

**Community Care
And
Housing Directorate Plan
2004 - 2007**

Updated February 2005

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1. Introduction

The **West Berkshire Council's Community Care & Housing Directorate Plan 2004 - 2007**, was first published in March 2004, with the aim of providing an overview of the delivery and development of our services in the period up to 2007.

This updated Directorate Plan sets out our vision and priorities, which remain unchanged since the Plan was first published. However, a few amendments have been made to reflect progress made over the last 12 months and other recent changes impacting on Community Care and Housing Directorate.

Corporately, the Council has made significant progress over the last year. This has been recognised by the Government's CPA rating which upgraded the Council from 'Fair' to 'Good', and cited it as the sixth most improved authority in the country. The Council's service provision is currently rated as 'Excellent', and satisfaction of council services amongst local residents is continuing to increase.

The assessment of Social Care services, which feeds into the CPA, is made by the Commission for Social Care Inspection. In November 2004 the CSCI announced its decision to upgrade West Berkshire's Social Care rating from 'one star' to 'two stars' and the assessment of services to adults stated that we are "serving most people well" with "excellent prospects" for improvement.

Our Directorate Plan is a key part of our strategic framework and is linked with many other plans. The diagram given in Appendix A illustrates the way in which the Directorate is reliant on its partnerships, both inside and outside of the Council, in order to deliver its priorities.

The Directorate Plan is an integrated part of the **Corporate Plan** which contains a detailed explanation of the Council's vision and priorities for 2003 - 2008. The Council's key priorities underpin delivery of Community Care and Housing services. These include tackling social exclusion; promoting independence for older people, those with disabilities and mental health problems; and increasing the provision of affordable housing.

An updated Corporate Plan 2005, 'Making a Real Difference', is due to be published shortly. Although the update does not propose changes to the Council's strategic priorities and development themes, it will lead to a sharper focus on certain areas. These include the provision of affordable housing; addressing the needs all disadvantaged groups, with particular focus on older people and those with high needs arising from disabilities or ill health; providing sufficient capacity to advance strategic partnerships; improving customer focus; and improving the Council's efficiency through the development of an 'Invest to Save' programme.

The Corporate Plan supports the **Community Plan** developed by the Local Strategic Partnership (LSP), which works towards actions on the key themes of housing, transport, rural issues and learning. The LSP has been formed in conjunction with private and voluntary sector partners as well as other public sector organisations. The 2005 Update of the Community Plan highlights the focus the LSP will have on particular issues including the provision of affordable housing; progressing the voluntary sector COMPACT; and preparing a second Local Public Service Agreement for West Berkshire.

Within Community Care and Housing, we will bring to the LSP suggestions for joint actions across the partners aimed at promoting independence, in particular amongst older people, and increasing the provision of affordable housing.

Our key priorities are also reflected in the Council's **Local Public Service Agreement** which includes specific targets to 'stretch' improvement in our services for helping more older people to live at home and for further opportunities for people with a learning disability.

Over the next 12 months, the Council will be focussing its attention on the 12 targets included in the first generation LPSA signed with the Government in January 2003. With the exception of one target (Education which runs until September 2006) all other targets are measured at the end of March 2006.¹ The Council has assumed that it will receive a Reward Grant in the region of approximately £1.5m and has built this into the Medium Term Financial Strategy.

During the course of the next 9 months the Council will be working towards its second generation LPSA which it is scheduled to sign with the Government in January 2006. This will again require the Council to develop with its partners 12 outward facing stretch targets which will deliver key outcomes for the residents of West Berkshire. It will again attract pump priming funding of £895,000 and a reward grant of up to 3.22m. The second generation LPSA will commence in April 2006 and be for a period of three years.

We measure our progress in meeting priorities through monitoring of **Service Action Plans**, an outline of which is attached in Appendix B. These are drawn up each year and contain detailed actions and targets for each of our service areas: older people, mental health, learning disability, physical disability, housing services and Supporting People. The action plans inform team and individual work plans, which are monitored through our performance management framework. The performance management framework also includes regular review and monitoring of our **Risk Action Plan**.

¹ PSA 10, re increasing the number of tenancies held by people with learning difficulties, runs till March 2006 but is not due to report till March 2007.

Commissioning Strategies set out how we will arrange and deliver services for each client group. The strategies are based on demographic information, needs analysis and stakeholder views.

Better Care Higher Standards is a charter developed by Community Care, Housing and Health services. It sets out the standards which people needing support and care over the long term should expect from our services. The charter is reviewed and consulted on each year with service users and carers.

We are committed to ensuring that all of these planning documents, including this Directorate Plan, are real working tools and do not just sit on a shelf. We will do our best, together with our partners, to put the plans into practice.

2. Taking Our Services Forward

As people's expectations change, so the kinds of services we arrange, and the way in which we deliver them, need to change. Increasingly, people want more of a say in arranging their own care - possibly through Direct Payments - and in identifying which of their needs they would prefer to have met - perhaps through a self-assessment or similar model. These changes, therefore, will potentially impact on the range of services available and where and when they are delivered.

Ways of communicating with the Council and its partners change also, with the development of the Contact Centre and an increasing use of web-based technology and IT systems. Our aim is to develop user-centred services, build capacity in conjunction with our partners and lead to new ways of doing things.

Implementing Electronic Government (IEG) is an initiative aimed at improving the electronic delivery of services and seeks to structure services around the needs and convenience of the customer or service user. It also aims to deliver first point of contact outcomes wherever possible and, by harnessing the power of e-government, reduce social exclusion.

Community Care and Housing have two IEG priorities to be implemented by December 2005 regarding a) comprehensive information about access to care services available over the web and telephone contact centres and b) giving authorised officers information about individual care packages via remote web access, or mediated access via telephone. A third priority, required by March 2006, is to enable joint assessments of the needs of vulnerable people using mobile technology to support workers in the field.

The Government's target is for all local authorities to be 100% e-enabled by December 2005 and has set BVPI 157 to measure performance. Community Care and Housing have responsibility for monitoring progress within the service area and reporting on this indicator. The Directorate will appoint an officer to co-ordinate data collection and to act as a contact for the centralised reporting.

We plan to work alongside our users in defining the kinds of social care services the Council ought to provide or enable from outside the council, and the ways in which these might be delivered. This will require a transformation in our services in the medium term. The Council's strategic partner - Amey West Berkshire - will provide support for this work.

3. Context

3.1 The Local Context

The Locality:

- The population of West Berkshire is 144,156 (2003, Mid Year Estimate, ONS) and the age profile roughly mirrors that of the country as a whole, although West Berkshire has a greater number of 30 - 59 year olds, and slightly fewer over 75's, than the average. However, the number of over 75's is forecast to rise by 1.6% per year for the next ten years, with over 85's seeing a higher growth, up 29% in the next ten years. The overall life expectancy in West Berkshire is higher than average and is increasing, meaning people will require more and different levels of services throughout their lifetime.
- Almost 18,000 West Berkshire residents reported in the 2001 Census that they have a limiting long-term illness. This equates to 12.4% of the total population, although there were local differences, varying from just under 10% in Birch Copse, to over 18% in Victoria ward.
- West Berkshire has a smaller and more scattered ethnic minority population compared with each of the other Berkshire unitary authorities and with England as a whole.
- West Berkshire covers more than half the total area of Berkshire and its population is by far the most dispersed of all the unitary authorities in Berkshire with a number of distinct communities with their own identity. While the majority of residents live in settlements west of Reading and in the major towns of Newbury, Hungerford and Thatcham, much of the district is rural. More than 60% of the area is classified as Areas of Outstanding Natural Beauty. The rural aspect of much of the district also presents many challenges.

Services can be distant, public transport less viable and the supply of affordable housing cannot keep pace with demand.

- West Berkshire shares in the overall affluence of the South East. It is home to a number of well-known national and international companies. A strong industrial base, characterised by new technology industries with a strong service sector and some manufacturing and wholesale organisations, combine to give West Berkshire one of the lowest unemployment rates in the country at less than 1%.

The impact of these locality features on Community Care and Housing is significant:

- The generally high affluence of the region and of West Berkshire can mask pockets of real deprivation and exclusion. The District does have communities with individuals and families who experience particular difficulties as a consequence of being poor within a generally wealthy region. Housing is a critical strategic concern with accommodation costs consistently among the highest in the country. This has resulted in a shortage of affordable homes for local people, including key public and private sector workers, near to where they work. Sufficient and affordable housing in rural areas is also a major concern, often resulting in young adults unable to buy or rent accommodation in areas where they grew up.
- The low numbers of people from a black and minority ethnic group makes the provision of culturally sensitive care more challenging.
- The wide geographical area of the District and the dispersed nature of much of the population makes access to services difficult and service delivery relatively expensive.
- The benefits of low unemployment are offset by difficulties in recruitment to key services such as home care and residential care.
- West Berkshire has an ageing population. Among older people, the biggest proportional increase in West Berkshire has been in the 85+ age group which has increased by about one-third since the 1991 census, to a total of 2,301 people in the 2001 census. With a rise of 29% in this age group forecast over the next ten years, by 2011 the total West Berkshire population over 85 years of age will be nearly 3,000.
- These demographic changes will challenge the ways in which services have been traditionally delivered, in particular to ensure a range of supports are accessible and available where people live. For isolated rural communities this may mean additional transport links to services and the increased availability and use of broadband and other ICT technologies to provide local access to

information about community care, housing and other Council services. Increased need for home adaptations or more specialised accommodation geared to allow as much independence as possible while supporting changing abilities is also likely.

3.2 National Context

The Government is promoting the key modernisation themes for public sector services of:-

- National standard setting, often applied jointly to Health and Social Care
- Increased choice for service users
- Plurality of providers across the public, private and voluntary sectors
- Delivery of prompt and responsive services
- Ensuring equal access to services
- Setting and measuring performance targets
- Securing value for money
- Achieving better outcomes for service users
- Abolishing age discrimination

3.3 National Context for Community Care

High quality, effective social care services are underpinned by the key principles of the Government document: **Modernising Social Services**, which states that:-

- Care should be provided to people in a way that supports their independence and respects their dignity.
- Services should be pulled together where appropriate to meet each individual's needs.
- Every person should be safeguarded against abuse, neglect or poor treatment whilst receiving care.
- Staff should be sufficiently trained and skilled for the work they are doing.
- Social services should work to clear and acceptable standards.

Government policy is driving the integration of all children and young people services at local level. It is also encouraging closer co-operation between health and community care to improve delivery of social care. The New 'Trust' structures being developed will facilitate this change. The transfer of social care services for children to the DfES will develop this policy still further.

The **Government's objectives** for Community Care services are as follows:

Promoting independence through:

- better preventive services and a stronger focus on rehabilitation;
- extension of direct payments schemes;
- better support for service users who are able to work;
- improved review and follow-up to take account of people's changing needs;
- improved support for people with mental health problems;
- more support for carers.

Improving protection through:

- The work of the newly created (April 2004) Commission for Social Care Inspection, bringing together the inspection, regulation and review functions from the former separate organisations of the National Care Standards Commission, Social Services Inspectorate, and Audit Commission/Joint review; and the statutory regulation for services such as domiciliary care.
- Improvements to the way registration and inspection are carried out;
- Implementation of the No Secrets initiative, now implemented as a local joint policy for the protection of vulnerable adults;
- The National Register of qualified social workers (all relevant West Berkshire staff submitted their registration details by the deadline of Dec 04).
- Improvements in the systems for checking potential staff prior to employment (via POVA and enhanced CRB checks)

Improving standards in the workforce through:

- creating a General Social Care Council and the Social Care Institute for Excellence;

Improving training

Improving partnerships through:

- developing partnership working between social services, health, housing, employment, education, the criminal justice system and voluntary and private sector providers;
- legislation, which allows for the integration of health and social care services.

Improving delivery and efficiency through:

- implementing the Performance Assessment and Best Value Frameworks to monitor how well services are delivered;
- setting out clear objectives and priorities;
- ensuring central and local government work together to ensure high standards.

An Adult Social Care Green Paper is due to be published in March 2005. Anticipated themes will be:

- Increasing choice and control, enabling people to play a more active part in deciding how their needs might best be met
- Managing health and social care by building partnerships between users/patients and professionals
- Proactively promoting good health to enhance well-being to avert crises
- Adopting a whole person approach by exploring all the issues jointly that impact on a person's well-being
- Whole system response, by ensuring that health and social care, together with housing, education, schools, pension service and other agencies work together

3.4 National Context for Housing

In April 2000 the Government published the Green Paper, entitled '**Quality and Choice - A Decent Home for All**', which outlined its key priorities. This includes the reduction in the use of Bed and Breakfast for homeless families, where West Berkshire's performance is already good.

The Green Paper was followed in April 2003 by the Government policy statement '**Sustainable Communities: Building for the Future**' (the Sustainable Communities Plan). This statement integrated economic, social and environmental policies into an action programme that seeks to build "*places where people want to live and will continue to want to live*". The Sustainable Communities Plan also signified a move towards a new regional approach for housing policy.

A further plan, '**Sustainable Communities: Homes For All**' was published in January 2005. This sets out a five year programme to reform the housing market, focusing on choice, fairness and opportunity.

The Local Government Act (2003) requires each local authority to devise a **Housing Strategy Statement**. This should be an over-arching document that reviews housing-related issues in a local authority's area, sets out its housing objectives, establishes priorities for action both by the local authority and by other service providers and stakeholders, and sets out a clear Action Plan in agreement with the council's local partners. The Housing Strategy is being reviewed and will be considered for adoption by the Executive in April 2005. It must meet the Government's 'fit-for-purpose' criteria.

Supporting People went live on 1 April 2003 and amounted to a transfer of funding and responsibility of £1.8 billion for housing related support, from central to local government. This has amounted to massive changes in the supported housing sector, as well as significant new work for local authorities and their partners in probation and health. The funding, contracting, planning and development of supported housing is now managed locally rather than centrally.

The very steep rise in the overall cost of the programme nationally, from the initial estimates and again from the estimates provided in December 2002, led The Government to establish an independent review of the value for money of the programme overall. The programme was scrutinised as part of the Comprehensive Spending Review. Councils perceived as having high grant claims and high unit costs, which included West Berkshire received an early Value for Money inspection. West Berkshire had an inspection in May 2004 and was awarded 'fair with promising prospects', with the Council's method of reviewing recognised as good practice.

The Supporting People budget nationally was reduced from 1.8 billion in 2003/04 to £1.72 billion in 04/05 and an expected cut of £1.70 billion in 05/06. This amounts to a real terms decrease. The Government is also starting to redistribute the funding away from the south to the north of the country and, away from councils, such as West Berkshire, which did well in the initial funding. This means that West Berkshire Council faces a steadily decreasing allocation of budget for the next three years, and possibly beyond, with our budget for 2005/06 will be reduced by 7.5%.

The Housing Act (2004) aims to modernise the human habitation definition for the fitness of homes, and introduces licensing schemes for managing living conditions in Houses in Multiple Occupation (HMOs), house seller information packs and curbs on abuses of the Right to Buy schemes.

Part 2 of the Housing Act introduces the mandatory licensing of houses in multiple occupation (HMOs). The aim of the licensing regime is to provide greater protection to the health, safety and welfare of the occupants of this type of property. Licensing should secure a reduction in death and injury from fire and other health and safety hazards, ensure adequate provision of amenities and, more generally, address poor management practices.

Community Care & Housing Services in West Berkshire 2004 - 2007

What does the local and national context mean for the delivery and development of our services over the next three years?

Vision:

'People who are frail, vulnerable or at risk of social exclusion will be able to access services which will promote and restore health and well being, help them to remain independent, will protect them from harm and enable them to participate as full members of our community.'

Putting this into practice, our key themes will be:

- Promoting Independence and Protecting Vulnerable People
- Social Inclusion
- Increasing the provision of homes that are affordable to those on low incomes
- Performance Improvement and ensuring quality services
- Supporting staff to develop skills and competencies to manage change
- Building capacity through working in effective partnerships

These key themes also reflect the Council's Corporate Priorities.

Key Theme: Promoting Independence

What are the issues?

Promoting Independence for Older People -

Demographic change both nationally and locally shows that people are generally healthier, and are living longer, with a consequent increase in the numbers of older people and in particular of very elderly people as a proportion of the total population. People are more likely to have long and active retirement. However, it may also mean that when older people require support and care they are likely to be more frail either physically or mentally.

The largest group of adult users of social care services is people aged 65 and over. Within that group, those aged 85+ make up nearly half of all older people relying on care or support from the council. We have over 3,000 service users at any one time, of whom over 700 are in receipt of home care, around 275 are in residential or nursing home care and the remainder receiving care management, day care, equipment or other services.

Our primary aim is to provide a sufficient level of quality domiciliary supports to help older people stay at home, where that is both their wish and it is appropriate to do so. The Council's Public Service Agreement (PSA) includes a specific target for helping more older people to be supported to live in their own home. Although it is likely that a number of people will continue to need the level of care and protection only available in a residential/nursing home setting, the council is also looking to extend the range of supports it is able to provide - and so increase the choices available to people - through the provision of extra care sheltered housing as an alternative to residential care.

Reducing the numbers of delayed transfers of care from hospital continues to be a primary focus - ensuring that older people receive the right care in the right place at the right time - additional targeted resources have helped to ease this position, although associated issues, such as lack of capacity in the residential and nursing home sector locally, and similar capacity issues in community services - due for example to difficulties in recruiting home care staff, require further attention.

The cost of nursing home beds is high and is a cause for concern we share with other authorities in the South East.

What is our key objective?

To provide services for older people which promote and support independence, and provide care for those who are most vulnerable and potentially at risk.

What are we already doing?

Some activities already in place include:

- **Expansion of home care**

In 2003/04 we increased the numbers of clients receiving a home care service by 11% at the end of March 2004. Between April 2004 and December 2004, the numbers of people receiving home care increased by a further 5%. Duration of home care calls also increased, with a reduction in 15-minute calls, and more calls lasting for over half an hour, in line with the needs of service users.

- **Delayed transfers**

We have seen a significant and sustained reduction in the numbers of delayed transfers from an average of over 22 at the end of 2002, down to less than 10 by

the end of 2003, and further down to between 0 and 2 people per week by late 2004. The work of the Intermediate Care team has been instrumental in providing services to minimise delays in discharge from acute hospitals.

- **Intermediate care**

The Intermediate Care Team is established jointly with the Newbury and Community Primary Care Trust to prevent hospital admission and to facilitate hospital discharge. It provides rehabilitation to hospital patients, in residential care and in the individual's home, aiming to improve the individual's abilities to manage independently.

- **Capacity planning**

We are reviewing how we can meet the demands of an ageing population by investigating a range of alternatives to residential care, including the introduction of sheltered housing with home care support and an expansion of intensive home care.

- **Community meals**

We have contracted a new hot meals service (Apetito) in order to achieve a 7-day a week service across the district.

- **Elderly Mentally Infirm Users**

We have extended weekend day care services for Elderly Mentally Infirm users, arranged specialist training for residential staff working with this group and developed home care expertise with people suffering from dementia.

What will we do in the next three years?

- Help more Older people to Live at Home
 - linked to the corporate plan priority, this will be partly delivered by directing additional resources to domiciliary care and increasing the numbers of people offered a high-intensity package (more than 10 hours per week, comprising 5 visits or more).
 - We are also seeking to shift away from a residential model to extra-care supported housing, and to extend our rehabilitation services to ensure that as many older people as possible are helped to return home from hospital.
 - We have achieved our target of increasing the numbers of older people supported intensively to live at home to 30% of the total being supported intensively by Community Care services at home or in residential care.

- Prevention
 - linked to our Public Service Agreement targets and the Supporting People programme, this is about providing lower levels of support and identifying problems earlier, combined with an extension of day care and respite opportunities investing in Anchor staying put (small repairs in the home service) and increased help for carers.
- Partnership working
 - integration of services with our Health partners towards seamless care delivery. This will include the further alignment of services at a number of different levels including senior management, Care Managers with GP practices, an extension to the number of services which are jointly funded or which have pooled budgets and the development of housing options for older people in conjunction with housing associations. Joint training opportunities and development of generic care assistants working across Health and Social Care will further streamline care provision.
- Protection of the most vulnerable
 - which includes the development of 24 hour, 7 days a week services, rapid response for emergencies and crisis cover as well as the identification and screening of over 75's likely to be at risk and a review of Adult Protection procedures.
- Building Capacity
 - continue to expand home care service and offer more hours of support in the home.
 - provision of housing with 24 hour care on site for OP with EMTT
 - increased residential rehabilitation for individuals being discharged from hospital and requiring a short-term higher level of support.
 - review of days services and focus on specific needs - rehabilitation and dementia.
 - progress development of EMTT nursing home in Newbury with 60 beds
 - contract 16 beds in a new nursing home in Reading for dementia and elder frail.
- Performance improvement
 - focussed particularly on extending user involvement in service planning, revising procedures and performance management and appraisal systems, undertaking regular practice audits and developing workforce planning strategies.

Promoting Independence for People with Learning Disabilities

What are the issues?

There are just under 400 adults with a learning disability using our services at any one time. Our strategy for the development and provision of services is based on the Valuing People framework, which has the key objectives:

- To enable people with learning disabilities and their families to have greater choice and control over where and how they live;
- To enable people with learning disabilities to lead full and purposeful lives within their community and to develop a range of friendships, activities and relationships.
- To ensure that people with a learning disability enjoy the same rights as the rest of the population

The Corporate Priorities of promoting independence, reducing social exclusion and delivering affordable housing underpin this strategy. The Council has a local target for Learning Disability services as part of its Public Service Agreement. This looks to stretch targets for the delivery of supported living, employment opportunities and the extension of direct payments.

What is our key objective?

To work with partner agencies and organisations to implement local *Valuing People* strategies to that will enable more people with a learning disability to have choice and control over where and how they live, and to ensure the inclusion of people with a learning disability as part of the West Berkshire community.

What are we already doing?

- **Supported Living**

We have achieved significant success in this area, with 77 new tenancies being created since 1st January and 94% of tenancies being maintained for more than one year. This has been progressed through close co-operation and good joint working between Community Care staff, the Housing and Supporting People teams, and local housing associations. Many people, who would otherwise have remained in institutional or residential care, have been empowered to try independent living, including several for whom it was not thought possible initially.

- **Day Opportunities**

The need to revitalise day opportunities has been a pressing one. A Development Manager was appointed in November 2002 to oversee the transition from a traditional model of service to one fit for the 21st Century. The service has been refocused with a new emphasis on learning and development and plans are underway to develop a much wider range of day activities in the future. This will be further facilitated by the development of a new Resource Centre to replace the existing day centre as part of the Council's Capital Programme.

A successful day service is now operating at Greenfield House in Calcot meeting the needs of service users living in the east of the District. Greenfield House has potential to provide further services across all client groups.

- **Employment**

We have already expanded a number of supported employment projects in conjunction with a number of different partners, including Thrive and Rangers, and appointed job coaches to facilitate a move into the workplace. There are currently 121 users of learning disability services in a range of work placements, from one to one job coaching, through distant support and paid employment.

For example: Service users have set up ROAR - an urban and woodland regeneration project - in conjunction with the Ramblers association, to clear public rights of way and common land areas; the Cottismore Garden Centre is a joint business/education venture between Community Care and Newbury College, providing work and learning opportunities to national qualification standard.

Further development will be possible within the Mencap led Link-up Project, based at New Greenham Park, where a new centre is planned.

- **Leisure**

Leisure opportunities have also been developed in collaboration with Mencap and within the Phoenix Respite service. The new Resource Centre will provide an excellent environment to develop arts and drama activities.

- **Respite services**

The opening of the new respite bungalow, Baily Thomas House, has boosted respite capacity. A partnership has been established with Mencap, who funded the building, and Owl Housing, who provide the care service. An outreach respite service has also been established in response to requests from carers, funded through the Carer's Grant. The need to ensure appropriate support for carers, alongside comprehensive information about the future direction of service modernisation, has remained on primary focus.

- **Public Education**

The wider education of the public on learning disability issues is also being addressed through media and arts projects. New Greenham Arts staged "Does He Take Sugar" during 2003, a drama and music project portraying some of society's prejudices towards disabled people. Learning disabled users played an active role in the production, countering many of the myths and stereotypes about people's abilities.

At the end of last year service users took part in making a film about what having a learning disability means, the effect it has had on their lives and what the future could hold if they were embraced by society. This was launched early in 2004, accompanied by a DVD and book release. The film has been warmly received and is to be used by the Education Department and for Police training.

- **Advocacy**

Self-advocacy groups have been established and expanded over the past 12 months, and Mencap have offered training support to help users participate fully. The *It's My Life* self-advocacy group consists of three inter-linked groups. They consult with a wide range of service users over modernisation and change, gather information and feedback into learning disability services and the Learning Disability Partnership Board.

What will we do in the next three years?

- **Supported Living**

Although we have exceeded the original target for new tenancies we will continue to work with tenants, housing associations and support agencies, to ensure that tenancies are maintained beyond one year².

- **Day Opportunities**

The Modernisation of Day Services Strategy has been developed as a local tool to be used by commissioners and all key partners to bring about change. This strategy is about how we move from a building based service led model to a needs led approach that supports people in their local communities. In this context, day services are undergoing an evolutionary change, which involves the gradual replacement of day centre based services by the systematic development of alternative day opportunities. Key to this change is the re-provision of Newbury Day Centre, which along with Greenfield House will create resource centres that will act as hubs for all day opportunities.

² We have already exceeded part of our PSA target in getting over 64 tenancies in place and are now working to ensure we meet the remaining part of the PSA target, which is to ensure 90% of the tenancies are maintained beyond one year.

- **Employment**

We have already exceeded our Public Service Agreement target of 97 people engaged in valued occupation, work and employment by 2005/06 as there are currently 121 people placed (September 2004). We will continue to take a proactive approach to this area, ensuring that people with a learning disability can:

- achieve inclusion in ordinary work settings;
- find jobs which offer the same pay and terms and conditions as other employees doing comparable work;
- find the necessary support to function in the workplace
- assist those with severe and complex disabilities to find work and provide ongoing support as required.

These aims will be supported by the partnership project, Pathways to Employment.

- **Lifelong Learning**

The role of education is crucial in modernising day services through providing vocational and work related training opportunities. We work closely in liaison with Newbury College and are developing several joint projects to deliver learning goals or accreditation. For example, last summer Newbury College ran its first summer workshop in partnership with learning disability day opportunities, called the Rose Tinted Theatre Company and which is supported by the European Social Fund.

- **Health**

In collaboration with NHS colleagues will be focusing on health improvements and improving access to health care services for people with a learning disability

- **Service User and Carer Empowerment**

We will continue to create opportunities for our service users and family carers to influence strategic direction and become an integral part of service development.

<p><i>Promoting Independence for people with mental health problems</i></p>

What are the issues?

This is an area where joint working between the Council and its Health partners needs to be particularly strong, to prevent crises, manage risk and provide appropriate care quickly to ensure the safety of individual users and those around them.

A National Service Framework (NSF) for mental health services sets down standards required for service availability, good practice and new developments. The NSF is implemented by a Local Implementation Team (LIT) and progress

monitored by the Thames Valley Strategic Health Authority on behalf of the Department of Health.

National targets relate to the development of assertive outreach, crisis reduction and early intervention services for those in acute phases of their illness. These are to be complemented by support for people to live at home, use of Direct Payments, help for carers and better access to information and advocacy. We are making good progress in relation to most of these areas, with some further work still to do in relation to early intervention.

Local services have experienced some difficulties since April 2003 as a result of the financial problems facing the Berkshire Healthcare Trust, which provides Mental Health services across Berkshire. The Trust was required to achieve a significant level of savings, in order to reach a balanced position for 2004/05, this has had a significant impact on community services locally and resulted in changes in services operating across localities. The Council will need to work closely with other partners to ensure that the development of community-based services continues.

What are our key objectives?

The Council's strategy for mental health services, underpinned by the corporate priorities of promoting independence, reducing social exclusion and delivering affordable housing, encompasses:-

Implementation of the NSF targets alongside local priorities, focussing on the provision of respite and crisis accommodation locally in order to build an effective infrastructure of community based services.

Ensuring efficient use of beds and other hospital based services in the new Prospect Park hospital, complemented by the provision of appropriate crisis and respite services locally.

Ensuring smooth transfer to CMHT and the day services from their current base at George House to the new base on the site of the West Berkshire Hospital.

Ensuring the active and sustainable development of all of our 250 users and their carers at all stages and levels of planning at service delivery.

What are we already doing?

- **Integration**

In the past year, we have achieved further integration of health and social care staff and achieved a single point of referral for all mental health services, aided by a significant increase in the provision of ICT equipment which has allowed the sharing of records for new referrals.

- **Assertive Outreach**

Needs assessment work indicates that there are approximately 25 people with severe and enduring mental health problems who require assertive outreach services at any one time. We have therefore recruited two Assertive Outreach workers to the Community Mental Health Team, who will provide a specialist service to people with this level of needs.

- **Crisis response**

Crisis response services are jointly funded locally, with the aim of providing an initial response, rapid assessment and short-term intervention. There is now provision for people to access mental health services 24 hours a day, 7 days a week, with access to a Newbury based service until 9 p.m., and then to one covering the West of Berkshire from 9 p.m. to 9 a.m.

- **Respite services**

Additional respite services to ensure that carers have a break have been made available with additional funding. We have set up a well-publicised information guide which is available on-line, and have established good links with community groups who may identify unmet need among their service users.

What will we do in the next three years?

- **Integration**

During the coming year we hope to finalise plans to move a number of services on to the new West Berkshire hospital site at Turnpike, which will have the advantage of bringing services together and strengthening professional groupings.

- **RESOURCE**

RESOURCE - a non statutory organisation currently operating in Reading - will be setting up a service in Newbury during 2004/05 which will promote a much needed focus for day opportunities and access to work for those with mental health problems in Newbury Town Centre.

- **Crisis response**

We will be seeking through partnership with a housing association to develop locally based crisis accommodation, outside of a hospital environment

- **Performance improvement**

Recruitment and retention of staff in this area is very challenging, workloads are high and continued focus needs to be given to supervision, support and training of staff.

- **Early intervention in Psychosis**

We will be offering a service to those suffering with first onset psychosis in the age range of 14-35 within a specialist early intervention team. This meets the national targets set by government for this service and will be monitored by SHA

- **Home treatment team**

There will be a development of a home treatment team to work alongside the crisis team in offering an alternative to admissions service for those people going through a crisis. The team will develop short term care packages and work closely with day services

- **Older peoples services**

The older peoples services will benefit from the developments of a home treatment team as a result of additional funding from the 3 west of Berkshire PCTs. Recruitment into new posts will give additional consultant cover for west Berkshire and additional nursing, occupational therapy and social work staff

<p><i>Promoting Independence for people with physical and sensory disabilities</i></p>
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What are the issues?

Once again, the corporate priorities of promoting independence, reducing social exclusion and increasing the provision of affordable housing are key to the delivery of services for this user group.

A Physical Disability Strategy Group oversees a change programme, working with housing colleagues to deliver supported living objectives and with other corporate and community partners to implement the Pathways to Employment programme.

What are our key objectives?

To increase the numbers of people with a physical disability helped to live at home
To ensure inclusion of people with a physical disability in the West Berkshire community

What are we already doing?

- **Specialist Team**

A small, specialist Physical Disability Team has been established, working out of Greenfield House in Tilehurst. This team has been very successful in case managing the more complex cases, and has included a specialist MS worker part-funded with the Multiple Sclerosis Society locally.

- **Supported Living**

The Supporting People programme has delivered a number of benefits, allowing users to move into their own supported accommodation, some of who have transferred from nursing home placements.

- **Day Opportunities**

The Ormonde Day Centre is now based on the new College site and continues to offer a highly valued service. The installation of Empower IT facilities, as part of the Council's successful funding bid, has proved very popular. Work placement schemes are being piloted within the authority and outside it and a number of people have been supported into employment during the past year. Ormonde Centre users have started a very successful lunchtime sandwich business at the Waterside Centre in Newbury, where a popular drop-in service has also been established on Tuesdays and Saturdays. During the past year the Ormonde Centre has expanded to provide a service 2 days a week at Greenfield House to better meet the needs of service users from the east of the district.

- **Equipment and adaptations**

Equipment and adaptations services are key to promote independence for people with physical disabilities and our high standards of performance in relation to the speedy delivery of equipment continue through involvement in the Berkshire partnership arrangement with Royal Berkshire Ambulance Trust. The national target of increasing the number of people benefiting from Community Equipment by 50% in the three years up to April 2004 was achieved, and the number benefiting continues to grow. Problems regarding the funding for adaptations work through Disabled Facilities Grants has improved following over the last 12 months. Resourcing of DFGs remains a crucial component of our strategies to promote independence and reduce social exclusion and continues to be carefully monitored.

- **Direct Payments**

A key element of promoting independence is facilitating the use of direct payments. The Direct Payment Support Service is now established and the provider, the Kingsley Organisation, was successful late in 2004 in obtaining Development Funding of £105,000 from the Department of Health to enable us to expand direct payments in West Berkshire over the next 18 months.

What will we do in the next three years?

- **Helping People to Live at Home**

We aim to increase the numbers of people with a physical disability helped to live at home by at least 17%.

- **Direct Payments**

There are currently 43 people in receipt of Direct Payments (as at Dec 04). We aim to increase this to 110 by 2007.

- **Review of Disability Services**

We will be reviewing Disability Services to ensure the most effective use of resources to support the promotion of independence; expansion of opportunities for people with a physical disability and ensure equality of access to services across the district.

- **Independent Living Fund**

We aim to increase take up of the Independent Living Fund by people with a physical disability to support independent living.

Promoting Independence *through supporting Carers*

What are the issues?

Informal carers provide support and care for many vulnerable and disabled people in our society and their value has been made more explicit since the late 1990's. Government grants have enabled the development of a number of carer-related services, and carers' strategies are now required from all Councils. We currently have 700 people on our carers database and we are aware of the need to reconcile the 700 Carers on database with the figure of 2,850 from the Census data, who provide 20 hours or more unpaid care, in any one week

Young carers can be particularly hard to reach, but need support in their caring role as well as in ensuring they can access the same opportunities as other young people.

The Council has a statutory responsibility to ensure that all carers of people for whom we are providing a service are offered a Carer Assessment of their own needs, regardless of whether the person they care for has had an assessment or wants one themselves.

What are our objectives?

Our basic principle is that Carers are the main providers of care in the community, and that we will enable them to provide care or to continue to do so for as long as they and the cared-for wishes. We will actively involve individuals and their carers in planning and evaluating services to meet their needs. We will do this in partnership with all local agencies.

The "Joint Plan for Carers in West Berkshire 2002 - 2005" identifies the following objectives.

1. To recognise and value carers by raising the profile of carers and encouraging hidden carers to become visible. This includes finding Young Carers, who might care for parents or family friends.
2. To provide carers with full, clear and up to date information about services from all agencies.
3. To assess carers needs.
4. To consult and involve carers in policies, plans and developments in health and social care.
5. To provide breaks from caring.
6. To support and guide carers
7. To give a choice of quality services.
8. To offer carers equal opportunities of access to services they need.

What are we already doing?

- By finding Carers through targeted publicity and rural outreach, registration with GPs and the annual Carers' Week, we aim to increase the number of carers we are in contact with and ensure that they are receiving the help and services they need.
- Through use of the Carers Grant we provide support and services to improve the situation for carers. We work closely with the West Berkshire Carers Forum and other groups to consult on the use of the Carers Grant

Examples of services provided through the Carers Grant include:-

- Breaks for Carers by Crossroads
- Community Support services for carers of people with dementia by Crossroads
- Family advice, clubs and activities for people with a learning disability by Mencap
- Advice and representation for carers via CAB
- Training for carers of people with dementia by the Alzheimers Disease Society
- Carers support service by Princess Royal Trust
- Drop-in service to support carers of people with learning disabilities
- Support for carers of young people with dementia
- Breaks for parent carers by providing activities for children (4 schemes - Crossroads, Mencap, Dingley and PALS)
- Young Carers Support Service
- Emergency Out of Hours Service/ Rapid Response Service

What will we do in the next three years?

- User/Carer Involvement Strategy

We are developing a strategy in consultation with stakeholders and partners to ensure a consistent approach to the involvement of users and carers in the planning, development and monitoring of services, also in recruitment and training of staff. A User/Carer Development Officer is now working with stakeholders to actively take these plans forward.

Specific services that carers have asked to see developed include:

- Rural services for those whose access to the urban areas is difficult
- Recognition and help towards the 'extra' expenses of caring
- Provision for broader spectrum of activities for 12-60 year olds in respite situations
- A respite service for carers of younger people with dementia
- Joint activities for carers and cared for to enjoy together
- Carers identity cards

We will work with the Carers Forum to prioritise these and other areas for funding from the Carers Grant.

Promoting Independence by Protecting Vulnerable Adults

What are the issues?

Vulnerable adults need an effective multi- agency system to protect them from abuse. This is also a national requirement of the " No Secrets " guidance.

In West Berkshire therefore we need to ensure that our local procedures are effective and that we work with other agencies as part of the West of Berkshire Adult protection Committee to ensure that all relevant agencies are aware of and use the procedures.

What are our objectives?

To ensure that all vulnerable adults are protected from abuse by:

- Providing a good local process for dealing with issues of adult protection.
- Providing training for all West Berkshire staff who work with vulnerable adults
- Engaging with other organisations to develop awareness of adult protection and to assist in helping their staff to access training.
- Working at a strategic level via the Adult Protection Committee to ensure there is a consistent response to vulnerable adults across all agencies in the West of Berkshire.

What are we already doing?

Since the first publication of this Plan in March 2004 we have reviewed the procedures and processes in West Berkshire to ensure that they are effectively protecting vulnerable adults from abuse.

We will continue to provide an adult protection co-ordinator to oversee the local process, provide advice to all professionals who have concerns about a vulnerable adult, and to collate and monitor information.

We have recently undertake a comprehensive review of local training in adult protection. Level One training has now been adapted to a half day session to attract local providers and this service is being taken out to them as requested.

What will we do in the next three years?

- Continue to review training needs.
- Continue to promote the development and training in adult protection across all agencies locally.

Promoting Independence *through direct payments*

What are the issues?

Since April 2003 Councils have had a duty to offer users the funding, through direct payments, to purchase care for their assessed care needs, as an alternative to Community Care directly arranging social care services on their behalf. This is based on the principle that giving service users money instead of services to meet assessed needs will enhance their choice and control. The development of the scheme has been variable and the provision varies greatly between authorities, with the majority of councils having fewer than 50 service users in receipt of direct payments.

Direct Payments are used in various ways. For example, here in West Berkshire a number of people use direct payments to arrange and pay for their respite care independently, one young man with a learning disability pays for his own day time activities as an alternative to Newbury Day Centre and for short breaks, and there are two people with severe physical disabilities who have direct payments and Independent Living Funding to pay for 24 hour care which enables them to live independently in their own homes.

What are we already doing?

West Berkshire Council has been continually promoting direct payments and our progress, reported under PAF C51³ indicator, indicates steady progress, with the Council performance currently rated 3 Star. We are also on well on track to meet PSA target, due to report in March 2006, of ensuring 9 people with learning disabilities receive direct payments.

In West Berkshire as at December 2004 there were 43 service users in receipt of direct payments. This is broken down as follows:

Physical Disability (18-64)	=	24
Learning Disability (18-64)	=	6
Mental Health (18-64)	=	0
Older People (65+)	=	12
Other (18-64)	=	1
Total Direct Payment Users	=	43

In August 2003 we signed a three year agreement with the Kingsley Centre, a voluntary sector partner, to provide the Direct Payments Support Scheme. This contract runs to July 2006.

Following the first annual review of the Direct Payments Support Scheme in August 2004, there has been further training of staff in Direct Payments, with further information for staff and targeted training at both front-line staff and team managers taking place during Spring 2005.

The initial contract for 2003/04 was for £12,000, with the requirement for Kingsley to facilitate 25 people onto direct payments. The contract price has been increased to £25,000 this year, to enable Kingsley to recruit a full time support worker to support an increased number of users.

What will we do over the next 3 years?

Community Care and Housing are committed to significantly extending the Direct Payments scheme over the next 3 years.

In partnership with Kingsley, we have made a successful bid to the Direct Payments Development Fund for additional funding. The Department of Health has awarded £105499 to the Kingsley Centre which will enable considerable expansion and promotion of the scheme.

³ PAF C51 defined as the number of adults and older people receiving direct payments at 31st March per 100,000 population aged 18 or over (age standardised).

There is a designated senior lead and Project Board to steer and deliver key tasks; a key part of the project plan is to roll out further training and support through information on the processes of Direct Payments, focusing specifically on each different client group.

The current increase in take up is likely to result in a total of 55 Direct Payments users by March 2005. The level of take up will need to double in the forthcoming year, with particular focus on increasing take up amongst older people, and introducing Direct Payments to users of Mental Health services.

One of the targets for the Public Service Agreement for promoting independence amongst people with Learning Disabilities is to achieve 9 service users with Learning Disabilities in receipt of Direct Payments by March 2006. As at December 2004 we have 6 Direct Payments receipts amongst this client group, so are making good progress towards this target.



Key Theme: Social Inclusion

What are the issues?

West Berkshire, with its generally high levels of affluence and areas of outstanding national beauty can mask pockets of real deprivation and exclusion. This general picture of an attractive, wealthy district only adds to the sense of isolation for those experiencing problems.

West Berkshire Council is committed to ensuring that all citizens, whatever their circumstances, can play as full a part as they would wish in their community. We therefore have a specific corporate priority to work with our partners to reduce the effects of social exclusion and develop more inclusive communities.

All Council services have a part to play in this objective, as many of the issues are inter-linked, e.g.: unemployment; low income; poor skills; poor housing; poor health; transport; community safety; family breakdown.

What are our key objectives?

Community Care and Housing work directly with many of the people who are most at risk of social exclusion in West Berkshire.

We play an active part in the Council's corporate programme group for inclusion and actions are detailed in the Council's plan for this priority. Our key objectives can be summarised as:-

- To ensure that our services are inclusive and that all people who are frail or vulnerable feel able to access them.
- To ensure that users and carers can participate in all aspects of planning, delivery and quality monitoring of our services.
- To work with partners across the Council and in the wider community to ensure that service users are able to access the facilities they need and wish to use.

Much of our activity links with social inclusion. Some specific actions are highlighted below:

What are we already doing?

- **User/Carer Involvement**

We actively involve users and carers in planning of services and individual care decisions. We are developing our user/carers participation and involvement strategy

to ensure a more inclusive approach. This is being supported by the development of self-advocacy and training.

- **Black and Ethnic Minorities**

We recognise that people may be discriminated against because of their race, ethnicity or nationality. Due to the minority numbers, across such a large district, there is the potential for people from these groups to feel disproportionately isolated and it can be difficult to make contact with them due to lack of representative groups. We are working with the Council's Equalities Working Group to take steps to overcome these issues and to set up consultation mechanisms.

We have commissioned an outside organisation with expertise in race equality to undertake an audit of our services to people from ethnic minorities, and the perceptions people from ethnic minorities have about our services.

We are maintaining and updating our information about local community support networks and contacts with ethnic minorities.

We provide mandatory 'Working with Diversity' training for all our managers and staff, and have commissioned further training on specifically on improving our services for people from ethnic minorities.

We inform people of the availability of public documents in different languages and have access to a Language Line translation service.

- **Pathways to Employment (P2E)**

P2E is a partnership programme which aims to bring together employers and voluntary organisations to make sure everyone has access to work through a range of information, training and supported employment opportunities.

Community Care has piloted many innovative approaches to ensuring that vulnerable and excluded people have opportunities for training and employment, some of which have been listed in the previous section on 'Promoting Independence'.

We have appointed a work placement co-ordinator to oversee work opportunities within our service area.

- **Income Maximisation**

The Welfare Benefits Team ensure that clients receive their full benefits entitlements., for example, the team have helped people to claim an additional £320 k in benefits during 2003/04, and for 2004/05 an additional £250K in benefits, with this figure expected to increase once all outstanding claims have been finalised.

- **Community Safety**

We have worked with the West Berkshire Drugs and Alcohol Action team (DAAT) to establish services for people with substance misuse problems including an outreach service, working in rural areas and structured day care programmes, working with people on Drug Testing & Treatment Orders.

- **Access to Leisure and Social Facilities/Lifelong Learning**

Our strategy is increasingly to move away from building based day opportunities towards an approach which links users with mainstream services in the community.

Current examples include:-

- We continue to fund the 'Keeping Active' programme for older people, which is now in its fourth year, with Newbury College providing very popular classes in residential homes and day centres, in partnership with Adult and Community Learning.
- The E-mpower Project was funded through the DfES Lotteries Fund to equip a range of community, day and residential services across West Berkshire in order to provide free access to IT for leisure and learning for socially excluded people.

What will we do in the next three years?

- **User/Carer Involvement**

A User/Carer Development Officer has recently been appointed to help us develop a more comprehensive User/Carer Involvement Strategy. There are already good practice examples in place, but we need to ensure that these are learnt from and linked into a more holistic approach.

Systematic user and carer involvement will be an important component of our Quality Assurance Framework for Community Care and Housing.

Community Care and Housing have led on a corporate project with Council partners to compile a West Berkshire District Profile, which brings together quantitative data about the district to facilitate a closer understanding of local needs. This will be used alongside qualitative information from user/carers consultation to inform commissioning plans.

- **Black and Ethnic Minorities**

We will complete an equalities impact assessment, and an equalities action plan for improvement, based on the findings of an audit of ethnic minority service users, being commissioned from Reading CRE.

In liaison with the Corporate Equalities Working Group we will establish a forum with representatives from black and ethnic minority groups for consultation and communication.

- **Public Health**

Promoting healthy lifestyles plays a key part in well being. We will work with the Directors of Public Health to ensure that socially excluded and hard to reach groups have access to the same services and screening facilities as the rest of the West Berkshire community.

- **Pathways to Employment (P2E)**

We will work through the P2E partnership to raise awareness of the programme amongst local employers and employees. This will be facilitated via a number of approaches, including the development of the P2E Website (P2E.org.uk); awareness raising events; and our newly appointed P2E Co-ordinator working with the Job Centre, employers and potential employees.

- **Access to Leisure and Social Facilities/Lifelong Learning**

We will implement and promote our day opportunities strategy, to ensure that users of our services access mainstream and community facilities whenever possible.

Key Theme: Increasing the provision of homes that are affordable to those on low incomes

What are the issues?

West Berkshire is a district of almost 145,000 people, with the majority living to the west of Reading and in the towns of Newbury, Hungerford, and Thatcham. Seventy four per cent of the District is designated as an Area of Outstanding Natural Beauty (AONB), with the purpose being to conserve and enhance the natural beauty of the area. West Berkshire faces many of the common housing difficulties of the rest of the Thames Valley and the South East, but it also has to deliver a housing strategy which reflects the geographic diversity of the district and varying needs.

Housing is a critical strategic concern of our high accommodation costs. Although the housing difficulties of West Berkshire are typical of the experience in the Thames Valley, the District has seen house prices rise by almost twice that of the rest of the South East and are over 60% higher than the average across England and Wales. This has resulted in a shortage of affordable homes for local people, including key public and private sector workers, many of whom are 'priced out' of the local housing market. It effects both residents and those wishing to move to the District. This, coupled with the short supply of starter homes, causes problems for local recruitment and the retention of staff. The affordability gap has exacerbated problems for key workers.

In 2003/04 the Council accepted a statutory duty to rehouse 262 of the 370 households who applied as homeless. It is anticipated that the figures will rise over the next five years as a result of increased statutory duties to rehouse homeless young people, ex-offenders and victims of violence. The extent of rural homelessness is unclear but 25% of all applications during came from rural areas. The challenge facing the council is to provide applicants from rural areas accommodation in their area in time to coincide with their actual homelessness.

Many of these homeless households have been through a traumatic time prior to presenting as homeless and many have to be placed in temporary accommodation prior to permanent rehousing. Increasing numbers of homeless households are vulnerable and require other support in addition to temporary accommodation.

The Council's role is to enable the various providers of housing to meeting local needs. In order to meet local need and offer real choice we will promote effective partnerships and work towards integrating the delivery of services.

The key characteristics of the district which influence our strategy are the important urban and rural influences; the overall prosperity with the underlying pockets of deprivation; and the high levels of employment with a shortage of housing for many people who work in the area.

What is our key objective?

Our primary objective is that, through partnership working, we can extend the range of housing options to ensure everyone has access to adequate affordable housing, whether owned or rented.

We are working to create places where people want to live, and where people will continue to live. To meet this objective we recognise the need to:

- Address immediate and urgent needs for more affordable housing.
- Address the housing needs for rural communities.
- Prevent homelessness.
- Facilitate the provision of decent homes for tenants in both the affordable and private sectors and ensure that all tenants, social and private, get an excellent service from their landlord.
- Improve housing conditions for vulnerable people across all tenures and ensure that they can receive the support they may need to live as independently as possible.
- Ensure that all our communities are sustainable and have a clean, safe and attractive environment.

What are we already doing?

In light of significant changes to the funding regime for affordable housing and current pressures, we have taken the opportunity to completely revise the housing strategy. This will inform our approach over the next five years as how best to increase the number of affordable houses and increase and improve supported housing services for those most vulnerable.

Our housing strategy sets out how resources will be utilised and how best to influence the work of other statutory and voluntary agencies. It is an evolving process and contains a clear action plan so that performance can be monitored and improved.

During 2004 - 2005 an estimated 190 affordable houses will have been provided. Supported housing has benefited by the Council securing an exceptionally high Supporting People Grant of £6.2 million. This has enabled us to set up new services to support people at home with mental health problems, dementia, physical disabilities, learning disabilities, and preventative support for older people. The Supporting People Programme is also providing extra support for families in temporary accommodation and other people whose tenancies may be at risk, in line with our objective to prevent homelessness.

In order to build on our enabling and strategic achievements, the Council is investing in additional resources. A Housing Strategy Manager has been appointed to oversee the housing action plan and, a Housing Enabling Officer has been appointed to work closely with developers and planners to resolve technical issues.

The council also established a Planning Task Group which resulted in the adoption of new supplementary planning guidance, to meet local needs. A Housing Task Group, focusing on how to maximise the appropriate provision of affordable homes, is due to report in March 2005.

Following our homelessness review, a five-year strategy geared to addressing homelessness has been developed. Recognising the important part the Housing Register plays in preventing homelessness, we have undertaken extensive consultation to develop a Common Housing Register. This was implemented in partnership with Sovereign Housing in September 2004. It provides a single point of access for those needing affordable housing and stand alone as a means to deliver a more effective, equal and open service.

The Council is currently surveying all its temporary accommodation with aim of improving the standard and increasing the supply temporary accommodation, particularly in the East of the District, where the need is greatest.

Due to the withdrawal of the Local Authority Social Housing Grant (LASHG), which previously funded disabled adaptations to local housing associations stock, there has been increased pressure on the Council's Disabilities Facilities Grant (DFG) budget. Both the DFG and the Housing Renovation Grant and the successor to the Home Repair Assistance Grant are being reviewed. However, despite increasing demand, the budget has been capped at £540,000 for each of the next five years, excluding the Government subsidy, which for 2005/6 is £264,000. A further £100,000 has been allocated for Home Repair Assistance grants and £115,000 for Renovation Grants.

What will we do in the next three years?

Following the introduction of the Common Housing Register, we aim to introduce a choice based letting scheme. This will provide a greater opportunity for applicants

to input their needs and demands, increase their role in deciding where they wish to live and when they want to move. It is anticipated the current points system will be replaced by a simpler, more transparent, band system, where competing bids for property will be determined initially on the needs band and then on date order.

Current partnership arrangements will be reviewed and extended to ensure the success of the choice based letting scheme. Further links with essential services, such as health and education will be developed to ensure homeless people are able to access key services.

As part of the strategy for delivering affordable housing and supporting living we will:

- review the arrangements for working with preferred RSL partners to ensure that our partners have the right mix of skills and expertise to deliver on the Council's housing priorities.
- negotiate with the Housing Corporation and central government for increased capital funding, both at a district and sub-regional level.
- explore whether the new prudential borrowing regime or the Private Finance Initiative (PFI) offer new opportunities for the capital funding of new affordable housing
- explore options to maximise the opportunities to increase numbers of affordable housing units through the planning and development process
- enable the provision of more new homes for rent and for shared ownership and set targets for the number of new units per year
- produce a Key Worker Strategy for West Berkshire through the partnership with Reading, Wokingham and Bracknell Forest Councils

We will also continue to improve the standard of council owned temporary accommodation and to ensure people move from temporary accommodation into permanent accommodation as soon as possible.

Although we now face a significant reduction in central government funding for Supporting People programme we will seek to ensure best value and strive to improve the quality of housing related support for vulnerable people. In May 2004 we were inspected by the Audit Commission, who rated our implementation of Supporting People overall as 'fair' with 'promising prospects for improvement'. We have developed a five year strategy for Supporting People, to be submitted to Government in March 2005. The Strategy states:

The fundamental aim of Supporting People in West Berkshire is to ensure high quality, cost effective housing related support services are available and delivered to the people who most need them.

Six key strategic objectives underpin this vision:

- Promoting Independence
- Social Inclusion
- Sustainable Communities
- Investment based on evidence of success
- Working in partnership (with service commissioners, service providers, service users)
- Value for Money

The Strategy includes a detailed action plan laying out what we will do to work towards our objectives.

We aim to build on our existing priorities listed below:

- Vulnerable Young People
- Substance Misuse
- Learning Disability
- Older People
- Floating Support Services
- Nomination and allocation agreements for move-on accommodation

Key Theme: Performance Improvement & Ensuring Quality Services

What are the issues?

A successful outcome for users of our services will be underpinned by a strong quality assurance framework. This framework links a number of the means by which we ensure that our services are timely, focussed, responsive, effective, offer a high standard of customer care and are equally accessible to all who need them.

We measure the effectiveness and quality of our services through a range of methods, including:

- user and carer consultation. Listening to what people have to say about their experience of us and using this to develop and plan services
- quality audits of different aspects of our services
- systematic reporting on targets and performance indicators via the Government's Performance Assessment Framework
- continuous review through management information bulletins and discussion
- quality assurance of our commissioned services as well as direct provision
- scrutiny by elected Members.

Within the quality assurance framework, this range of measurements and assessment sit alongside:

- providing clear information about our standards along with guidance on what to do if they are not met
- a responsive and accessible complaints process
- performance management which makes an explicit link between corporate priorities; service action plans and individual employee targets, as well as financial planning
- elements of practice, for social care staff and line managers to address through individual performance management on a routine basis
- focussed and effective training and development for staff and managers which supports and promotes continuous improvement
- the development of information sharing protocols with partner agencies, which ensure privacy for service users.

Systems to support these activities have been hindered by out-dated IT systems for client records, housing, finance and Human Resources. As a service area, Community Care is progressing plans to replace its client record system with an updated system capable of providing greater management information, as well as

meeting the Government's requirements on the introduction of an Electronic Social Care Record.

Community Care and Housing's quality assurance framework is developed and promoted within the broader Council's context of Comprehensive Performance Assessment, the Public Service Agreements and the Corporate Plan, which has Performance Improvement as one of its four main organisational development programmes.

What is our key objective?

To ensure successful outcomes for users and carers through developing and promoting a quality assurance framework. The quality assurance framework will aim to ensure that our services are timely, focussed, responsive, effective, offer a high standard of customer care and are equally accessible to all who need them.

What are we already doing?

- **User and Carer Consultation**

We are developing a participation and involvement strategy through user and carer forums; seeking to involve users and carers more proactively in the care management process and promoting user and carer representation on planning forums. This is supported by the development of self-advocacy and training to empower more service users to be involved.

Work is being done to produce a Joint Public Involvement Toolkit to be used across the Council and Health. Input has been encouraged from all areas of the two organisations, also from carers, users and voluntary organisations, to ensure that the Toolkit meets the needs of everyone. In addition, a Joint Public Involvement Policy is being produced.

- **Quality Audit**

We are improving and developing our rolling programme of quality audits to inform service development. To date work has included audits of staff supervision and appraisal process; home care standards; IT skills and case files. We have recruited a quality audit officer to lead this programme, and review work on improvements resulting from quality audits.

- **Performance Assessment Framework (PAF) reporting**

Management information bulletins (the Green Book) report on our progress against Government Performance Indicators. These are shared and discussed across management teams, service team meetings and with elected Members. We have established monthly discussions at key management meetings of the learning from the latest performance information.

- **Quality Assurance**

Our contracting process is supported by a programme of accreditation and regular monitoring of commissioned services, linked with National Care Standards Commission requirements.

- **Scrutiny**

Elected Members have set up specific scrutiny task groups to review and make recommendations on service delivery. Recent examples include scrutiny of affordable housing in the district and services for Older People.

- **Standards**

Our standards are set out and consulted upon through the publication and promotion of Better Care Higher Standards.

- **Public Liaison**

Our complaints process is supported and promoted by clear information for users and carers on how to access and use it. Quarterly and Annual reports recommend actions to be taken in learning from complaints.

Our public information strategy is regularly reviewed to ensure we have high quality, accessible information for users, carers and the general public.

- **Training and Development**

Following a review of our training function in 2002, a new structure and approach was implemented. This has resulted in a dynamic and focussed programme to deliver training within strategic priorities. The new team has enabled us to increase achievements for NVQ and other professional qualifications.

- **Elements of Practice**

There are a number of key overarching elements of practice which we are working to embed within the every day work of social care staff. The expectation is that these practitioners and line managers will address these through performance management on a routine basis:

- Practice that is open and transparent, engaging and involving the users and carers with whom we work;
- Practice based on evidence of what works; evidence gleaned from our practice as well as external research;
- Practice that makes outcomes explicit: every file should record the outcomes we are trying to achieve, agreed with users and carers;
- Practice that assesses and analyses risks, needs and strengths routinely and robustly;
- Practice that engages partnerships with other agencies.

In addition, routine quality assurance, through case file monitoring and audit activity will ensure high standards of practice, decision making and recording are sustained.

- **Information sharing**

We have worked through the Berkshire Caldicott Guardians group to agree a multi agency protocol for information sharing. The protocol has been developed within the broader context of relevant legislation including the Data Protection Act whilst taking into account the need to share information in a way which protects vulnerable adults and children and speeds up multi-agency responses to individuals.

A programme of mandatory training has been provided for staff across Community Care and Housing in Caldicott guidance and the Data Protection Act.

- **IT and Information for Social Care**

Implementation of the Information of Social Care programme has included improving access to personal computers and networking of sites; providing a programme of IT skills training; working with Corporate colleagues to develop a specification for the new client record system. The process of tendering for a supplier for the client record system was completed in January 2005, with the agreement on a preferred supplier, with whom a contract is being agreed. Work continues on the design and scope of the new system, together with a programme for migrating data from the old to new systems.

What will we do in the next three years?

- **Quality Assurance Framework**

The Quality Assurance Framework will be developed to reflect our increased partnership working with Health. We will aim to develop in shared performance and quality framework with Health partners.

- **Elements of Practice**

In line with our service modernisation programme we will prioritise the implementation of user focussed practice amongst teams.

- **IT systems**

The implementation of the new client record system is scheduled for 2006. This will take place alongside IT developments in HR, Finance and Housing.

- **User and Carer Involvement**

Training will be put in place exploring the use of the Joint Public Involvement Toolkit. This will enable present and new staff to continually think in terms of involving the public in any decision making process they undertake.

Key Theme: Supporting staff to develop skills and competencies to manage change

What are the issues?

Responsive and flexible services require a workforce who are equipped to work with and manage change. As we look towards the development of Care Trust models and increased partnership working, in both Community Care and Housing the need for managers and staff who are ready to respond to changes in structures and delivery of services is paramount.

Alongside this reality is the nationally experienced problem of recruitment to the social care workforce. In West Berkshire there are particular difficulties in recruitment to home care and residential services.

New Government initiatives, such as the degree-level qualification, better practice learning, opportunities for continuous professional development alongside the new registration requirement and increased funding for post-qualifying training will all help over time.

In the meantime, the Council needs to develop workforce strategies alongside Health and other partners, to meet changing needs.

What are our key objectives?

- To develop, with partners, a workforce planning strategy to deliver on local and national priorities.
- To support staff and managers to develop skills and competencies to manage change.

What are we already doing?

- **Workforce planning and development**

We are working closely with Corporate HR and partners to improve recruitment and retention. We have an established trainee social worker programme and are developing of career opportunities for unqualified staff. The programme to review Home Care includes a specific task group focussing on recruitment and retention of staff for this service. We are currently undertaking a review of induction processes to assess and make improvements as necessary. we are looking at the shape of future services and the types of workers and skills that will be needed and how we will acquire this as an organisation. Work has commenced on Practice Learning Strategy

- **Managing Change**

We are already working closely with Health partners to provide joint training opportunities. This programme currently includes training at a variety of levels on a range of content to support the partnership working.

What will we do in the next three years?

- **Workforce Planning and Development**

We will implement our action plan to improve recruitment and retention of the social care workforce. This will include full *GSCC* registration for qualified social workers and, with Children's Services, establishing a practice discussion and development forum and a high profile for social work in a changing world. We will aim to establish an appropriate mix of skills across teams to enable further flexibility and choice for our clients. As this Plan is republished in March 2005 we will begin undertaking analysis and a review of exit interviews over a six month period and.

- **Managing Change**

Our programme of service modernisation with increased focus on user involvement and outcomes, will be fully supported by a bespoke training and development programme for staff and managers.

Key Theme: Building Capacity through working in Effective Partnerships

What are the issues?

The continuing high priority given by West Berkshire Council to partnership working has contributed positively to the challenges posed by limited capacity. The Council works closely in partnerships at strategic and grass roots level to build capacity to ensure the delivery of high quality Community Care and Housing services.

Strong co-operation and communication between agencies also ensures that it is easier for individuals to get the advice and support they need.

What is our key objective?

To build capacity through partnership working to provide high quality, well co-ordinated services for users and carers.

What are we already doing?

- The Council has made great strides in the past three years in establishing its community leadership role. The Local Strategic Partnership brings together local businesses with the public and community sectors to work jointly on projects to tackle agreed priorities in the Community Plan.
- The Amey West Berkshire Partnership has been established for three years now and has delivered significant improvements to both customer service delivery, such as through establishment of the Contact Centre as well as investment in the Council infrastructure, such as through replacement of IT systems.
- Service access: the management and operation of Community Care's enquiry centre transferred to the main Council Contact Centre in January 2004, in line with our need for more seamless service delivery and developing a single point of access for the public.
- Integrated working with Newbury Primary Care Trust (PCT), and the development of joint commissioning arrangements with Reading PCT, aim to ensure users can access services more easily.
- The West of Berkshire Partnership Board takes a whole health and social care economy approach to capacity planning, market management and priority setting across West Berkshire, Reading and Wokingham Councils and both Newbury and Community PCT and Reading PCT.

- Work with local housing associations has enabled better and more appropriate services to be delivered.

What will we do in the next three years?

Those developments listed above will remain significant partnerships over the next few years, particularly those with Health. The Council and its health partners are committed to individual and community well-being and to engaging positively with local people to deliver high quality and effective services. We are currently looking at how we work towards an effective whole systems model, and how we commission strategically and jointly to maximise the most effective use of resources.

We will also be working alongside our users in defining the kinds of social care services the Council ought to provide and the ways in which these might be delivered. There will be a particular focus on Service Access. With the increasing use of web-based technology and IT systems, we will be working with our partners to build capacity to implement these to best effect in developing user centred services. Following the successful transfer of Community Care's enquiry centre to the main Council Contact Centre, we are working with corporate and local partners to look at how we can further our aims of a single point of access and seamless service delivery.