funding streams to incentivise prevention action.
- Supporting the creation of mutuals, co-operatives, charities and social enterprises and enabling these groups to have much more involvement in the running of public services.
- Working with a wide range of independent, voluntary and third sector providers, people who use services and their carers to increase their capacity to shape service provision. Local authorities will be expected to expand the number of individual commissioners of services and extend the range of service providers locally, thereby encouraging a robust, diverse market to facilitate choice for people who use services.
- Increasing productivity, efficiency and innovation despite the challenging fiscal context. Cuts to public funding may be the catalyst to bring funding streams together into 'place-based' budgets with shared outcomes across different organisations and agencies.
- Enabling the social care workforce to play a key role in community development and supporting people to live meaningful lives as active citizens within their communities.
- Mobilising people's own resources, skills and assets to meet their own needs wherever possible and leaving public funding to cover those that cannot be met by those means.
- Addressing both universal services and more targeted provision with advice and information for all citizens irrespective of how their support needs are or may be funded.
- Promoting health and well-being through both councils' new public health functions outlined in the White Paper 'Liberating the NHS' and "Healthy Lives, Healthy People" strategy for public health and by joint working with GP commissioning consortia on the planning and commissioning of services in their local areas.

3. RELEVANCE TO CABINET

3.1 The strategic direction of travel for adult social care services over the next five years.

4. TYPE OF DECISION

4.1 Non-key. Note for information only.

5. DECISION MAKING ROUTE

Cabinet on 10 January 2010.

6. DECISION(S) REQUIRED

Cabinet is requested to note the strategic direction of travel for adult social care services and the implications for the local authority.

Report of: Director of Child and Adult Services

Subject: ADULT SOCIAL CARE: A STRATEGIC OVERVIEW

1. PURPOSE OF REPORT

1.1 This report sets out the coalition government's strategic direction of travel for adult social care in England drawn from three recent publications:

- A Vision for Adult Social Care: Capable Communities and Active Citizens
- Think Local. Act Personal: Next Steps In Transforming Adult Social Care
- Equity and Excellence: Liberating the NHS (White Paper).

These three documents continue the principles of personalisation set out in 'Putting People First' (2007) and encourage further reform to develop a leaner, more outcomes focussed and outward facing public sector.

1.2 Hartlepool Borough Council (HBC) has both statutory duties and powers set out in a raft of legislation since 1948 in respect of adults with disabilities or who may be vulnerable as a result of old age or mental incapacity.

1.3 The purpose of this report is to inform Cabinet of the strategic direction of travel for adult social care services together with its implications in respect of how services should develop and be delivered in the coming years.

2. BACKGROUND

2.1 Over the last four years adult social care provision has been shaped by the 2007 concordat 'Putting People First' which placed personalisation at the heart of service delivery. The concept of personalisation means thinking about support services in a completely different way. People are seen as individuals with strengths, preferences and aspirations. They become central to the process of identifying their needs and making choices about how they are supported to live their lives. Person-centred, co-productive approaches require a significant transformation of adult social care so that all systems, processes, staff and services are geared up to putting people first. Personalisation challenges public services to address the needs of whole communities to ensure everyone has access to the right information, advice and advocacy to make good decisions about the support they require. People have a much wider choice about how their needs are met and are able to access universal services such as transport, leisure, education, housing, health and opportunities for employment regardless of their disabilities.

HBC has forged ahead with this agenda, developing Personal Budgets (PBs) for people and supporting third sector provision and micro-enterprises in the community to extend the range of choice in the market place. The roll out of PBs and Direct Payments (DPs) has enabled people increasingly to choose how their needs are met in a range of creative ways.

- 2.2 The strategic direction of travel builds on these achievements. The principles of personalisation remain at the centre of reform, underpinning a leaner, more outcomes-focussed and outward-facing role of the public sector. The overall aim is to enable as many people as possible to stay healthy and actively involved in their communities for longer and delaying or avoiding the need for targeted services. Those who do need help should retain maximum control over the process.

The focus of this strategy is on two key components to effect transformational change to the way services are provided:

- Community based approaches
- Personalisation of care and support

- 2.3 The new strategy sets the context for the future direction of social care and will contribute – alongside the Law Commission’s work on reforming the legal framework and the work of a second Commission on funding care and support – to the Social Care White Paper in 2011. New legislation will establish a modern and financially sustainable framework for the delivery of adult social care.
- 2.4 Local authorities will increasingly work with the independent, voluntary and third sector providers, people who use services and carers to shape service provision and expand the number of individual commissioners of services as well as extending the range of local service providers. Local authorities will increasingly become “enablers” and commissioners rather than directly providing services themselves.

3. STRATEGIC DIRECTION: THE VISION

- 3.1 The vision for a modern system of social care is based on seven principles:
1. Preventative: people and local communities are engaged in maintaining their own independence. Support, when given, focuses on helping people to regain their independence to the greatest possible extent.
 2. Personalised: care and support, particularly through PBs and DPs are provided to all those eligible to receive adult social care services.
 3. Plurality: the diversity of people’s needs is matched by diverse service provision with a broad market of high quality service providers. Local authorities have an important part to play in creating the conditions in which new local support initiatives and social enterprises can thrive. This

will involve a culture change to embrace new ways of doing business.

4. Partnership: Support services are delivered in partnership with the NHS and other agencies within the health and social care economy. Collaborate working will foster incentives to share or pool separate funding streams locally.
5. Productivity: services are efficient, innovative, give value for money and support autonomy rather than dependency.
6. Protection: safeguards are in place against the risk of abuse or neglect but risk is not used as an excuse to limit peoples' activity.
7. People: the workforce is empowered to deliver support with skill and imagination and is given the freedom to do so. Both staff and people who use services should be empowered to take positive risks and respond creatively.

3.2 Key messages from The Vision for Adult Social Care are:

- Protect the front line from spending cuts;
- Make in-house services the exception;
- Expand the number of social enterprises and mutuals to improve competition and quality;
- Invest in prevention: technologies, extra-care and reablement;
- Develop local, community based services and place-based budgets;
- Remove unnecessary and bureaucratic processes from care management;
- Promote choice and autonomy with all eligible people having a PB by 2013;
- Enable the workforce to be employed in a range of organisations, develop new professional roles and play a key part in community development;
- There will be three new strategies launched in the next few months: a refresher Carers Strategy, a new Workforce Strategy for developing the market in Personal Assistants (PAs). In addition, "Healthy Lives, Healthy People", a strategy that sets out the future for public health was published on 30 October 2010.

4. MOVING FORWARD WITH THE VISION

- 4.1 'Think Local. Act Personal' is a sector-wide partnership agreement across 21 organisations to move forward with personalisation and community based support. These two building blocks are shaped around a person's own experiences, expertise and resources. People will be supported to mobilise their own resources, skills and assets to meet their care and support needs wherever possible, leaving public sector funding to cover those that cannot be met from such means. People will be encouraged to make use of informal supports from family, neighbours, volunteers, community enterprise and this will be the default position. The workforce will develop new skills as

well as drawing on family and community networks where available. A core concept within the new strategy is that the most significant efficiencies come from reducing people's reliance on paid support and changing the way that support is provided.

Resources should be used to target improving outcomes for people and bureaucracy reduced in the delivering of services. There is a fine balance between promoting people's ability to self-direct their support and local authorities' duty of care in managing risk and helping people plan and manage their own support.

4.2 The way forward focuses on two core activities:

- a) Universal Approaches, designed for all. This requires advice and information for all people to help them choose the services they need to remain living as independently as possible in the community. A community based approach for everyone will be underpinned by the Joint Strategic Needs Assessment (JSNA) which identifies the needs of a local community and brings together all the available resources in the area in a jointly funded outcomes shared approach.

The focus will be on people in their local communities rather than on services and organisational boundaries. More effective integrated working between health, social care and the emerging GP Commissioning Consortia will identify and meet local needs more efficiently. Embedding public health into local authorities from 2013 will facilitate this process.

Investment will be required to maximise existing community capacity, reduce demand and enhance well being with integrated working maximising resources through shared / pooled budgets and a reduction in the duplication of service provision which are a result of a 'silo' mentality to service delivery.

Service development will focus on greater choice, control and connecting up communities and networks for and with people.

Universal approaches include promoting health and well being, avoiding hospital admissions, assessment of social care needs on request and an adequate range and quality of provision in the market place.

- b) Targeted Support for particularly groups of more vulnerable people including crisis support, equipment, adaptations, reablement and intermediate care, PBs / DPs, care management, carer support and safeguarding. Care management and social work resources will be focussed on areas that legally require their involvement ie formal elements of assessment, authorising support plans, review and helping people in complex or risky situations. Staff deployment and connected

processes should be re-focussed towards people who need the most support and into targeted prevention programmes.

- 4.3 Local authorities are tasked with working across their communities to develop new models of provision as well as their own business development expertise to benefit the process of market development. There will be an increase in micro providers and social enterprises that can offer community-based, affordable and niche support to people. Large providers will be encouraged to offer more flexible community options and care homes will increasingly see themselves as community providers offering a range of resources to people.

There will be a greater focus on the development of suitable housing and supported living options. Commissioning and supply partners will collaborate across sector boundaries to achieve better efficiencies and support innovation.

Funding will be pushed down to localities and co-production become integral to the commissioning activity at all stages of the process. Overall there will be a greater degree of local co-ordination/integrated working and devolving power to communities. Services will increasingly be delivered by a range of providers with people who use services becoming 'micro commissioners' and exercising choice and control over decisions regarding their support. Local authorities will promote contestability by opening up contracts to third sector providers and give them more information about the costs of existing suppliers.

The direction of travel for adult social care dovetails with the 'Big Society' policy agenda that:

- Empowers communities – giving local authorities and neighbourhoods more power to take decisions and shape services in their localities.
 - Opens up public services by enabling the third and fourth sectors to compete in offering people high quality services.
 - Promotes social action by encouraging people from all walks of life to play a more active part in their communities – i.e. volunteering, philanthropy and the 'good neighbour' ethos.
- 4.4 The balance of power shifting from the centre to localities includes doing away with centralised targets and routine inspection regimes by CQC. Local communities will hold public services to account based on the experiences of people using services. Sector-led improvement, peer review and benchmarking together with a stronger local voice and accountability (building on the current Local Involvement Networks [LINKS]) will place quality assurance as a responsibility of local authorities answerable to the people they serve. The National Institute of Clinical Excellence (NICE) will develop a set of national standards to cover adult social care.
- 4.5 Delivering the Vision will require a responsive workforce committed to using personalisation principles and learning new skills in terms of navigation, brokerage and community development. The principles of plurality and partnership will see the workforce increasingly employed in a range of organisations including mutuals, employee-owned co-operatives, user-led

organisations, existing independent sector employers and people who use care and support services.

Local authorities will work with their sector planning partners to commission the workforce for the future. New and continuing professional roles will be developed and employment opportunities are expected to grow over the next few years.

The forthcoming Localism Bill will give organisations the ability to challenge local authorities where they believe they can provide services differently or better. Social Work Practices (operating as social enterprises) partnerships of social workers and other professionals, voluntary sector and private sector organisations are an example of this. Existing pilots are focussing on looked-after children but this opportunity will be rolled out to adult social care in 2011. The rationale for Social Work Practices is that more locally specialised practices, with professional workers combining their skills with the knowledge people have about their own needs, will result in less bureaucracy, more innovation and give greater choice and control over the services that people purchase locally.

5. CONCLUSION

5.1 HBC has made significant progress over the last four years towards embedding personalisation into adult social care provision:

- Over 1300 people now have a PB and more choice and control over the services they receive.
- Connected Care in the Owton Ward (cited as an example of good practice in the Vision document) is delivering local services shaped by the results of an audit that captured local residents' views about the services they wanted to see in their community. Navigators work at a local level supporting people to resolve their difficulties before they escalate into requiring more costly interventions. A Time Bank enables local residents to share their skills and many people are volunteering to help run local services in the community.
- HBC commissioners are working with health and social care sector partners and third sector providers to develop the market, embed personalisation and increase the supply of extra-care housing, supported accommodation and the technologies to support people to live independently in their own homes. The Centre for Independent Living (CIL) will be open for business early in 2011. This user-led organisation will support a range of third sector and micro enterprise providers to offer services to their local communities.
- Hartlepool Now Website offers comprehensive information and advice to the citizens of Hartlepool and the Trusted Trades Register enables people to hire services with peace of mind as to the quality of work on offer.
- Case file audits, senior managers' interviews with people who use services and a variety of mechanisms to enlist people's views regarding both the

development and outcomes from services are already in place to assure quality and partnership working.

- 5.2 The above examples are a robust platform from which to take forward the new strategic direction for adult social care. Over the next months and years there will be an imperative to keep focussing on service quality, develop online and mobile technologies to enable easier access to services and share responsibility with providers, citizens and people who use services for the delivery of improved outcomes.

The new strategy for adult social care cannot be achieved by one organisation alone. It will require state, market, communities and people who use services to work together to achieve genuinely local ownership of services that are efficient, effective, responsive, valued and capable of achieving the outcomes that really do make a difference.

- 5.3 There are huge challenges to be met in delivering this agenda - not least the current financial climate and cuts to public spending. This does however also create an opportunity for the public sector, private and third/fourth sector providers, people who use services and their families as well as the residents of Hartlepool to work together to deliver local services. These services, based on partnership working, will be funded by pooled, place-based budgets and deliver a very different approach to local participation, decision making, shared outcomes and control.

Spending cuts and imposed austerity measures may be the catalyst that, finally, brings people and budgets together to deliver relevant, locally based services and outcomes that are fit for purpose and make a positive difference to the lives of people requiring adult social care.

6. REPORTING OFFICER

Geraldine Martin, Head of Adult Social Care Services.