

CABINET AGENDA



21st January 2013

at 9.30 am

in Committee Room B,
Civic Centre, Hartlepool

MEMBERS: CABINET:

The Mayor, Stuart Drummond

Councillors Hill, Lauderdale and 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 7th January 2013
(previously circulated)

4. **BUDGET AND POLICY FRAMEWORK**

No items

5. **KEY DECISIONS**

5.1 Reablement Strategy 2012-15 – *Director of Child and Adult Services*

5.2 Community Energy Collective Switching – *Director of Regeneration and Neighbourhoods*

5.3 Empty Property Purchasing Scheme – Local Authority Flexible Tenancies –
Director of Regeneration and Neighbourhoods

6. **OTHER ITEMS REQUIRING DECISION**

No items



7. ITEMS FOR DISCUSSION/INFORMATION

7.1 Furniture Solutions Project – *Director of Regeneration and Neighbourhoods*

8. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS

No items



CABINET REPORT

21st January 2013



Report of: Director of Child and Adult Services

Subject: REABLEMENT STRATEGY 2012-15

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision test (ii) Forward Plan Reference No. CAS135/12 – Reablement Strategy 2012-15

2. PURPOSE OF REPORT

- 2.1 Cabinet is asked to approve the Reablement Strategy 2012-15 which sets out the strategic aims and direction for the Reablement Service over the next three years.

3. BACKGROUND

- 3.1 The government continues to promote prevention as a key principle to empower communities and people to regain or retain their independence. This can be seen in 'A Vision for Adult Social Care: Capable Communities and Active Citizens (2010)'. One of the key ways that government has driven forward their principle of prevention is through the increased promotion of reablement.
- 3.2 Reablement is not a new concept and does not have a single agreed definition. The definition used within the Reablement Strategy comes from the 'Reablement for All Best Practice Framework: Report by the Social Work Co-operative for the North East Regional Improvement and Efficiency Partnership (2010)'. It defined reablement as "working with individuals who have support needs to rebuild their confidence, support the development of daily living skills and promote community access and integration."
- 3.3 The government has continued to emphasise the benefits of reablement and encourage its use through the national allocation of approximately £300 million in 2012/13 for reablement services.
- 3.4 Key evidence for reablement comes from the Social Policy Research Unit (SPRU) at York University. They conducted a study to compare five

reablement services with five conventional home care services. The study found that the total 12 month costs for the group going through reablement was not significantly lower than the home care group. The key difference between the groups however was the improvement in health and social care-related quality of life outcomes for the individuals receiving reablement.

- 3.5 Standard guidance from NICE (National Institute of Clinical Excellence) was utilised to examine the cost effectiveness for each improvement in an individual's health-related and social care related quality of life gain. This resulted in reablement showing that there was between 98-100% probability that it was cost effective for each health or social care related quality of life gain. This illustrates just how effective reablement can be at providing improvements to an individual's quality of life.
- 3.6 The benefits of reablement are clear and in order to deal with the increasing demand for services and an ever decreasing budget there is a need to highlight prevention and early intervention as a way to deliver services.

4. HARTLEPOOL REABLEMENT STRATEGY

- 4.1 The aim of reablement within Hartlepool is "to provide the appropriate support to people to ensure that they can live as independently as possible, for as long as possible."
- 4.2 The reablement service is free and offers a time limited period of support, usually about six weeks. Reablement officers work with the person to achieve their own desired outcomes and goals. The ultimate aim of reablement is to build on what people can already do and support them to regain skills to increase their confidence and independence.
- 4.3 The service is designed for anybody over the age of 18 years who is a resident of Hartlepool. Unlike traditional social care services, reablement is free and is not subject to the Fair Access to Care Services (FACS) eligibility criteria. The service is also available to those with mild to moderate dementia, learning disabilities, sensory loss, memory problems, brain damage or other cognitive impairments. These individuals may benefit greatly from reablement although it may be necessary to offer additional support or prompts or may require a longer period of intervention. Reablement has therefore been designed as an inclusive service to enable as many people as possible to regain or retain their independence.
- 4.4 This strategy sets out to explain what reablement is, the national and local demand for the approach and how the Reablement Service operates in Hartlepool. It also sets out a number of outcomes that reablement services are expected to deliver and six strategic recommendations required to meet the expected outcomes.
- 4.5 An annual action plan will detail the actions required to meet and achieve the outcomes and recommendations of this strategy. The annual action plan will

be the responsibility of the Housing, Care and Support Steering Group to monitor. The Reablement Strategy links in with the Housing, Care, and Support Strategy 2012-15 and will also link closely with the forthcoming Health and Wellbeing Strategy.

5. CONSULTATION

- 5.1 The final draft of the Reablement Strategy has been circulated for consultation to a number of key stakeholders and community groups. The deadline for all comments was 15 November 2012. Comments were received from both professionals and members of the public.
- 5.2 The consultation asked four key questions for people to respond to. The questions are included below:
- Is the Reablement Strategy clear and understandable?
 - Does the Reablement Strategy clearly set out the strategic aim for Reablement Services?
 - Is there anything you would change?
 - Is there anything not included in the strategy that should be added?
- 5.3 The final draft Reablement Strategy was sent to the following organisations for consultation:
- Housing, Care, and Support Steering Group
 - Reablement Steering Group (officers only)
 - Carers Strategy Group
 - Champions of Older Lifestyles Group
 - 50+ Forum
 - NHS partners
- 5.4 A simplified English translation of the document was also provided for a member of one of the groups who is profoundly deaf.

6. FINANCIAL IMPLICATIONS

- 6.1 There has been a significant investment in reablement services nationally with one funding stream routed via PCTs to support social care generally and one funding stream specifically identified to support reablement services.
- 6.2 Hartlepool Borough Council receives £1.3m of NHS funding for social care. This funding stream supports a range of services targeted at early intervention, prevention and reablement and is currently secure until March 2015. This funding stream is used for the in house Reablement Service as well as contributing to the cost of services commissioned from Who Cares NE (Supported Access to Independent Living Services – SAILS) and services for carers.

- 6.3 In addition, Hartlepool Borough Council receives funding from the PCT's reablement funding stream. In 2012/13, funding of £120,000 was secured towards the costs of services commissioned from Who Cares NE (Supported Access to Independent Living Services – SAILS) and negotiations are currently underway to secure funding for 2013/14 for a range of services.

7. RECOMMENDATIONS

- 7.1 It is recommended that Cabinet approve the Reablement Strategy 2012-15

8. REASONS FOR RECOMMENDATIONS

- 8.1 The Reablement Service is already in operation and to enable the service to develop and meet its expected outcomes a clear strategy is required. An overall Reablement Strategy will enable an annual action plan to be developed and will ensure there is a clear strategic direction for the future development and delivery of reablement.

9. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

- 9.1 Reablement Strategy 2012-15

10. BACKGROUND PAPERS

Adult and Community Services Scrutiny Forum Final Report on Early Intervention and Reablement Services (April 2012)

Glendinning, C., Jones, K., Baxter, K., Rabiee, P., Curtis, L., Wilde, A., Arksey, H. and Forder, J. (2011) Home care re-ablement services: investigating the longer-term impacts, Research Works, 2011-01, Social Policy Research Unit: University of York

11. CONTACT OFFICER

Hannah Gill
Modernisation Lead - Housing, Care, and Support
Child and Adult Services
Civic Centre - Level 4

Telephone: 01429 284300
Email: hannah.gill@hartlepool.gov.uk



Our Reablement Strategy 2012-2015

Hartlepool Borough Council
Child and Adult Services



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1. Introduction

1.1 Overview

The aim of this Reablement Strategy is:

“To provide the appropriate support to people to ensure that they can live as independently as possible, for as long as possible”

This strategy sets out to explain what reablement is, the national and local demand for the approach and how the Reablement Service operates in Hartlepool.

Reablement aims to support people to live as independently as possible, when we look at this holistically we can see how other factors such as housing, employment, and health all contribute. In order to enable people to live as independently as possible, people need to have appropriate and adequate housing. They also need to be supported to have sufficient income which may include support with employment or maximising their income. Good health is a key factor to remaining independent and it is important that when necessary people receive good health services in a timely matter to help ensure they are as independent as possible.

Reablement is about supporting people in a number of different ways to help them to relearn or gain the skills necessary to help them maintain or improve their independence.

There are a number of outcomes that we expect reablement to deliver these outcomes are as follows¹:

1. Increased number of people helped to recover from illness and injury
2. Increased number of people managing their own care and support and in control of what, how and when this is delivered
3. Reduced dependency on intensive services due to earlier and targeted intervention
4. More people will be physically active and live independently as there will be a delay and reduction in the need for care and support
5. Fewer avoidable acute episodes through better management of the condition
6. Reduction in emergency hospital bed days associated with repeat acute admission by more timely and coordinated discharge
7. Increased number of people who stay independent and connected to their communities

This strategy sets out a number of strategic recommendations, in order to meet the expected outcomes above, these include:

1. Working with partners across health and the voluntary and community sector to deliver preventative, low level services

¹ Adult and Community Services Scrutiny Forum Final Report on Early Intervention and Reablement Services (April 2012)

2. Developing an integrated model of care, including planned out of hours care, with health partners
3. Promoting and providing preventative services to people at an earlier stage, before they reach crisis
4. Promoting a culture and ethos of reablement across adult social services
5. Working in partnership with our external care providers to develop a reablement ethos across their services
6. Robustly monitoring and evaluating the Reablement Service

An annual action plan details the actions required to meet and achieve the outcomes and recommendations of this strategy. The annual action plan will be the responsibility of the Housing, Care and Support Steering Group to monitor.

1.2 Defining Reablement

There are several definitions of reablement, however for the purpose of this strategy we refer to the definition as used in the Reablement for All Best Practice Framework: Report by the Social Work Co-operative for the North East Regional Improvement and Efficiency Partnership (2010).

“The essence of reablement is to work with individuals who have support needs to rebuild their confidence, support the development of daily living skills and promote community access and integration.”

Although there is more than one definition for reablement there are several defining features that can be found in any reablement service.

Defining features of reablement

- Reablement is about helping people to do things for themselves, rather than doing things to people
- Reablement is time-limited
- Reablement is outcome focused
- Reablement is about helping to get people more independent within their community
- Reablement seeks to increase a person’s independence, choice, and quality of life
- Reablement requires active involvement from the person, because it is about working with someone to help them towards positive changes

2. Background and national context

In 2010 the government published **A Vision for Adult Social Care: Capable Communities and Active Citizens** which set out prevention as one of the seven principles. The principle of prevention sets out to empower communities and people to work together to maintain their independence, if and when state intervention is required it should seek to regain and retain people's independence².

The Revised NHS Operating Framework for England 2010/11 also highlighted Reablement and support following hospital discharge as two priorities. It urged hospitals to work with GPs and local authorities to develop services that would improve patient outcomes and reduce emergency hospital readmissions. Further joint working across the NHS, councils, and the voluntary and community sector is also strongly encouraged³.

This emphasis on early prevention and independence was further reinforced by the national allocation of £70 million in 2010⁴, £150 million in 2011/12 rising to £300 million in 2012/13 until 2015 for Reablement Services⁵.

Reablement is not a new concept and links in with other key national policies which focus on putting people at the centre and in control of their care. The following are a number of national policies and strategies which link in with reablement.

- Department of Health (2011), The Public Health Responsibility Deal
- HM Government (2007) Putting People First: A shared vision and commitment to the transformation of Adult Social Care
- Department of Health (2006) Our Health, Our Care, Our Say: a new direction for community services

The use of reablement for early intervention and prevention is supported by a study from the SPRU (Social Policy Research Unit) at York University⁶. The study compared five reablement services with five conventional home care services. Overall it was found that there were improved outcomes for service users and a reduction in the amount of social care services used following a period of reablement. Further details of the study will be discussed later within this strategy.

² Department of Health (2010) A Vision for Adult Social Care: Capable Communities and Active Citizens

³ Department of Health (2010) A Vision for Adult Social Care: Capable Communities and Active Citizens

⁴ Department of Health (October 2010) Press Release. £70 million support to help people in their homes after illness or injury. Accessed via

http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_120118

⁵ Department of Health (2010) The Operating Framework for the NHS in England 2011/12

⁶ Glendinning, C., Jones, K., Baxter, K., Rabiee, P., Curtis, L., Wilde, A., Arksey, H. and Forder, J. (2011) Home care re-ablement services: investigating the longer-term impacts, *Research Works*, 2011-01, Social Policy Research Unit, University of York.

3. Local context

Within Hartlepool the Reablement Service has been running since August 2011 and was developed following a redesign of adult social care services.

The principles of reablement were not new, however the development of a specific reablement team and service has enabled the ethos and practice of reablement to become more mainstream.

Hartlepool, along with the rest of the UK, is facing increasing demographic pressures. The greatest pressure set to face all local authorities is that of an aging population. Unlike many other localities, Hartlepool's population pyramid has a higher proportion of older people. The 45-55 year old group is the biggest group of people within Hartlepool, compared to the 35 to 45 year old group in other towns⁷. In the coming years this will present an even greater demographic pressure across the borough.

The population of Hartlepool is approximately 91,800. At present 17.1% (approximately 15,700) of the population are over the age of 65 years and of this 2.1% (approximately 1,900) are over the age of 85 years. This is set to rise so that by 2030 23.1% (22,300) of the population will be over the age of 65 years and of this 3.4% (3,300) will be over the age of 85 years⁸.

It is this older age group who are traditionally the heaviest users of social services. With this rise in the proportion of older people we are likely to see a rise in age related issues, such as limiting long-term conditions/illnesses and falls, which require appropriate care and support. Furthermore with an increasing older population we are also likely to see a rise in the prevalence of dementia.

Dementia is a term that is used to describe a set of symptoms which include loss of memory, mood change, problems with communication and reasoning. Dementia is progressive and at present there is no cure⁹. Although there is no cure early detection and intervention is vital to help people to maintain their independence for as long as possible. The prevalence of both young onset (under 65 years) and late onset dementia increases with age, doubling with every five year increase in age¹⁰.

It is predicted that there are 1,029 people in Hartlepool with dementia which is set to increase to about 1,658 in 2030¹¹. This is roughly a 60% increase in the number of people who suffer from dementia and should therefore be understood as one of the most pressing issues facing us as an aging population.

⁷ Adult and Community Services Scrutiny Forum Final Report on Early Intervention and Reablement Services (April 2012)

⁸ POPPI (2012) Projecting Older People Population Information System

⁹ www.alzheimers.org.uk

¹⁰ Alzheimers Society (2007) Dementia UK: Summary of Key Findings accessed via http://www.psige.org/psige-pdfs/Dementia_UK_Summary.pdf

¹¹ POPPI (2012) Projecting Older People Population Information System

Overall in Hartlepool there is a higher proportion of the general population who state that they have a limiting long-term illness, 23.85% compared to 17.3% nationally¹².

Of those aged 65 years and over there are approximately 8,888 people who have a limiting long-term illness (LLTI) of these about 5,149 were estimated to need help with self-care and 6,301 were estimated to need help with domestic care. It is predicted that by 2030 this will increase to 12,636 people with a LLTI¹³, around 7,251 will need help with self-care, and 9,244 will need help with domestic tasks. The table below shows some of the expected increases over the next 20 years for people who require care and support.

Table 1- Demographic changes for older people receiving care 2012-2030¹⁴

| 65+age group | 2012 | 2030 |
|---------------------------------------|--------|--------|
| Population 65+ | 15,700 | 22,300 |
| Support arrangements – domestic tasks | 6,301 | 9,244 |
| Support arrangements – self care | 5,149 | 7,251 |
| Limiting long term illness | 8,888 | 12,636 |
| LD baselines estimate | 325 | 466 |
| LD – moderate or severe | 44 | 62 |
| Community based services | 3,202 | 4,547 |
| Supported residents in care homes | 580 | 823 |

Alongside the increase in people with dementia and limiting long-term illnesses there will also be a higher proportionate increase in the number of people over the age of 65 with a learning disability. It is estimated that by 2030 there will be an increase of 140 people over the age of 65 with a learning disability,¹⁵ compared to an increase of only 49 people aged between 18-64 years¹⁶.

Many of these people who have care needs are supported by friends and family, who play a vital role as (unpaid) carers. As our population ages there is likely to be a proportionate increase in the number of carers who may themselves be over 75 years with poor health and in need of support. Carers provide a vital resource and the role they play must not be underestimated; it is important that their needs and requirements for support are carefully considered. For more information about carers please see “A Multi-Agency Strategy for Carers in Hartlepool 2011-2016”.

These figures begin to illustrate the future demographic pressures: an increased aging population that will require higher care and support. Public sector organisations will need to either increase the amount of resources available or consider different ways of working.

¹² JSNA (2010) Summary

¹³ POPPI (2012) Projecting Older People Population Information System

¹⁴ POPPI (2012) Projecting Older People Population Information System

¹⁵ POPPI (2012) Projecting Older People Population Information System

¹⁶ PANSI (2012) Projecting Adult Needs and Service Information System

In Hartlepool the Reablement Service is one of the ways the council is using innovative thinking to provide services that will continue to be sustainable in the future despite growing demographic pressures.

As discussed previously there is a significant amount of national funding available for Reablement Services. Hartlepool has been allocated a proportion of this funding which has been used to develop our Reablement Services locally.

3.1 Key links

This Reablement Strategy works alongside many other council strategies and policies to ensure that people can be supported to live as independently as possible, for as long as possible. The following are key strategies and policies that link into this Reablement Strategy:

- Extra Care Strategy 2010-2020
- Joint Health and Wellbeing Strategy 2013-2018
- Joint Strategic Needs Assessment
- Housing, Care, and Support Strategy 2012-2015
- Assistive Technology Strategy
- Hartlepool Older People's Strategy 2010
- Learning Disability Partnership Board Visioning Day Report
- Moving Forward Together: The vision for adult social care in Hartlepool 2011-2014
- A Multi-Agency Strategy for Carers in Hartlepool 2011-2016

This strategy has also been informed by the Adult and Community Services Scrutiny Forum Final Report on Early Intervention and Reablement Services (April 2012).

Appropriate housing is also key in maintaining and promoting independence and wellbeing. There are various housing options available which may include: minor and major adaptations¹⁷, sheltered housing, adapted properties, supported living schemes, lifetime homes and extra care housing. All of these housing options can help to ensure that people can continue to maintain their independence for as long as possible by ensuring that housing is adaptive to their changing needs.

This Reablement Strategy links in with the Housing, Care, and Support Strategy and Steering Group to focus on providing the right level of support and appropriate housing options to ensure people can live as independently as possible.

This Reablement Strategy and its associated action plan will be the responsibility of the Housing, Care and Support Steering Group to monitor.

¹⁷ Minor adaptations include anything under £500 and may include grab rails. Major adaptations are those over £500 and may include anything from stair lifts, level access showers, through to extensions

3.2 Public health

From 2013 local authorities will receive relevant powers and resources making them responsible for public health¹⁸. In Hartlepool we are already working closely with public health colleagues to improve the health of everyone in Hartlepool.

Reablement aims to support people to be as independent as possible for as long as possible through offering intensive, time limited, one-to-one support. It has strong links with public health as they both seek to promote health and wellbeing; through ensuring people's lifestyles are conducive to good health, design of effective services that will prevent hospitalisation, and utilising an evidence base to develop effective services.

Further, individuals in receipt of social care tend to be the most socially disadvantaged. Social care and public health both have a key role in rebalancing health inequalities within the population. This inevitably implies the need for strong working partnerships between adult social care, health, and public health staff.

The Health and Wellbeing Board is a statutory body responsible for encouraging integrated working and developing a Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy for Hartlepool.

The JSNA provides key health information about a population and has provided vital information and links which have been included within this strategy. The JSNA, Health and Wellbeing Strategy and this Reablement Strategy should be used together to inform future commissioning decisions.

The aim of this Reablement Strategy clearly links with the aim of the Health and Wellbeing Board:

“To work in partnership with the people of Hartlepool to promote and ensure the best possible health and wellbeing.”

In particular ‘Outcome three: Enable all adults to maximise their capabilities and have control over their lives’ is a key link to this Reablement Strategy. The Housing, Care and Support Steering Group feeds into the Health and Wellbeing Board to report on progress to date, this will therefore provide the link between the Reablement Strategy and the Health and Wellbeing Board.

¹⁸ Department of Health (2011) Public Health in Local Government: Factsheets

4. The model of Adult Social Care

4.1 The need for change

To provide a service, you first need to have an understanding of the needs of the population and service users. It is necessary to undertake careful analysis of the demographics, current services and resources available, gaps in provision, evidence, and future needs to develop a full understanding of need. The following section provides an analysis of these and forms the first (analysis) phase of the commissioning cycle¹⁹.

Adult social care in Hartlepool, like other local authorities, uses the Fair Access to Care Services (FACS) framework to determine eligibility for services. The FACS framework was developed to provide a more consistent and transparent system for the allocation of social care services. There are four categories within FACS these are low, moderate, substantial, and critical needs²⁰. The majority of councils provide services to those who meet either substantial or critical needs which ensures that scarce resources are provided to those most in need. Unfortunately the demand outweighs the resources available.

This has meant that many people with care needs are unable to receive support from adult social services until their needs increase. Hartlepool Borough Council recognises that often people only enter social care services at a crisis point or when they reach the substantial threshold. This results in interventions which require significant resources to alleviate and support the situation.

Those receiving services from social care tend to be the most socially disadvantaged and are more likely to have a long-term debilitating illness or disability. Adult social care is therefore an important factor in dealing with social inequalities and improving health and social outcomes for those on the lower socioeconomic scale²¹. If we seek to fully reduce these inequalities our focus must not simply be on the most disadvantaged but action needs to be universal with a scale that is proportionate to the level of disadvantage. This is known as proportional universalism²². Earlier intervention, with lower support, will therefore be more effective at tackling these inequalities than simply targeting the most disadvantaged. It is also logical to intervene earlier to try to prevent or delay people from needing more costly specialised services.

¹⁹ The Commissioning Cycle is taken from the Institute of Public Care (IPC) and provides a model for the various stages of commissioning. See Appendix 1 for more information

²⁰ Department of Health (2010) *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*

²¹ Marmot, M. (2010) *Fair Society, Healthy Lives*. The Marmot Review. Strategic Review of Health Inequalities in England Post 2010

²² Marmot, M. (2010) *Fair Society, Healthy Lives*. The Marmot Review. Strategic Review of Health Inequalities in England Post 2010

Early prevention and intervention has been understood as the optimal method of providing services for some time but unfortunately insufficient resources have meant that councils have had to focus on providing resources to those most in need.

As the demographic pressures continue to increase there is a much greater need to look at the way we deliver services for the future. Reactive services that only respond when people have a substantial need will not be sustainable in the future, nor will it ultimately reduce social inequalities. Instead organisations need to examine how to prevent or delay people from reaching such substantial social care needs and provide support to a wider range of people.

Early intervention and prevention has been shown to significantly save costs. The Annual Cost of Care Home Report (Lang and Buisson, 2004) illustrated that preventing a fall leading to a hip fracture saves on average £28,665. Postponing entry into residential care by a year saves an average of £28,000 per person²³. In addition to saving costs, postponing entry into residential care or preventing a hip fracture has obvious benefits to the individual.

The study by the SPRU (Social Policy Research Unit) at York University²⁴ explored the longer-term impacts and cost effectiveness of reablement. The study compared five home care services with five reablement services over 12 months. The cost of the actual reablement interventions was found to be higher than the cost of home care. After a period of reablement however, the cost of social care was 60% less for people compared to those who had no reablement. The total 12 month costs for the group going through reablement was not significantly lower than the home care group. The key difference between the groups however was the improvement in health and social care-related quality of life outcomes for the individuals receiving reablement.

Individuals rated reablement as having a positive impact on their confidence and independence. Standard NICE²⁵ guidance was utilised to examine the cost effectiveness for each improvement in an individual's health-related and social care-related quality of life gain. This resulted in reablement showing there was between 98-100% probability that it was cost effective for each health or social care related quality of life gain. This illustrates just how effective reablement can be at providing improvements to an individual's quality of life.

The total costs of reablement mean that this approach may not save significant amounts of money. There is however, clear and strong evidence that for the improvements to an individual's quality of life, both in terms of health and social care needs, reablement is cost effective and is therefore worth investing in.

²³ Croucher, R., Lawson, K., and Fountain, M. (2012) *National Evaluation of the Handyperson Programme*. York University and Department for Communities and Local Government

²⁴ Glendinning, C., Jones, K., Baxter, K., Rabiee, P., Curtis, L., Wilde, A., Arksey, H. and Forder, J. (2011) Home care re-ablement services: investigating the longer-term impacts, *Research Works*, 2011-01, Social Policy Research Unit, University of York, York.

²⁵ National Institute of Clinical Excellence

Following on from the analysis phase, Hartlepool Adult Social Care Services have responded and planned accordingly by designing a service that will respond to the demographic pressures and address the service gaps.

This section of the strategy has illustrated that the council will be faced with an increasing demand for its services over the next few decades and that there is evidence to illustrate the benefits of early intervention and prevention.

The next section of this strategy focuses on the second (planning) stage of the commissioning cycle and illustrates the planned Reablement Service.

4.2 The overarching model for adult social care services

In order to deal with the increasing demand for services on an ever decreasing budget there is a need to highlight prevention and early intervention. The overarching operational model of adult social care services places a strong focus on providing help at an earlier point in order to help delay, prevent, or reduce people's care needs.

The majority of service users in adult social care are older people (aged 65 years or above) so there is a clear focus on services that are aimed at this older population. All services, however, are available for anyone over the age of 18 and this includes vulnerable individuals with learning and/or physical disabilities, sensory loss, substance misuse, cognitive impairment, and mental health issues.

The model is based on a spectrum of need. It begins with little or no needs and works through to life limiting long-term illnesses, long-term conditions, and end of life care. In response to the level of need the level of support also increases proportionally.

The overall aim of the model is to provide assistance and support at the earliest point on the needs continuum and to help maintain or restore individuals at the lowest end of the needs spectrum possible.

Prevention is the key concept across the whole of the needs spectrum and can be understood at three varying levels: primary, secondary and tertiary prevention. Primary prevention focuses on a universal approach which aims to benefit everyone in the population, secondary prevention targets those who may be at risk with more selective services, and tertiary prevention looks at targeting individuals with known conditions and providing specialist services for them.

The level of support begins with friends and family and low level community services. The level of support increases and the middle point includes intermediate care and Reablement Services. The higher end of the needs spectrum consists of the more traditional health and social care services, cumulating in residential, nursing and end of life care.

The Reablement Team work in close partnership with other key services such as Telecare, Buddi²⁶ and CERCS²⁷ to provide prevention and early intervention.

The majority of the services, as shown in Figure 1, have been established in Hartlepool for a number of years. However the two more recent developments that have enhanced the focus on early intervention and prevention are the services from the voluntary and community sector and the Reablement Service.

Both the Reablement Service and the wider model of adult social care in Hartlepool are expected to reduce or delay the number of people who require ongoing care and support.

²⁶ Telecare and Buddi are forms of Assistive Technology, for more information please see the Assistive Technology Strategy

²⁷ Carers Emergency Respite Care Service

Figure 1- Overarching Operational Health & Social Care Model

- Partners**
- Housing Hartlepool
 - North Tees & Hartlepool NHS Foundation Trust
 - Hartlepool Borough Council
 - NHS Hartlepool
 - Third Sector Provider(s)
 - Tees & Esk Wear Valley NHS Foundation Trust

- Referral Self Assessment**
- GP
 - Housing
 - Fire Services
 - Self referral
 - Family
 - District Nurse
 - Hospitals
 - GP
 - Community
 - Matrons
 - Care Homes
 - Health Teams
 - Fall Teams
 - Extra Care
 - Domestic Care
 - Hospital
 - Ambulance
 - Services
 - Police Services
 - Locality Teams
 - Social Workers

Referral Self Assessment

- Third Sector**
- ▶ Welfare Notices
 - ▶ Initial Visit
 - ▶ Ongoing Support
 - ▶ Care Navigation
 - ▶ Luncheon Clubs
 - ▶ Social Events
 - ▶ Meals Delivery
 - ▶ Outings
 - ▶ Gardening & Pathways
 - ▶ Slips, Trips & Falls
 - ▶ Fuel Poverty/ Keep Warm
 - ▶ Debt Management
 - ▶ Volunteers & time banks
 - ▶ Crime Prevention
 - ▶ Fire Alarms
 - ▶ Handyman Service
 - ▶ Hartlepool Now
 - ▶ HCIL- Trusted Assessor
 - ▶ Health Trainers

Multilink

- ▶ **Intermediate Care**
 - Medical Rehab Day Unit
 - Rapid Access Clinic
 - Elderly Care Physician
 - Rapid Response Nursing
 - Mobile Therapy
 - Residential Rehabilitation
 - Therapy Workers (A&E)
 - Community Stroke Service
 - Community Falls Service
 - Discharge Liaison
 - Clinical Lead (NT&H)
 - Support Workers
 - Discharge Team
 - Social Workers
- ▶ **Reablement**
 - Direct Care Workers
 - OT & OT Assistants
 - Reablement Officers
 - Social Care Workers
 - Stroke Navigation Services
- ▶ **Financial Profiling**
- Step Up/ Step Down "Community Assessment" Unit
- ▶ **Single Point of Access (for discharge & known cases only)**
- ▶ **Planned Urgent Care for Out of Hours Health & Social Care Services (Assistive Technology, End of life, LTC)**
* Personalised Care Plan & Self Care Model

Duty

- ▶ General Assessment

No Further Action

Third Sector

Further Assessment Ongoing Support North & South Locality Co-located Teams

- Dementia Care
- End of Life care
- Mobile Rehab
- Homecare
- Family
- Community Matron
- District Nursing
- Assistive Technology
- Housing Liaison
- Macmillan Services
- Safeguarding
- Carers Services
- Occupational Therapy

No Further Action

Third Sector

Personal Budget

Personal Health Budget

Continuing Healthcare Funding

Major Adaptations/ Equipment

Hartfields

Laurel Gardens Intermediate Care Flat

Richard Court

Bamburgh Court

Albany Court

Newholme Court

Supported Housing Schemes

Residential/Nursing



5. The Reablement Service

The Reablement Service has been in operation since August 2011 and forms the implementation phase of the commissioning cycle. It is an in-house council service which helps people who need help with day-to-day living.

Reablement Officers help service users to build confidence, relearn or regain skills to help them live more independently and to become more involved in their local community. The service aims to help people to live as independently as possible, for as long as possible.

The service is free and offers a time limited (usually about six weeks) period of support. Reablement does not use FACS²⁸ criteria and is available to anyone over the age of 18, which means that the service is available to a much wider range of people than traditional social care services, including those who may have lower care needs.

Although the average time of reablement is six weeks, each reablement programme works to an individual's own needs. An individual may undergo several programmes of reablement as their needs and abilities change over time.

The Reablement Service works on an inclusive model to enable as many people as possible to be supported. The service is available to those with mild to moderate dementia, learning disabilities, sensory loss, memory problems, brain damage or other cognitive impairments. These individuals may benefit greatly from reablement although it may be necessary to offer additional support or prompts or may require a longer period of intervention.

To be eligible for the Reablement Service individuals must:

- be a Hartlepool resident aged 18 years or over
- be in need of some support to live independently in their own home
- be capable of becoming more independent
- be capable of carrying on using the skills they have learned once they have finished their reablement programme
- agree to **actively participate** in the reablement programme

The Reablement Team is multidisciplinary with officers who are trained occupational therapists, sensory loss specialists, and direct care workers. All Reablement Officers have received specific, intensive training on reablement and all homecare staff have also received basic training on reablement to ensure that the ethos is well embedded across the teams.

The Reablement Team are co-located with our Multilink Team and other key intermediate health teams, such as the falls service and mobile rehabilitation team. This continues to encourage partnership working with our health colleagues from Hartlepool Primary Care Trust, and North Tees and Hartlepool NHS Foundation Trust.

²⁸ Fair Access to Care Services

One of the key features of the Reablement Service is supporting people to do things for themselves, rather than doing things for them. The Reablement Officers work with the person to agree their own personal outcomes and work together to achieve them. These outcomes are tailored to an individual and tend to focus on things that will enable them to live more independently.

Progress is measured for each outcome by both the Reablement Officer and the service user. The personalised and collaborative nature of reablement can be described as co-production which refers to the active input by people who use services. Co-production is commonly understood as services that “*work **with**, rather than do unto users*”²⁹. This can be seen throughout the reablement process from the design of outcomes through to implementation to measuring weekly progress and final outcomes.

At the end of the reablement period individuals should have been supported to gain back some of their independence. The level of independence that is achieved will be dependent on the individual, their circumstances, and prior care needs. Many people need less care following a period of reablement, however there may still be some ongoing support or care required. Ongoing support may be in the form of community and low level support or it may include additional care from adult social care services. The appropriate level of support will be put in place for each individual to ensure that they can continue to maintain their independence.

The ultimate aim of reablement is to build on what people can already do and support them to regain skills to increase their confidence and independence. Following a period of reablement the outcome should be reduced or delayed care and support needs, a reduction in individual care packages, and reduced admissions to hospital and residential care homes.

²⁹ SCIE (2009) Research briefing 31: Co-production: an emerging evidence base for adult social care transformation

6. Low level support services in the community

One of the key elements of the overarching adult social care model is the provision of very low level support by voluntary and community organisations. The aim is to work with people to offer a small amount of support to help them to cope. By providing simple support, whether it is debt advice, a friendly chat, or a handyman service it may help to resolve any issues early on and prevent the person from needing much higher social care or ending up in crisis.

The following are some examples of low level support services available:

- Handyman service
- Gardening services, including clearing pathways
- Luncheon and friendship clubs
- Social events and outings
- Prescription collection and shopping services
- Slips, trips, and falls advice
- Help to find and use appropriate care services
- Support to attend GP or hospital appointments
- Debt management advice
- Welfare benefits advice
- Fuel poverty advice/keep warm initiatives
- Crime prevention and fire safety advice

These services are provided by voluntary and community sector organisations. If people need more support they can be referred on to the council's Reablement Team. Equally those who are receiving adult social care may also use these low level support services.

Anyone can refer themselves, or someone they know, for these low level support services by using a Welfare Notice. The Welfare Notice is a simple referral form to request some help.

The Welfare Notices have been widely publicised across the borough to members of the public and with key organisations such as the police, fire services, housing providers, health teams, GP practices, front line staff within the council and members of the public.

7. Future steps

The majority of this Reablement Strategy has focused on the analysis and planning stages required to develop the Reablement Service. The third phase in the commissioning cycle is the implementation of the service, which began in August 2011. The provision of the Reablement Service requires reviewing and monitoring to ensure that the service functions as it was designed and delivers the required outcomes. This review phase is the final stage of the commissioning cycle and will be discussed in further detail in this section.

7.1 Achieving outcomes

The Reablement Service works with each person to develop individual outcomes and the success of the individual's reablement programme is measured against these agreed outcomes. This process results in creating person centred outcomes which measure the effect of reablement on that individual.

In addition to the individual outcomes there are a number of other key measures that are required and several of these have been agreed on a regional basis. The main aim of the Reablement Service is to increase or maintain a person's independence, thereby reducing or delaying their need for social care. These performance measures enable us to gather appropriate information to evidence whether there has been a reduction in ongoing care packages following reablement.

There is evidence that reablement is cost effective in health-related and social care-related quality of life gains³⁰. There is also evidence that early intervention, preventative, and low level services may provide financial savings. Appropriate performance monitoring and review will enable us to evidence both the benefits to service users and any financial savings.

As the Reablement Service continues it will be necessary to use the agreed performance measures to illustrate and evidence the impact of the service. An evaluation or review of the service will also be required to ensure that it meets the needs of our service users and continues to support and maintain people to live independently. This evaluation is particularly important since reablement is still fairly new and there is currently limited research evidence. There is a need to add to our understanding of reablement and the benefits it can achieve.

There is already some existing evidence of the benefits of reablement. This evidence should be used alongside our own monitoring, reviews, and evaluations to provide evidence for the Reablement Service. This encourages an evidence based approach, which requires decisions to be made based on the most current and appropriate

³⁰ Glendinning, C., Jones, K., Baxter, K., Rabiee, P., Curtis, L., Wilde, A., Arksey, H. and Forder, J. (2011) Home care re-ablement services: investigating the longer-term impacts, *Research Works*, 2011-01, Social Policy Research Unit, University of York

evidence available. This evidence based approach is particularly important at a time when limited resources need to be maximised and used to the best effect.

7.2 Anticipated outcomes

There are a number of outcomes that are expected as a result of both the Reablement Service and the changes made to the overall operational health and social care model. These outcomes were identified as part of the Scrutiny investigation on early intervention and reablement services³¹ and have been included below:

1. Increased number of people helped to recover from illness and injury
2. Increased number of people managing their own care and support and in control of what, how and when this is delivered
3. Reduced dependency on intensive services due to earlier and targeted intervention
4. More people will be physically active and live independently as there will be a delay and reduction in the need for care and support
5. Fewer avoidable acute episodes through better management of the condition
6. Reduction in emergency hospital bed days associated with repeat acute admission by more timely and coordinated discharge
7. Increased number of people who stay independent and connected to their communities

It will be important to carefully monitor and evaluate the services in order to determine how well these outcomes have been met.

The regionally agreed outcome measures have been included in Appendix 2.

7.3 Recommendations

In order to achieve the anticipated outcomes for the Reablement Service there are a number of key recommendations that should be incorporated into any actions or developments. These recommendations have been obtained through the development of this Reablement Strategy and other key publications such as the Adult and Community Services Scrutiny Forum Final Report on Early Intervention and Reablement Services (April 2012). It is recommended that HBC continues:

1. Working with partners across health and the voluntary and community sector to deliver preventative, low level services
2. Developing an integrated model of care, including planned out of hours care, with health partners
3. Promoting and providing preventative services to people at an earlier stage, before they reach crisis

³¹ Adult and Community Services Scrutiny Forum Final Report on Early Intervention and Reablement Services (April 2012)

4. Promoting a culture and ethos of Reablement across adult social services
5. Working in partnership with our external care providers to develop a Reablement ethos across their services
6. Robustly monitoring and evaluating the Reablement service

8. Action plan

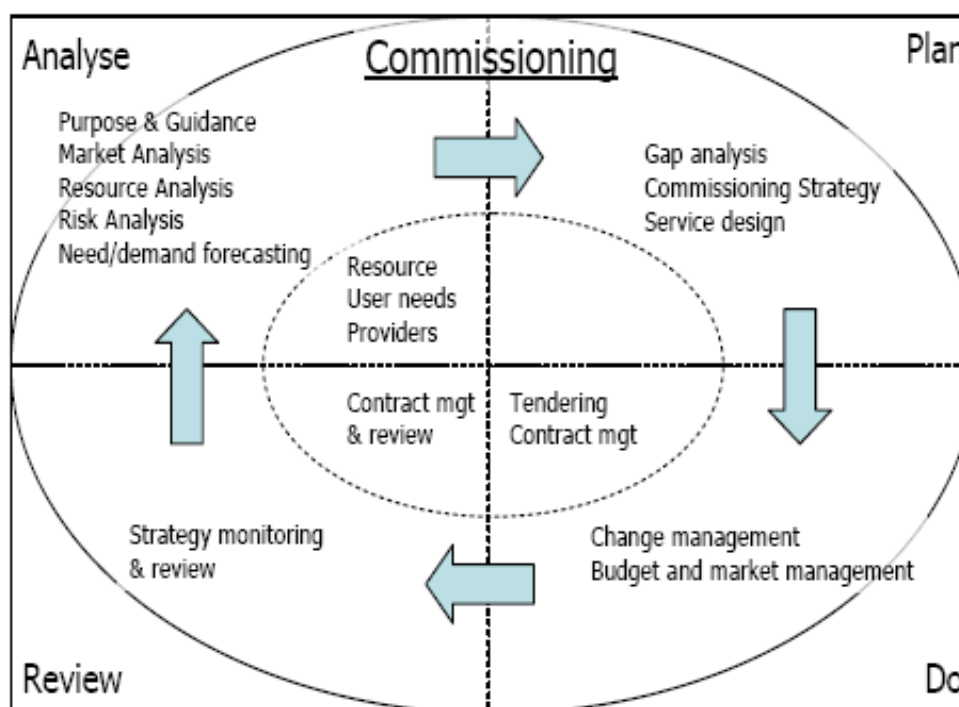
In order to effectively implement this Reablement Strategy an annual action plan is required. This will provide clear understanding of the responsibilities and actions required to ensure that the Reablement Service achieves its outcomes.

The action plan is a working document and should be continually referred to and updated. An annual review and refresh of the action plan will ensure that there is sustained progress in implementing Reablement Services effectively in Hartlepool. The action plan will be developed and monitored by the Housing, Care and Support Steering Group who will feed back progress to the Health and Wellbeing Board.

Appendix 1

Figure 1- The Institute of Public Care Commissioning Cycle

The Institute of Public Care Commissioning Cycle is the most commonly used and illustrates the four stages of the cycle (Analyse, Plan, Do, and Review)³². These stages are all of equal importance and the cycle provides a clear framework for commissioning.



³² Carson, S., Fox, P., Gaughan, A., and Lacey, P. (2010) Exploring Strategic Commissioning Models- A Discussion Paper

Appendix 2

Definitions of Reablement PI Measures

Across the North East region there are a number of regionally agreed Performance Indicators (PI) to measure reablement. There may be additional measures of performance that are used for the purpose of monitoring and reviewing the Reablement Service.

| | | |
|---|-----|--|
| 1 | R1a | Proportion of people provided with a reablement package in the period per 1000 population of adults (over 18) |
| 2 | R1b | The percentage of people provided with a reablement package in the period as a percentage of clients referred for community care assessments in the period |
| 3 | R2 | The percentage of reablement goals (user perspective) met by the end of a reablement package/episode (in the period). |
| 4 | R3 | The percentage of people who received intermediate care or reablement package on discharge from hospital who remain at home 91 days after discharge. |
| 5 | R4a | The percentage of people who have <u>no</u> ongoing care needs following provision of a completed reablement package |
| 6 | R4b | The percentage of people not completing a reablement package as a total of those starting a reablement package in the period. |
| 7 | R5 | The percentage of people whose need for home care intervention has reduced through the provision of a reablement package |

CABINET REPORT

21st January 2013



Report of: Director of Regeneration and Neighbourhoods

Subject: COMMUNITY ENERGY COLLECTIVE SWITCHING

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Key Decision RN 38/12. Key test (i) and (ii) applies.

2. PURPOSE OF REPORT

2.1 To update members on the progress of implementing a Community Energy Switching Scheme and to seek approval to appoint a preferred switching partner.

3. BACKGROUND

3.1 Collective switching is a concept that has proved to be successful in Holland and Belgium with over 1 million households switching energy suppliers. This concept has recently been adopted in the UK with a relatively small number of Local Authorities facilitating a switching process for their residents. But with many more showing interest.

3.2 In the Cabinet report of 4th October 2012. Members requested that a switching scheme be explored and that an option for the Council to become an energy provider should also be considered. This second item is more complex and officers are still assessing the feasibility of this process.

3.3 This report seeks approval on a Switching Scheme which as is suggested requires swift action to hit the market at the right time to achieve local benefits as soon as possible.

3.4 Further investigation on the back of the switching scheme and other energy efficiency initiatives such as Green Deal will take place in the coming months and will be reported back to Cabinet. It is important from a timing perspective that progress is made with the switching scheme.

3.5 The switching process is led by a third party organization with experience in collating details of energy accounts and consumptions. This organization, using bespoke software applications, facilitates the switch on behalf of the

residents and provides details of the cheapest deal available at that moment in time. Hartlepool Borough Council would be responsible for promoting the scheme to residents. This may involve collaboration with Vela in an attempt to reach their tenants. Discussions are taking place with Vela to ensure maximum coverage for residents in Hartlepool.

- 3.6 Both the third party and also member organisations would expect to gain a small income for each household introduced, via a commission based scheme.
- 3.7 the The Collective Switching scheme in South Lakeland attracted interest from 1669 residents and approximately 32% of these actually made switch.
- 3.8 Peterborough City Council is currently in the process of conducting a switch in partnership with 11 other Authorities

4. PROPOSALS

- 4.1 Hartlepool Borough Council is looking to conduct a switch either alone or with other Tees Valley Authorities. Discussions are taking place with Tees Valley colleagues and it is hoped some will join us in this initiative. It is important, however, that we progress an approach to get to the market.
- 4.2 In any collaboration each Authority would brand their own scheme with their own weblink within the overall project which will be branded as the “Big Community Switch”.
- 4.3 NEPO is currently investigating the possibility of conducting a switching scheme for member authorities but it will be some time before this will be available. However any secondary switching arrangements could make use of a NEPO arrangement

5. HOW THE SCHEME MAY WORK

- 5.1 A Collective Switching Scheme is administered by a third party organization. A dedicated call centre and telephone number would be provided to respond to applicants with the message “You are connected to the Collective Switching Scheme of Hartlepool Borough Council”. The switching partner would take on the responsibility for setting up the measurement tools for the campaign, taking details of interested residents, engaging with the energy providers and auctioning the energy contract. After the auction process they will set up an agreement with the successful supplier and inform the registrants of the winning bid. They will then support those who wish to switch via a UK helpdesk and process their applications.
- 5.2 The Local Authority is seen as the “trusted brand” and as such Hartlepool Borough Council would be responsible for the promotion and marketing of the scheme among residents. A dedicated page on our website would give

interested applicants information about how to make the switch and give a link to the web page of the switching organization.

- 5.3 Of all the switching schemes which have or are being implemented, iChoosr have been the preferred partner. Some organisations involved include South Lakeland Council, Norwich City Council, Unison, The Labour Party, Oldham Council, Peterborough City Council, Blackpool Council, Northumberland County Council, Wiltshire Council, South Holland District Council, Hull City Council and others. Only Cornwall have appointed a different partner
- 5.4 Residents on pre-payment meters are unfortunately not likely to be able to participate in the first auction, as the cost incurred by the energy provider switching this type of customer is prohibitive. However, such customers will be able to register and their details will be held on iChoosr's system whilst a solution is worked up.

6. PROMOTION AND COMMUNICATION

- 6.1 A communication strategy in liaison with the Public Relations Team and other relevant officers, Members (with the Mayor as the "lead") and resident groups is being formulated to ensure residents and the Council get the maximum benefit from the scheme. Neighbourhood Management resources will be used to provide information and encourage sign-up. Part of the strategy will include the publication of a simple guide with "frequently asked questions".
- 6.2 Promotion of the scheme would be via Hartbeat, news feeds via local radio stations and the Hartlepool Mail. Hartlepool Council also makes use of twitter and facebook. A page on the Councils website will also give information.
- 6.3 Officers intend to contact all large employers to cascade the message to their staff. The Council's Wellbeing team have good contacts with the Fire Brigade and the Health Authority via the Healthy Workplace Forum. This gives access to between 30-40% of the working population. These important links can be put to good effect.
- 6.4 Notices will be placed in libraries & community centres giving details of the switching scheme and contact will be made with support groups such as Help The Aged and the various credit unions and advice centres. The message will be displayed on a council screensaver and possibly on the neon sign outside the civic centre.
- 6.5 Past experiences in Belgium show that 40-50% of registered members will choose to take up the offer.

7. PREDICTED OUTCOMES

- 7.1 The introduction of a collective switching scheme for Hartlepool Borough Council could present a number of benefits, including:

- Addressing fuel poverty for residents wherever possible.
- Increase in disposable income for residents, some of which would be re-circulated in the local economy.
- A small income for the Council from commission for each household signing up. In the South Lakeland example, the third party provider, iChoosr, gained an income from the energy supplier of £40 per household, £10 of which was passed on to the Local Authority based on a “dual switch”.

8. RISK IMPLICATIONS

- 8.1 It is not anticipated that there are any risks to Hartlepool Borough Council. The contractual agreement is between the resident and the energy company. Hartlepool Borough Council is simply facilitating an opportunity for residents to find a cheaper energy supplier.
- 8.2 It is possible, though highly unlikely, that a better deal will be available elsewhere, and that this will be clearly stated on the registration page.

9. FINANCIAL CONSIDERATIONS

- 9.1 If the scheme were to be pursued there would be a requirement for officer time to be spent on implementation and this would be covered by existing budgets but the major costs and risk would be taken by the third party administrator.
- 9.2 There is also an income opportunity for the Council.

10. LEGAL CONSIDERATIONS

- 10.1 The Chief Solicitor will advise on the arrangements to be put in place with the administrator and any other parties if the scheme were to be progressed.

11. STAFF CONSIDERATIONS

- 11.1 There are no staff considerations.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 There are no asset management considerations.

**13. SECTION 17 OF THE CRIME AND DISORDER ACT 1998
CONSIDERATIONS**

- 13.1 If the scheme were to be pursued the liaison between the administrator and residents would be risk assessed to ensure any relevant issues were addressed.

14. EQUALITY AND DIVERSITY CONSIDERATIONS

- 14.1 The scheme would be set up so that access to it would be fair and equitable for all residents.

15. RECOMMENDATIONS

- 15.1 That Cabinet note the progress to establish a Collective Energy Switching Scheme and approve the Director of Regeneration and Neighbourhoods to enter into negotiations with IChoosr to provide a switching scheme for Hartlepool alone or in conjunction with other Tees Valley Authorities.

16. REASONS FOR RECOMMENDATIONS

- 16.1 The exploration of the scheme will bring benefits both to the Council and residents of Hartlepool.

**17. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY
AND ON-LINE**

- 17.1 There are no appendices for this report.

18. BACKGROUND PAPERS

- 18.1 Cabinet report of 4th October 2012.

19. CONTACT OFFICER

Denise Ogden
Director of Regeneration & Neighbourhoods
Civic Centre
Victoria Road
Hartlepool
TS24 8AY
Tel: 01429 523301
Email: Denise.Ogden@hartlepool.gov.uk

CABINET REPORT

21st January 2013



Report of: Director of Regeneration and Neighbourhoods

Subject: EMPTY PROPERTY PURCHASING SCHEME – LOCAL AUTHORITY FLEXIBLE TENANCIES

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Key Decision (test ii) Forward Plan Reference No. RN32/12

2. PURPOSE OF REPORT

2.1 To set out the proposed tenancy arrangements for the Empty Property Purchasing Scheme (EPPS) and specifically seek approval for the implementation of Local Authority Flexible tenancy agreements for all properties let through this scheme.

3. BACKGROUND

Empty Property Purchasing Scheme Overview

- 3.1 The EPPS forms part of the Council's Empty Homes Programme and was approved in September 2012 following the confirmation that the Council had successfully secured funding from the Homes and Communities Agency (HCA) Clusters of Empty Homes Funding. It meets objectives within the adopted Empty Homes Strategy and adopted Housing Strategy 2011-15 by bringing long term empty properties back into use.
- 3.2 In summary the EPPS objectives are to acquire 100 empty homes and carry out extensive refurbishment of these properties in order to return them to use. Once refurbished the properties will be let at an affordable rent and managed by Housing Hartlepool under a management agreement. In order to qualify the properties must be empty for a minimum of 6 months. Overall the properties purchased through this scheme aim to provide much needed affordable well managed and good quality accommodation for residents of Hartlepool. At the point of approval no tenancy arrangements were established as guidance from CLG had not been published, but any properties let prior to this decision will be let through secured tenancy agreements in line with existing arrangements.

- 3.3 The Council is now completing refurbishment works on the first properties purchased and tenancy arrangements are to be established which will be implemented for all tenancies throughout the duration of the project.

Local Authority Flexible Tenancy Background

- 3.4 Detailed public and stakeholder consultation on the Tenancy Strategy concluded in August and was approved by Cabinet on 3rd December 2012. The strategy was required through the Localism Act November 2011 and set out details of Local Authorities power to grant flexible tenancies which are the subject of this report. Currently all Local Authority owned properties are let through secured tenancy arrangements. Previously no effective legal mechanism for local authorities to grant fixed term tenancies existed however, the Localism Act introduced a new form of tenancy called a 'flexible tenancy'.
- 3.5 This 'flexible tenancy' is a form of fixed term tenancy and the introduction of fixed term tenancies is intended to provide greater freedom to Local Authorities and Housing Associations to manage assets for best financial return, to respond to local circumstances and the needs of individual households and to provide clarity and fairness. The term 'fixed term tenancies' is used to apply to all tenancies that are offered for a specified period of time, as opposed to traditional 'lifetime tenancies' or 'secured tenancies'.

4. PROPOSALS

- 4.1 It is proposed that the Council implement the use of Local Authority flexible tenancies for all properties acquired through the empty property purchasing scheme. These will be let at affordable rent for a minimum period of 5 years and in exceptional circumstances 2 years (in line with the Tenancy Strategy). The Council will issue an introductory tenancy arrangement for 12 months for any new tenants in line with existing arrangements. Any properties let before this decision will be let through a secured tenancy as per the existing arrangements.
- 4.2 The consultation exercise undertaken through the production of the Tees Valley Tenancy Strategy identified that the introduction of fixed-term tenancies should not undermine the sustainability of our community and our neighbourhoods. It is recognized that the Government has introduced fixed-term tenancies to allow for more flexible arrangements by:
- a) addressing under occupation
 - b) to increase social mobility
 - c) to make best use of existing stock
- 4.3 In this scheme, the use of these tenancies will provide the opportunity to be flexible with the properties acquired through the empty homes scheme. The tenants opportunity for home ownership is retained through right to buy but using a flexible tenancy arrangement the Council could implement intermediate housing products (such as shared equity, shared ownership and rent to home buy) to the empty homes stock which would serve to reintroduce

owner occupation in a affordable way, helping to secure communities future by owner occupiers investment. This would also allow the Council to sell on properties in the future and allow for recycling of funding into the scheme. The introduction of these tenancy arrangements would meet regeneration objectives and therefore satisfy the requirements of the tenancy strategy as an 'exceptional circumstance'.

- 4.4 Local Authority Flexible Tenancies can only be implemented if Local Authorities choose so to do and will only be available for new tenants, future transfers and mutual exchanges. A Local Authority flexible tenancy is a form of secure tenancy and generally tenants with a flexible tenancy will have the same rights as other secured tenants (as set out in Housing Act 1985). These rights include the right to buy and the right to repair. The same grounds for possession will all be available and could be used during the fixed term, for example if there are rent arrears or evidenced anti-social behavior or criminal activity. In addition there is a statutory right of one succession to a spouse/partner but not to other family members as with a secured tenancy. The Local Authority can grant contractual succession rights if it chooses to in it's tenancy terms. Tenants will not have the statutory right to improve and therefore not have the statutory right to be compensated for improvements. The only difference from a secured tenancy comes when ending a tenancy at the end of the fixed term.
- 4.5 The procedure for Local Authorities who decide not to grant another tenancy at the end of the fixed term is set out in the Localism Act. Local Authorities may apply through court to end the tenancy if any of the grounds for possession can be proven. The grounds of possession remain the same as for secure tenancies. A court can only refuse possession if the correct procedure has not been followed by the Local Authority or if the court is satisfied that the decision to grant another tenancy was otherwise 'wrong in law'. There are 3 conditions for ending a fixed term tenancy:
- a) The fixed term has ended;
 - b) The tenant has been given no less that 6 months notice in writing stating that the Local Authority does not propose to grant another tenancy on the expiry of the fixed term, giving the reason why and have informed the tenant that they have a right to request a review and the timescale for this;
 - c) The tenant has been given no less than 2 months notice in writing stating that the landlord requires possession of the dwelling house.
- 4.6 If these tenancy arrangements were to be introduced, the Local Authority in not renewing a tenancy after the fixed term would be an exception and not the norm. Suitable accommodation should be identified for the tenant. For Anti Social Behavior and other tenancy breaches existing housing management policies and eviction protocol should be followed. The procedure for a review of decisions relating to flexible tenancies has yet to be determined but it will be in line with the Tenancy Strategy.
- 4.7 Through detailed consultation on the tenancy strategy concerns were raised regarding the introduction of fixed term and flexible tenancies. The main

concern raised was that it would undermine sustainability and the ability of communities to establish themselves and lead to a loss of continuity for families. Tenants could potentially have less buy in to an area and less commitment and fail to maintain their property sufficiently. Where demand from properties is not high, fixed-term tenancies may also have a negative impact upon lettings and consequently, upon financial viability. In addition to this the potential for greater turnover could increase re-letting costs.

- 4.8 Despite the concerns raised in the tenancy strategy consultation it is deemed appropriate to introduce the use of flexible tenancies for this distinct project where the main aim is to bring long term empty properties back into use and regenerating neighbourhoods. It is felt that the long term benefits of the scheme outweigh the potential issues and that the problems caused by long term empty properties can have a far reaching detrimental impact on communities. It is critical that this scheme remains flexible and allows the introduction of home ownership and shared ownership options into the future.

5. LETTINGS POLICY

- 5.1 Properties within the EPPS can be anywhere within Hartlepool but the majority are within areas of fragile demand and high levels of empty properties. The purpose of the scheme within these areas is to address the problems of lack of demand, tackling some of the causes of this within these areas, and to stabilize the area and to address the previous lack of popularity of the area.
- 5.2 Therefore the criteria for allocating properties reflect the above objectives rather than those expressed within the shared policy for reletting standard properties in ownership of Hartlepool Borough Council.
- 5.3 The properties are let at a rent which is substantially less than the Market Rent for the area (up to 80% of market rent), and this reflects an acceptance that financial incentives need to be available which reflect the previous lack of popularity of much of the accommodation which has been improved as part of the EPPS scheme, and acts as an incentive for tenants to settle in the properties. A Local Authority flexible tenancy is proposed for all properties with a minimum term of 5 years (2 years in exceptional circumstances).
- 5.4 Applications for the properties will be accepted from any residents of the town and each case will be considered individually to see if they would be suitable for these properties. The factors considered will include a good record of previous tenancies, or where an applicant has not held a tenancy previously an ability to prove they will be able to maintain a tenancy, proof of no criminal activity, lack of overarching debt, an ability to pay the rents to be charged, a demonstrable robustness to cope with living in an area which may have been volatile and a desire to remain in a property for some while.
- 5.5 Applicants will only be considered for accommodation in which they can afford to live, but provided the applicant can afford a property, the size of property

and its relationship to the household size of the applicant will not be a limiting factor. It is important that the tenant is able to sustain the tenancy in the long term.

- 5.6 If an applicant is not considered suitable for an EPPS property this in no way reflects on any application to be re-housed, they can register on the housing register and pursue options via Choice Based Lettings.
- 5.7 These proposals are a form of local lettings policy and will be formalised in partnership with Housing Hartlepool (Vela Group).

6. MONITORING AND REVIEW

- 6.1 The impact of the introduction of Local Authority Flexible Tenancies will be monitored on a quarterly basis through the existing monitoring arrangements set up with Housing Hartlepool through the management agreement. Housing Hartlepool are to provide monitoring information regarding the sustainability and turnover of this scheme, cost implications and a analysis of the use of Local Authority flexible tenancies. If any issues are identified early involvement of housing advice team will occur. The decision to end a flexible tenancy will be made by the Local Authority 9 months to 1 year prior to implementation, this is in line with the Appendix B of the Tenancy Strategy and Vela Group Policy.

7. STAFF CONSIDERATIONS

- 7.1 There are no staffing implications for these proposals.

8. FINANCIAL CONSIDERATIONS

- 8.1 The proposal has no new financial implications on the approved Empty Property Purchasing Scheme than those set out in the Council report of the 18th October 2012.

9. SECTION 17 OF THE CRIME AND DISORDER ACT 1998 CONSIDERATIONS

- 9.1 By bringing long term empty properties back into use through this scheme and providing well managed and good quality accommodation, areas will stabilise and the negative impact of empty homes on a community will reduce. This is more likely to make an area more stable and attract long term tenants. The introduction of flexible tenancies could potentially have a negative impact on neighbourhoods and undermine stability in communities with tenants having less of a commitment to the area that they live. The Sub Regional Tenancy Strategy has recognised this with it's preference that providers continue to

offer lifetime tenancies. This scheme is considered an exception given its long term regeneration benefits.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 The impact of the use of fixed-term (flexible tenancies) on equality and diversity considerations was addressed in the Diversity Impact Assessment for the tenancy strategy. It determined that the allocation of a tenancy should not be informed by the needs of specific groups. Registered Providers are expected to offer the most secure form of tenure compatible with the purpose of the accommodation, the needs of the household, the sustainability of the community and for efficient use of the housing stock. The properties in this scheme will be let in a responsible and managed way and scheme and lettings policy achieves overall regeneration and empty homes objectives. The proposed lettings policy will treat all applicants in the same manner and use the same criteria.

11. RECOMMENDATIONS

- 11.1 That Cabinet approve the use of Local Authority flexible tenancies for all properties let through the empty property purchasing scheme and that Cabinet approve the principles of the lettings policy set out in section 5.

12. REASONS FOR RECOMMENDATIONS

- 12.1 To provide greater flexibility and responsiveness to local changes, to meet the objectives within the Housing Strategy and Empty Homes Strategy and to retain the option of selling on the properties if required for home ownership or shared ownership in the future.

13. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

- 13.1 There are no appendices associated with this report.

14. BACKGROUND PAPERS

- 14.1 Tees Valley Tenancy Strategy November 2012 and Empty Property Purchasing Scheme Report Council 18th October 2012.

15. CONTACT OFFICER

- 15.1 Denise Ogden, Director of Regeneration and Neighbourhoods , denise.ogden@hartlepool.gov.uk, Tel: (01429) 523301.

CABINET REPORT

21st January 2013



Report of: Director of Regeneration and Neighbourhoods

Subject: FURNITURE SOLUTIONS PROJECT

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 The report is for information.

2. PURPOSE OF REPORT

2.1 To feedback the outcome to the procurement process following the approval of the project proposal by Cabinet.

3. BACKGROUND

3.1 On the 6th August 2012, Cabinet approved the proposal regarding the introduction of a Council assisted scheme for the provision of household white goods and furniture in Hartlepool.

4. PROCUREMENT PROCESS

4.1 As the projected value of this project is under the threshold for tendering services, the Council sought written proposals from interested parties, via the Quick Quotes system of the NEPO (North East Procurement Organisation) portal, in compliance with the Council's Contract Procedure Rules. Information on how the opportunity was widely advertised to the community/voluntary sector and details of the procurement process undertaken are outlined in paragraphs 4.2 to 4.6.

4.2 An article was placed in the first HVDA newsletter following approval by Cabinet; circulated w/c 17th September 2012, to inform community/voluntary sector organisations of the forthcoming opportunity, and outline the associated procurement process.

4.3 On 26th September 2012, a public notice was published in the Hartlepool Mail formally requesting Expressions of Initial Interest (EOI) in the project delivery by Wednesday 10th October 2012.

- 4.4 Follow up press releases to advertise the opportunity were in the Hartlepool Mail and the Northern Echo between 1st October and 5th October 2012.
- 4.5 A training session was organised by Skillshare for community/voluntary sector organisations on 17th October 2012 to increase and build the capacity of the sector with regards to using the NEPO portal; this covered how to register, access and operate the portal. As the portal is a reasonably new method of seeking quotations and tenders for the Local Authority, organisations expressing an interest were encouraged to attend to ensure the use of the portal in the procurement of the scheme was not a barrier in terms of submitting a proposal.
- 4.6 Organisations who registered their interest (11 received in total) were invited to submit their proposal via the NEPO portal. The initial deadline for the submission of the proposal was 30th November 2012 however this was extended until 10th December 2012 due to a technical issue with the portal. The timescales for the procurement period were set in line with the eight week statutory consultation period of the Hartlepool Voluntary and Community Sector Strategy (encompassing the former Consultation and Policy Code outlined in the Compact), and to support the delivery of the strategy's objectives, particularly in relation to commissioning and procurement.

5. PROCUREMENT OUTCOME AND COMMISSIONING

- 5.1 One partnership bid submission for the delivery of the project was received. Hartlepool Credit Union submitted the bid, as the host organisation, working in collaboration with East Durham Partnership, OFCA Choose2Re-use Furniture Services and Epilepsy Outlook.
- 5.2 On 17th December 2012, the Audit Sub-Committee was requested to note the background to the project, and the procurement process that has been undertaken. The Committee was also asked to formally receive and record the submission presented at the meeting.
- 5.3 The consortium bid has now been successfully evaluated and a follow up interview held with a representative from the host organisation to ensure the proposal meets the service requirements of the approved scheme.
- 5.4 Subsequently, the contract has been awarded in principle and work is ongoing to finalise the details of the contract between the Council and the host organisation. It is anticipated the contract will be agreed prior to the Cabinet meeting; an update will be reported verbally at the meeting.

6. PROJECT DELIVERY

- 6.1 In summary, Hartlepool Credit Union, as the host organisation, will manage the scheme and will be the initial point of contact for all customer referrals.

- 6.2 The Credit Union will be responsible for processing all loan applications for the purpose of buying household items. The Credit Union will have Service Level Agreements (SLAs) in place with East Durham Partnership, OFCA Choose2Re-use Furniture Services and Epilepsy Outlook who will be service providers of new and re-used furniture and white goods. The SLAs will ensure the scheme operates within an agreed set of standards to maintain the delivery of a consistently high quality service from all organisations involved, and make recipients are aware of what they can expect from the service. It is anticipated the scheme will see over 350 beneficiaries over two years; over which time the scheme should become self financing.

7. RECOMMENDATION

- 7.1 Cabinet is requested to note the content of the report.

8. REASONS FOR RECOMMENDATIONS

- 8.1 To keep Cabinet members up to date with progress relating to the procurement of the project and ensure members are aware of the arrangements going forward in terms of project delivery.

9. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

- 9.1 There are no appendices.

10. BACKGROUND PAPERS

- 10.1 The following background papers were used in the preparation of this report:-
- (i) Cabinet Report and Decision Record (09th July 2012).
 - (ii) Cabinet Report and Decision Record (06th August 2012).
 - (iii) Audit Sub-Committee Report and Decision Record (17th December 2012)

11. CONTACT OFFICER

- 11.1 Denise Ogden
Director of Regeneration and Neighbourhoods
Regeneration and Neighbourhoods
Hartlepool Borough Council

Tel: 01429 523800
Email: denise.odgen@hartlepool.gov.uk