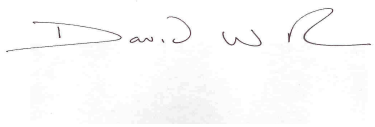
Public Document Pack

Healthy Halton Policy and Performance Board

Tuesday, 10 June 2008 6.30 p.m.
Civic Suite, Town Hall, Runcorn



Chief Executive

BOARD MEMBERSHIP

Councillor Ellen Cargill (Chairman)	**Labour**
Councillor Joan Lowe (Vice-Chairman)	**Labour**
Councillor Dave Austin	**Liberal Democrat**
Councillor Bob Bryant	**Liberal Democrat**
Councillor Robert Gilligan	**Labour**
Councillor Margaret Horabin	**Labour**
Councillor Martha Lloyd Jones	**Labour**
Councillor Ged Philbin	**Labour**
Councillor Ernest Ratcliffe	**Liberal Democrat**
Councillor Geoffrey Swift	**Conservative**
Councillor Pamela Wallace	**Labour**

Please contact Caroline Halpin on 0151 471 7394 or e-mail caroline.halpin@halton.gov.uk for further information.

The next meeting of the Board is on Tuesday, 16 September 2008

ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC

Part I

(B) QUARTERLY MONITORING REPORTS | **294 - 374**

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

Agenda Item 3

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 10 June 2008

REPORTING OFFICER: Strategic Director, Corporate and Policy

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To consider any questions submitted by the Public in accordance with Standing Order 33(5).

1.2 Details of any questions received will be circulated at the meeting.

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

3.1 Standing Order 34(11) states that Public Questions shall be dealt with as follows:-

(i) A total of 30 minutes will be allocated for members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.

(ii) Members of the public can ask questions on any matter relating to the agenda.

(iii) Members of the public can ask questions. Written notice of questions must be submitted by 4.00 pm on the day prior to the meeting. At any meeting no person/organisation may submit more than one question.

(iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.

(v) The Chair or proper officer may reject a question if it:-

- Is not about a matter for which the local authority has a responsibility or which affects the Borough;
- Is defamatory, frivolous, offensive, abusive or racist;
- Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
- Requires the disclosure of confidential or exempt information.

(vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter, which is not dealt with in the public part of a meeting.

(vii) The Chairperson will ask for people to indicate that they wish to ask a question.

(viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.

(ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note that public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

None

6.2 **Employment, Learning and Skills in Halton**

None

6.3 **A Healthy Halton**

None

6.4 **A Safer Halton**

None

6.5 **Halton's Urban Renewal**

None

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

8.1 There are no background papers under the meaning of the Act.

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 10 June 2008

REPORTING OFFICER: Strategic Director, Corporate and Policy

SUBJECT: Executive Board Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Health Portfolio which have been considered by the Executive Board and Executive Board Sub since the last meeting of the Board are attached at Appendix 1 for information.

1.2 The Minutes are submitted to inform the Policy and Performance Board of decisions taken in their area.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

None.

4.0 OTHER IMPLICATIONS

None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None

5.2 **Employment, Learning and Skills in Halton**

None

5.3 **A Healthy Halton**

None

5.4 **A Safer Halton**

None

5.5 **Halton's Urban Renewal**

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

8.1 There are no background papers under the meaning of the Act.

APPENDIX 1

Extract of Executive Board and Executive Board Sub Committee Minutes Relevant to the Healthy Halton Policy and Performance Board

EXECUTIVE BOARD MEETING HELD ON 10 APRIL 2008

EXB121 NORTH CHESHIRE HOSPITALS NHS TRUST - APPLICATION FOR FOUNDATION STATUS

The Board considered a report of the Strategic Director – Health and Community providing an overview of the application for Foundation Status by North Cheshire Hospital NHS Trust under the Health and Social Care Act 2003. It was noted that the consultation period of 12 weeks had commenced on 14th January 2008 and ended on 11th April 2008 with a decision to be taken by the Summer 2008.

The Board was advised that when an organisation became a Foundation Trust it meant that it would:

- have more autonomy in making decisions about services provided;
- be accountable to members (staff, patients and local people) rather than directly to the Secretary of State;
- remain part of the NHS;
- be accountable to NHS Commissioners through legally binding contracts; and
- be approved by the Independent Regulator "Monitor" (which authorised and monitored NHS Foundation Trusts).

The Trust believed that flexibility and freedoms arising from Foundation Status would enhance its ability to shape healthcare services in response to the above average levels of chronic diseases arising from the severe health inequalities, social disadvantage and social exclusion evident in the population it served. The Trust was also committed to strengthening its links with the local community through the introduction of members and governors. In addition, there was a financial benefit in being able to retain or build up surpluses as well as borrowing monies to develop services.

The implications of achieving Foundation Status for the people of Halton, together with governance arrangements, were outlined within the report for the Board's consideration. It was noted that the Partner Organisation Governors would include one representative from

Warrington Borough Council and one from Halton Borough Council.

RESOLVED: That the application for Foundation Status and the opportunities this would bring for the people of Halton be supported.

EXB122 ADULTS SECTION 31 AGREEMENT WITH HALTON AND ST HELENS PCT, HALTON BOROUGH COUNCIL AND ST HELENS COUNCIL

(Note: Due to a change in legislation, the Board was advised that Section 31 had been superseded by Section 75.)

The Board considered a report of the Strategic Director – Health and Community providing an update on progress to develop commissioning between Halton Borough Council, St. Helens Council and Halton and St. Helens Primary Care Trust (PCT), and outlining a proposal to enter into a formal Section 75 Agreement with the PCT.

It was advised that, over the last ten years, the Council had developed a good working relationship with Primary Care Services, this becoming more robust over the last two years. Key achievements had included joint commissioning strategies for all adult service groups, which the Commission for Social Care inspection had commended, as well as clarity and direction on the modernisation programme. Weaknesses had centred on roles and responsibilities and lead commissioning.

At a joint Chief Executive Officers' meeting in June 2007 between St. Helens and Halton Councils and the PCT, it was agreed that the PCT would commission and fund an analysis of the current commissioning arrangements and ATOS Consulting had undertaken this work. Since then, representatives from the PCT, the Council and St. Helens Council had been meeting to finalise the report and agree a way forward: Appendix 1 was a synopsis of the key actions and an agreement on the way forward.

It was advised that all three organisations would like to agree strategic leadership roles for commissioning care streams by introducing new partnership agreements through a formal DoH Section 75 Agreement, and the proposed lead roles were outlined for the Board's consideration along with the expected outcomes.

A draft Section 75 Agreement was attached at Appendix 2 to the report and it was proposed that the three organisations approve and sign up to the document. Further work would be undertaken to ensure that Halton Borough Council's priorities (Appendix 3) were fully integrated into the

partnership agreement. It was advised that the agreement was for Adults Services only.

RESOLVED: That

1) the report be noted; and

2) subject to any minor drafting amendments, the Section 75 Agreement between Halton Borough Council, St. Helens Council, and Halton and St. Helens PCT be approved.

EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 10 APRIL 2008

EBS105 INTERMEDIATE CARE EXECUTIVE PARTNERSHIP AGREEMENT SECTION 31 POOLED BUDGET

The Sub-Committee considered a report on progress and future developments within the Intermediate Care Partnership. A formal Department of Health Section 31 partnership was agreed in 2006 and included lead commissioning, a pooled budget and integrated management for the Rapid Access Rehabilitation Services (RARS).

Since the establishment of an Intermediate Care Executive Commissioning Board (ECB) in July 2008, numerous meetings had been held to develop the performance management process and finance matters and the two budgets were now managed as one overall budget, therefore improving the flexibility of the service.

It was noted that the service was regularly reviewed and monitored by the ECB to ensure the service met its targets and the pooled budget was managed effectively, with quarterly reports to the Partnership Board.

In addition the report also outlined key developments within Intermediate Care Partnership, the number of local intermediate care targets agreed and achieved and service user outcomes. Future developments within Intermediate Care Partnership included:

- to further develop integrated management;

- extending the Section 31 and pooled budget to include all Intermediate Care Services by 2008/09;

- proposals for revised funding contributions (potential savings of £157,028 would enable the Council to absorb the reduction in the health SSP contribution to the Vulnerable Adults Task Force (VATF) Programme); and

- further work to be undertaken with regard to performance data collection across the PCT and the Council.

RESOLVED: That

(1) the contents of the report be noted;

(2) the achievement of the key targets and further development of the Intermediate Care Services be noted; and

(3) the Sub-Committee agree to strengthen the current partnership and pooled budget arrangement by including other intermediate care services within the framework as outlined in the report.

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 10 June 2008

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: Ambition for Health Strategy

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 A presentation will be given on the Halton and St Helens Primary Care Trust's (PCT's) Ambition for Health Strategy, attached as appendix 1.

2.0 RECOMMENDATION: That the presentation be received.

3.0 SUPPORTING INFORMATION

3.1 The PCT is responsible for the planning and securing of health services and improving the health of a local population.

3.2 Making sure that the PCT help support people to improve their own health, and that the right services are in place are the challenges the PCT has set itself, the Strategy sets out these ambitions in more detail.

4.0 POLICY IMPLICATIONS

4.1 Not applicable

5.0 OTHER IMPLICATIONS

5.1 Not applicable

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Not applicable

7.0 RISK ANALYSIS

7.1 Not applicable

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Not applicable

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 There are no background papers under the meaning of this Act.

Halton and St Helens NHS
Primary Care Trust

AMBITION FOR HEALTH Strategy

Becoming the best to give you the best

Halton and St Helens NHS
Primary Care Trust

Who are we?

Halton & St Helens Primary Care Trust is your local NHS organisation responsible for the planning and securing of health services and improving the health of a local population. Our boundaries match those of Halton Borough Council and St Helens Metropolitan Borough Council, giving us a resident population of over 295,500. We also provide services to people who live outside these boundaries, but who are registered with GPs in Halton and St Helens.

We are passionate about improving the health of our local population, and to ensure we can meet the needs of local people we work in partnership with other local health trusts, local authorities and other organisations. By working closely with our partners, patients and the public we aim to deliver a better, more responsive health service and improve the health of local people.

We spend a huge amount of money (over £500 million) every year buying care services for local people from service providers such as hospitals, general practitioners, pharmacists, dentists and opticians. It is important that we make our investments wisely in line with local health needs, and we are developing an investment plan which will link to the ambitions identified within this Strategic Plan.

Our workforce numbers nearly 2000 people. Many of these are frontline staff, such as district nurses and health visitors who provide services directly to local people. We also provide support to people to want to improve their overall health and wellbeing by providing services such as smoking cessation support and healthy eating advice.

Making sure that we help support people to improve their own health, and that we get the right services in place are the challenges that we have set ourselves – we want to get better at this every year. This is why we have set out our ambitions in this document. So that we can share the difference we are intending to make on health issues which are important to our local population. Each year we will also publish our operating plan and patient prospectus. This will detail the actions we are putting in place to achieve our ambitions.

We know we have a way to go in delivering this – it is not a short term agenda, but we also know that we have a good understanding of local needs, a committed workforce, and excellent local partnerships.

We're planning on making a difference …

Becoming the best to give you the best

Halton and St Helens NHS
Primary Care Trust

Our ambitions have come from our understanding of the needs of our local population, and our desire to ensure that we are able to deliver two critical outcomes:

Outcome 1:
Improving health and tackling inequalities in health

"To work with partners and local people to promote a positive experience of good health and equal opportunities for health, not simply an absence of disease".

Outcome 2:
Delivering effective and efficient health and related services

"To provide effective and efficient health care services that place the needs of the patient at their core"

Our ambitions are:

To support a healthy start in life
To reduce poor health that results from preventable causes
To ensure that when people do fall ill from some of the major diseases, they get the best care and support
To provide services which meet the needs of vulnerable people
To make sure people have excellent access to services and facilities
To play our part in strengthening disadvantaged communities

Halton and St Helens NHS
Primary Care Trust

What are the challenges?

A number of challenges face us in delivering our ambitions. We need to ensure good public, patient and clinical engagement to allow us to develop services which allow patient choice of a range of good quality care.

We also know that there are very real differences in health experience for people living in our areas. For some, the difference in health outcome compared to the national average, and the difference within our local areas is stark – our challenge is to narrow the gap between those with the best health and those with the worst. This means we have to design our services to target need.

We also want our local population to receive their services in good quality settings and so we need to make sure that we have buildings that are fit for purpose and locally accessible.

Halton and St Helens NHS
Primary Care Trust

Making a difference …..

… by supporting a healthy start in life

Improving the health and well-being of children and young people is very important to reducing long-term health inequalities. Giving children a good start in life, followed by a sound education, is perhaps the most effective way of breaking the cycle of deprivation in the long term. We also want to help prepare young people for adulthood. Because children and families don't exist in isolation, we need to work with closely with other local partners to deliver this ambition. It is essential to recognise the need to work with other partnerships, in order to address cross-cutting issues such as, employment, education/ training and housing.

Our priorities for action are:

- Pregnancy and Early Years
- Reducing unintended teenage pregnancy
- Services for children and younger people

Ambition: to enable all pre-school children to have a healthy start in life

"Building" healthy individuals starts during pregnancy when maternal health is particularly important in determining the future health of a child. Improving diet, stopping smoking and substance misuse can greatly improve health outcomes for mother and child. We know, for example, that breastfeeding is associated with better health, and that the first five years of life can set long term attitudes and patterns of behaviour.

Breastfeeding uptake is lower in Halton and St Helens than for England and Wales as a whole. 37.1% of mothers in Halton & St Helens started breastfeeding their babies compared with 77% nationally (Infant Feeding Survey). Smoking in pregnancy is also a local challenge – 24.1% of pregnant women smoked at time of delivery in Halton and St Helens compared with an average of 17% nationally.

More and more children are becoming obese. Measurements taken during the 2006/07 academic year for Reception class children (aged 4/5) and Year 6 children (aged 10/11) showed that in St Helens 14.2% of Reception class children were obese and 21.5% in Year 6. Whilst in Halton, 11.7% of reception class children were obese and 22.3% of Year 6 children were obese. Children who are either overweight or obese increase their risks of developing poor health such as diabetes or heart disease. Many overweight children have overweight parents – it's often a matter of family lifestyles.

By 2013 infant mortality rates will have fallen, and more children will be benefiting from a healthy start to life through being breastfed. We will see an improvement in the levels of childhood obesity.

We will measure our achievements against this ambition by ……

Proportion of infants breastfed at 6-8 weeks (target 60%)
Proportion of children who complete immunisation by recommended ages
Obesity among primary school-age children
Percentage of women who have seen a midwife or maternity health professional by 12 completed weeks of pregnancy
Infant mortality rate

We are putting in place care pathways for maternity services, improved training, support and public facilities for breastfeeding, and programmes to prevent and manage childhood obesity.

Ambition: to reduce the number of unintended teenage pregnancies, by providing good access to contraceptive services and advice

Teenage pregnancy can have substantial social and health impacts. The infant mortality rate for teenage mothers is 60% higher than for older mothers; a decision to terminate the pregnancy can have long term psychological effects for some people and whilst having the child can bring its own rewards, too often teenage parents (particularly mothers) find themselves isolated and missing out on life chances.

The rates of Teenage Pregnancy in Halton & St Helens are higher than in England as a whole. The rates of Teenage Pregnancy in Halton was 48.0 conceptions per 1,000 women aged 15-17 (2006), in St Helens the rate was 42.7 (2006), with a PCT rate of 44.9 (2006). The rate for the North West was 45.4 (2006), lower than the rate for Halton, but higher than the rates for St Helens borough and the PCT. However, the rate for England was lower than the rates stated above at 40.4 conceptions per 1,000 women aged 15-17 (2006).

By 2013 Teenage Pregnancy rates will have fallen by 50 per cent in women aged 15-17.

We will measure our achievements against this ambition by ……
Under-18 conception rate per 1,000 females aged 15-17

Ambition: to provide timely, good quality services to young people when they need them

A healthy childhood, a stable upbringing and a sound education are all important factors in determining an individual's future health status as well as for greater social and economic benefit. Therefore the importance of investing in children and young people today is a crucial element of our local strategy. Children and Young People is one of the themes included in both Local Area Agreements and there are a range of linked targets aimed at improving education, health and life chances in general.

Halton and St Helens NHS
Primary Care Trust

Education is an important element of the overall strategy. Improving educational attainment can greatly improve an individual's economic status by improving access to better job/ training opportunities. This in turn can open up wider prospects and opportunities and ultimately better health outcomes. An educational environment that also promotes health is doubly beneficial. The Healthy Schools Standard is an important programme that promotes health within the educational setting.

For some children, a supportive and stable upbringing is not available to them within their birth family.

Such children are amongst the most vulnerable members of society: they are more likely to experience lower educational, health, social and economic outcomes than their peers. They therefore need extra support from health, education and social services to enable them to reach their full potential.

By 2013 Children's Trusts will be in place in each Borough, providing integrated health services and support to children and their parents. We will have good Child and Adolescent Mental Health services in place for those children and young people who have need of support.

We will measure our achievements against this ambition through three proxy measures:

- 24 hour cover available for urgent needs and specialist assessments undertaken within 24 hours or during the next working day
- Full range of CAMHS available or accessible for children and young people with learning disabilities
- Service available for all 16 and 17 year olds appropriate to their age and level of maturity

By March 2009 teams will be in place to ensure we deliver the preventative element of the work required. This team will concentrate on school-aged children offering consultation and speedy interventions.

Halton and St Helens NHS
Primary Care Trust

Making a difference …..

… by reducing poor health resulting from preventable causes

People's lifestyles can have a significant effect on their health and well-being. In particular smoking, alcohol consumption, poor diet, drug use and lack of physical activity are significant risk factors for a number of significant health problems, notably circulatory diseases and cancers. Such lifestyle factors appear to be brought about significantly by background and socio-economic circumstances, modified by personal knowledge and choice. Additionally, genetic and environmental factors are also important influences on health and this is where screening programmes, and working closely in partnership with local authorities and others is critical to supporting the prevention of poor health.

In today's society it is difficult to avoid health messages. Therefore the vast majority of people are aware of what contributes to a healthy lifestyle. There are however, a number of factors that influence an individual's decision to become "healthy". For example, it can be about of lack of access to services e.g. availability and cost of fresh fruit and vegetables, difficulty in accessing exercise and leisure facilities due to childcare, transport etc. and a lack of financial resources. Improving people's health therefore is not just about providing people with information, although this is still important, but is also about removing barriers to healthier lifestyles and facilitating change within the most health deprived communities.

Our priorities for action are:

- Smoking and Tobacco Control
- Physical activity
- Alcohol and Drugs
- Food and Health
- Infection Control
- Oral Health

Ambition: to help people to stop smoking and reduce tobacco-related harm

Smoking is the biggest single preventable risk factor for cancer and is known to affect more people from disadvantaged groups. The NHS White Paper "Smoking Kills" shows that smoking not only causes most cases of lung cancer, but is also responsible for most cases of cancers of the mouth, nasal passages, larynx, bladder and pancreas and also plays a part in causing cancers of the oesophagus, stomach and kidney and leukaemia. It is also a major cause of heart disease. Smoking in pregnancy harms the baby- it is associated with increased risk of miscarriage, still birth and low birth weight.

The smoke free legislation is now in place and we have seen a significant increase in the numbers of people accessing our smoking cessation services. However, there are still many people smoking in our communities and this will continue to have an

impact on health. There is also still much to do to reduce harm from second-hand smoking, illegal tobacco sales and smuggling.

Nationally it is estimated that 24% (UK smoking statistics, 2005) of the adult population smoke, compared to 24% in the North West region (UK smoking statistics, 2005), 25.1% in St Helens (2003-05 model based estimates, ONS) and 25.7% in Halton (2006 Lifestyle Survey).

24.1% of mothers in Halton and St Helens smoke during pregnancy (2006/07).

By 2013 the numbers of people smoking in our communities will have fallen, and we will begin to see improvements in smoking-related conditions.

We will measure our achievements against this ambition by
Smoking prevalence, 16 years and over
Smoking prevalence, 16 years and over in routine and manual occupations

We are putting in place good quality smoking cessation services, and working to reduce harm from second-hand smoking. We will continue to promote smoke-free environments.

Ambition: to support people in managing their weight and to live an active life

People who are physically active reduce their risk of developing major chronic diseases, such as coronary heart disease, stroke and type 2 diabetes by up to 50%, and the risk of premature death by about 20-30%. Regular physical activity can have a beneficial effect on up to 20 chronic diseases or disorders[2].

The economic costs of physical inactivity in England place a massive burden on the health service and economy in general. The important role of physical activity for health has recently been elevated towards the top of the government's agenda. The Chief Medical Officer's report summarises that physical inactivity is undoubtedly one of the major contributory factors to the current epidemics of chronic disease.

Two thirds of men and three quarters of women in England report sedentary levels of physical activity.

Adult Physical Activity measured through the National Active People Survey which provides a detailed picture of participation across the country – by local authority area, age group, sex and ethnicity. Figures for Halton and St Helens showed the following:

- 20% of adults in Halton and 20% in St Helens undertook 30 minutes physical activity, three times per week, which is lower than the National figure of 21% (Merseyside 19.5%).

- Halton also has a lower than national figure of 56.7% doing no sport or physical exercise in comparison to 54.5% in St Helens and 50.6% Nationally (Merseyside 54.3%).
- Halton is below National figure for 5 x 30 minutes per week- 9.9% achieve this, St Helens achieve 9.7% in comparison to 11.6% Nationally (Merseyside 10%).

By 2013 more people of all ages will be taking part in physical activity

We will measure our achievements against this ambition through physical activity surveys.

We are putting in place a range of physical activity opportunities for people with different needs in collaboration with local partners.

Ambition: to reduce harm from alcohol and encourage sensible drinking
Alcohol misuse can be a source of considerable harm. The National Alcohol Harm Reduction Strategy identifies certain critical harms connected to alcohol misuse:

- Health- up to 22,000 premature deaths per year
- Crime and anti-social behaviour – 1.2 million associated violent incidents per year
- Loss of productivity and profitability – calculated at £6.4 bn per year.
- Harms to family and society- between 780,000 and 1.3 million children are affected by parental alcohol problems.

The North West Public Health Observatory published a number of key indicators for alcohol. These show that as at February 2007 Halton and St Helens suffer from more than their fair share of alcohol related issues:

- 234 people died in Halton and 300 in St Helens last year due to alcohol
- Death rates are particularly high in Halton men and St Helens women
- 23.8% of adults in Halton and 22.7% in St Helens binge drink (synthetic estimate) compared with 18.2% nationally
- The rates of admission to hospital are over twice as high Halton and St Helens than in England as a whole

By 2013 people will be much more aware of the harm that can result from alcohol abuse, and we will promote the sensible drinking message. We will have high quality services in place with good access for those who need support.

We will measure our achievements against this ambition by:
Hospital admissions per 100,000 population for alcohol-related harm

We are putting in place a multi-disciplinary alcohol harm reduction strategy which aims:

- To increase people's awareness of the harms associated with alcohol misuse
- To increase knowledge and understanding of what works to reduce the harms associated with alcohol misuse.

- To reduce the level of alcohol related health problems
- To reduce alcohol related crime, disorder and antisocial behaviour
- To prevent the harm caused to children and young people by alcohol misuse
- To reduce the economic impact of alcohol misuse
- To strengthen local communities to respond effectively to the problems caused by alcohol misuse
- To increase the positive contribution of alcohol consumption to regeneration developments in Halton and St Helens

Ambition: to reduce harm from substance misuse and ensure effective treatment when needed

The illegal use and misuse of drugs within society is damaging to health and well-being. Drug related crime and disorder impact on individual and public health and the effect on community cohesion all represent significant challenges for both boroughs. The Government's cross-cutting drugs strategy, Tackling Drugs to Build a Better Britain aims to:

- Prevent young people from developing drug problems
- Offer easily accessible and high quality treatment to those with drug problems
- Stifle the supply of drugs on our streets
- Strengthen community capacity against drug misuse.

By 2013 we will see more emphasis on preventing drug misuse, while having good quality services in place to meet needs of substance misusers and their families.

We will measure our achievements against this ambition by:

The number of drug users in effective treatment

We are putting in place a range of programmes, in collaboration with our colleagues, that address the primary prevention of drug misuse, particularly among children and young people. These programmes are also designed to help those with drug misuse issues to tackle their addiction and to reduce the harm associated with drug use.

Ambition: to improve the numbers of people benefiting from a healthy, balanced, diet

Diet is central to health throughout life. A balanced, healthy diet is one based on a wide variety of foods, including at least five portions of fruit and vegetables a day and plenty of starchy foods (such as bread, potatoes and cereals), and a minimum amount of salt and foods containing fat and sugar.

This type of diet can help reduce the risk of coronary heart disease, type II diabetes, overweight and obesity, stroke and some cancers. A good diet is also important during pregnancy for the healthy development of the growing baby and impacts on the health of the person in later life (including the need for folic acid to reduce risk of neural tube defects). Breastfeeding provides vital nutrients for babies and there is

also evidence to suggest that babies who are breastfed are less likely to become obese in later life.

By 2013 greater numbers of people will be eating a healthier diet

We will measure our achievements against this ambition by carrying out health surveys with our local population.

We are putting in place support and advice on healthy eating, and pathways for obesity that include infant feeding and dietary advice.

Ambition: to prevent and control the spread of infectious diseases

In England, though the major infectious diseases kill only a small number of people compared to the past, infection is still important. For example:

- 40% of people consult a health professional each year because of infection;
- as many as 5,000 patients may die as a result of hospital acquired infection each year in the United Kingdom and there are substantial costs of hospital acquired infection to the NHS;
- a number of major national crises over the last few years have been a direct consequence of infectious diseases (e. g. BSE and vCJD, foot and mouth disease, deaths of children and students from meningitis, NHS winter pressures from influenza and bronchitis, the Lanarkshire E. coli O157 outbreak);
- infections account for 70,000 deaths each year; - the number of people living with diagnosed Human Immunodeficiency Virus (HIV) is estimated to rise to 29,000 by the end of 2003, an increase of 40% over the end of 1999 prevalence.

The potential threats to health from infectious diseases in England today are diverse and include: the threat of new or previously unrecognised diseases, the threat of animal diseases that can transmit to humans, the threat from poor hygiene, slack disease control measures or poor standards of medical care.

An effective strategy for combating infectious diseases, chemicals and radiation will ensure that we have the capacity to deal with a wide range of health threats.

However, certain areas require focused attention because of the seriousness of the illness, changing disease patterns, new interventions, or the need to keep a close watch on developments.

Action plans are being developed to combat tuberculosis, blood-borne viruses such as HIV/AIDS and Hepatitis B and C, antimicrobial resistance, and health care associated infection.

- Tuberculosis
- Health care associated infections
- Antimicrobial resistance
- HIV/AIDS
- Hepatitis B and C

By 2013 we will see a significant reduction in the numbers of health care acquired infections.

We will measure our achievements against this ambition by
A reduction in MRSA number of infections (local target to be determined)
A reduction in cases of clostridium difficile by 30% by 2011

We are putting in place programmes of improvement, including clean hospitals, infection surveillance and effective management.

Ambition: to ensure that all children have good dental health

Dental health is improving in England. However, despite the fact that tooth decay is a preventable disease, tooth decay levels amongst young children have remained unchanged for over 30 years. Additionally, dental health inequalities persist. Child dental decay levels in the Northwest of England are higher than the national average and dental health amongst Halton and St Helens children is worse than the regional average. In 2004 5-year-old in England had on average dental disease affecting 1.49 teeth. In Cheshire and Merseyside the figure was 1.85. Five year olds in Halton had 2.18 teeth affected by decay and St Helens children had 2.02 teeth affected in 2004.

By 2013 average dental decay levels amongst 5-year-olds in halton and St Helens will have fallen to 2004 national average of 1.49.

We will measure our achievements against this ambition by scientifically measuring the dental health of the 5-year-old child population every 2 years.
In order to improve child dental health we will

- Introduce effective dental prevention within the primary dental care services
- Continue to distribute fluoride toothpaste to high risk communities
- Consider whether or not to consult on water fluoridation

Halton and St Helens NHS
Primary Care Trust

Making a difference …..

… by ensuring that when people do fall ill from some of the major diseases, they get the best care and support

There are a number of disease groups which are particular causes for concern in both Halton and St Helens. The Local Area Agreements for each borough have attempted to bring together key targets to enable us to effectively focus our attention on these areas. This section of the plan brings together some of these specific disease groups and looks at them in further detail. The five areas are as follows:

- Cancer services
- Coronary Heart Disease Services
- Mental Health Services
- Sexual Health Services
- Respiratory Health

Ambition: To reduce the burden of cancer and cancer related deaths by improving access & availability of prevention and early detection services for local people

In terms of prevention there is still a lot that can be done to reduce cancer deaths in both boroughs. Whilst it is important to acknowledge that there are already a number of excellent community based projects in operation across both areas we need to enhance and support successful initiatives whilst also looking at other ways of getting the message across and more importantly enabling people to access appropriate services.

We also need to encourage more people to take part in approved screening programmes for the early detection of treatable cancers for example cervical screening (smear tests) and breast screening for women over 50. We also know that men are also less likely to take part in screening programmes and to approach a GP or other health professional with concerns about there health until it is often too late.

Early detection and treatment of cancers is essential to increasing life expectancy and improving quality of life.

Death from cancer remains an issue in both Halton and St Helens. The overall target, as set out below, is to reduce mortality rates from cancer in Spearhead PCTs by 25% by 2010. This is a challenging target, however, current rates indicate a 15.8% reduction on baseline for Halton and St Helens.

By 2013 the numbers of people developing and dying from cancers will continue to reduce year on year.

We will measure our achievements against this ambition by
<75 years cancer mortality rates
Breast cancers seen within 2 weeks of referral

Screening rates for breast and bowel cancer
Early detection and treatment of cancers

We are putting in place good early detection and prevention programmes for cancers linked to local neighbourhoods where rates of cancers are high. We are also running screening programmes for breast and cervical cancers, and we will be increasing bowel cancer screening coverage.

Ambition: To reduce the burden of ill health and premature death caused by Cardiovascular Disease by improving information, access and provision of preventative and treatment services

Coronary Heart Disease remains a major cause of premature death and ill health in this country. Approximately 1.5 million people suffer from angina and CHD. This has accounted for some 117,000 deaths in England in 2002 and 40,000 deaths under the age of 75 in 2002.

In 1999, CHD cost the UK healthcare system just under £1,750 million. But the full economic impact is far wider than that. In 1999, production losses and informal care associated with CHD cost the UK economy £5,300 million.

Coronary Heart Disease accounts for approximately 350 deaths per year in St Helens, and around 205 deaths per year amongst Halton residents. The latest available data which can be compared against national figures is for the three year period 2004-2006. Rates for persons all ages for this time period were 131.18 per 100,000 in St Helens; this is approximately 29% above the England average. In Halton, rates are higher; 133.04 per 100,000, this is approximately 31% higher than England. In keeping with national patterns, rates are higher amongst men. Coronary Heart Disease is a major cause of premature death, on average accounting for approximately 130 deaths per year in the under 75 population in St Helens, and around 85 per year in Halton. Local rates of premature CHD mortality exceed the national average: 33% higher in St Helens and 38% higher in Halton. Based on latest data (2004-2006) there were 64.18 deaths per 100,000 population amongst the under 75's in St Helens, and 67.05 per 100,000 in Halton, this compares with the rate for England of 48.43 per 100,000 for the same time period.

Stroke has a major impact on people's lives. The consequences of having a stroke include potential complex care needs and long-term disability. It is a common cause of death in England and Wales – each year over 110,000 people have their first stroke and 30,000 of these go on to have a further stroke. The impact on people who have a stroke, and their families, is immense. From the latest data we have (2004-06), approximately 96 people per year die from stroke in Halton, and 158 per year in St Helens. Of these, over a quarter (25.8%) were strokes in people under the age of 75.

By 2013 people with risk factors for heart disease and stroke will be identified and treated to reduce their risk of either event. For people with coronary heart disease or stroke we will have excellent long-term care in place to support them.

We will measure our achievements against this ambition by:
<75 years CVD mortality rate

Implementation of the stroke strategy
Treatment of patients admitted with a heart attack

We are implementing the national Stroke Strategy, building on practice based registers for heart disease and developing quality care pathways for people with heart disease.

Ambition: To reduce the burden of ill health and premature death caused by Diabetes by improving information, access and provision of preventative and treatment service.

Diabetes, due to its chronic nature and many complications, places a great demand on time and resources. It has been projected to become one of the world's main killers/disablers in the next 25 years. Over the last thirty years type 2 diabetes has changed from being seen as a relatively mild ailment associated with ageing and the elderly ('just a touch of sugar') to one of the major contemporary causes of premature mortality and morbidity in most countries. In virtually every developed society, diabetes is ranked among the leading causes of blindness, renal failure and lower limb amputation. Through its effects on cardiovascular disease (70-80% of people with diabetes die of cardiovascular disease), it is also now one of the leading causes of death.

In the year 2000 Diabetes UK stated that the NHS spent 9% of the healthcare budget alone on the treatment of diabetes. Diabetes treatments have a great impact on resources and estimates suggest that £5 million a day is spent by the NHS on treating patients with diabetes.

Current diabetes prevalence in Halton is 4.3% and 4.2% in St Helens compared to 3.8% for the North West and 3.7% for England. There is considerable variation in reported prevalence of diabetes between General Practices ranging from 1.8% to 5.3% in Halton and 2.6% to 5.9% in St Helens. As the symptoms of diabetes are not always specific to having diabetes, there is believed to be, locally and nationally, a significant under estimation of the prevalence of the disease (silent cases). The Health Survey for England 2003 suggests that 3% of men and 0.7% of women aged 35 and over have undiagnosed diabetes.

Given current age and obesity trends across Halton and St Helens PCT it is forecast that by 2013 diabetes prevalence will have increased to 6% in St Helens and 5.5% in Halton.

By 2013 people with risk factors for diabetes will be identified to reduce their risk of developing the disease. People with diabetes will have improved, easily accessible preventative treatments in place to support them in managing the disease and stop it or delay it progressing into other debilitating conditions.

We will measure this ambition by:

- Improved screening of patients for diabetes so we increase the number identified.
- Increased measuring of patients BMI in Primary care monitored via the Quality Outcomes Framework.

- Improved monitoring of patients with diabetes in terms of tight control of blood glucose and blood pressure for all diabetics and ACE inhibitors for diabetics with one other risk factor not otherwise quantified.
- Reduced waiting lists for retinopathy and podiatry.
- Increased numbers of patients with impaired glucose tolerance accessing weight management services.

Ambition: To reduce the burden of mental illness by providing effective prevention and treatment services and to work with partners to address the wider causes of mental illness by providing a better social, physical and economic environment.

Mental health problems are common and are associated with high levels of distress and morbidity. The National Psychiatric Morbidity Survey shows one adult in six suffers from a common but moderately severe mental disorder. Mental health problems range from anxiety and depression to rarer but severe conditions such as schizophrenia (which affects 0.5% of the population).

Depression is one of the most common mental illnesses, affecting at least 6% of the population at any one time (around 4 million people in the UK). It is estimated that up to one quarter of routine GP consultations are with people with a mental health problem. Depressive illness can also increase with age, making older people more vulnerable.

Mental health issues are particularly high in areas of high deprivation where unemployment, crime, family breakdown and isolation are just some of the causes.

By 2013 there will be greater awareness of the impact of mental health and wellbeing, and good services in place to support people in crisis and to prevent mental health problems escalating.

We will measure our achievements against this ambition by

Reduction in rates of suicide and injury of undetermined intent

We are putting in place our mental health promotion and suicide prevention strategies, which encompass a range of programmes to raise awareness of the factors that contribute to mental health and protect against mental ill health. We are implementing our stepped care approach to the treatment of individuals with mental health problems.

Ambition: to reduce the levels of poor sexual health

Sexual health is a key health issue that affects all of the population at various times in their lives. Chlamydia is the most common STI with the highest rates of infection being among the 16- 19 year old females and 20-24 year old males. The infection, if left untreated can lead to pelvic inflammatory disease and infertility. HIV rates rose by 20% nationally in 2003. The number of people who are HIV positive in Halton and St Helens is relatively low compared to some other parts of the country although there continue to be new cases year on year.

A recent Sexual Health Needs assessment conducted for Warrington, Halton and St Helens showed that between 2001 to 2005 there has been an increase of over 88% across all three areas.

Teenage pregnancy rates in the UK (England and Wales data) are the highest in Western Europe. Recent figures show a downward trend in teenage conception rates for St Helens with a reduction in rates of 19.1% between 1998-00 and 2004-06. Within Halton, there was a smaller percentage decrease of 5.4% between the years 1998-00 to 2004-06.

By 2013 people will be aware of risks to sexual health, and this will be supported by effective prevention activities and services. For those in need of support and treatment, effective and accessible services will be in place locally.

We will measure our achievements against this ambition by
- Prevalence of Chlamydia
- Access to GUM within 48 hours

We are developing a strategy to deliver improved sexual health. This will provide for good access to care and high quality standards of care, and preventing harm arising from sexual health risk factors.

Ambition: To reduce the number of deaths from respiratory ill health and reduce the burden of illness caused by respiratory ill health by providing appropriate prevention and treatment services

Respiratory ill health is a common issue for many local residents. In 2003, the Halton Health study reported asthma rates as 10.9% in Halton whilst the rate for St Helens South was 7.8%.

Lung cancer is a particular issue locally, it accounts for approximately 110 deaths in St Helens and 80 deaths in Halton each year. The disease is often associated with high smoking rates as the risk of the disease increases with the number of cigarettes smoked. Death rates for lung cancer in Halton are significantly higher than the national average for men and women.

Smoking is also a major contributory factor in causing Chronic Obstructive Pulmonary Disease (COPD). The Royal College of Physicians' report on Nicotine Addiction (2002) found that at least 80% of deaths from COPD are due to smoking. In Halton there are about 70 deaths from COPD each year.

By 2013 the levels of ill health relating to poor respiratory health will start to improve, and we will have excellent services in place to support people with COPD and asthma.

We will measure our achievements against this ambition by
- Mortality related to respiratory disease
- Admissions to hospital for respiratory diseases

Halton and St Helens NHS
Primary Care Trust

We are putting a new COPD service in place during 2008/09 which will provide gold standard care to local people.

Halton and St Helens NHS
Primary Care Trust

Making a difference …..

… by providing services which meet the needs of vulnerable people

As well as some specific disease groups being a priority for action, some particular population groups are particularly in need of services. This could be because they generally have greater health needs; because their health needs are not adequately addressed; or because they are at risk of social exclusion and ill health if additional services are not provided for them. This section of the plan focuses on services for five groups that are potentially vulnerable:

- Black Minority and ethnic groups
- Carers
- Learning Disability services
- Older People
- Physical and Sensory disability services.

Ambition: to ensure that no-one experiences barriers to accessing good quality care and support because of their culture, ethnicity or sexuality.

Equality is essentially about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is backed by legislation designed to address unfair discrimination [past, present or potential] that is based on membership of a particular group. In some circumstances, positive action is encouraged to address discrimination.

Diversity is about the recognition and valuing of difference in its broadest sense. It is about creating a working culture and practices that recognise, respect, value and and harness difference for the benefit of the organisation and the individual.

We aim to prevent not only overt acts of discrimination, but also requirements and practices which, though possibly unintentional, are discriminatory in nature.

By 2013 any barriers our local populations experience in respect of their culture, ethnicity or sexuality, in gaining excellent access to opportunities to improve their health and to health services will have been removed

We will measure our achievements against this ambition by
Measuring patient experience looking specifically at diversity and ethnicity

Ambition: to support the needs of Carers, not only helping to support those they are caring for, but also their own needs for support

There are believed to be 6 million carers in Britain. 1 in 8 people are carers. A carer is someone who cares, unpaid, for a relative or friend who is unable to manage on their own because of illness, disability or frailty. Carers can be any age and come from all walks of life and backgrounds. More women are carers than men and they

are more likely than male carers to care for someone with very demanding care needs and to care for a wider range of relatives.

Caring relationships can be complex and family members may provide different types of care for each other in order to live independently in the community.
Census 2001 found there were 13,528 carers in Halton and 21,519 in StHelens.

By 2013 the needs of carers will be an integral part of our approach to providing support and care to our local population.

We will measure our achievements against this ambition by ……

- Feedback from Carers
- The number of carers who have been offered assessment and services

We are working closely with both our partner Councils to deliver local Carer's Strategies.

Ambition: to enable all people with learning disabilities to be treated as full citizens

There has been progress made in improving the lives of people with learning disabilities following closure of large institutions, increased provision in the community and the development of active self advocacy and citizen advocacy movements, but much still remains to be done.

It is important in today's society that people with learning disabilities and their families and carers have access to services based on recognition of their rights as citizens, social inclusion in local communities, choice in their daily lives and real opportunities to be independent.

By 2013 more people with learning disability will be able to achieve their aspirations and have more choice and control over their lives, better health and improved quality of life.

We will develop effective measures to assess our achievements against this ambition

Ambition: to ensure that all older people have the opportunity to enjoy a good quality of life

It is estimated that in 2007 there are more people in the UK over the age of 65 than there are under 18 and by 2020 the number of those over 85 is likely to double.

As we get older we all want to enjoy as good health as possible and to stay independent for as long as possible. Older people are the main users of health and social care services, and are also supported where needed by networks of carers. While the older population is

growing, there is a decrease in younger populations, and so informal support will be less available in future years. There are some issues that impact considerably on older people enjoying good health, including the need for intermediate care, strokes, falls, mental health and a healthy and active lifestyle in older age.

We will work with local partners to ensure that, by 2013 all older people are treated with dignity and respect, and that we have services in place which are tailored to their needs.

We will measure our achievements against this ambition by looking at the number of people supported to live independently, and emergency admissions to hospital (especially for falls).

We are putting in place multi-agency strategies to promote older people's health.

Ambition: People with physical and sensory disability will be supported to have a good quality of life and to be able to participate fully and constructively in the life of the local community.

For people with physical and sensory disability it is critical that we work to enhance quality of life by supporting individuals and communities who experience marginalisation and exclusion. We also need to promote the independence of physically disabled people in order that they can achieve their full potential through our commitment to the social model of disability.

By 2013 people with physical and sensory disabilities will experience a greater quality of life, barriers to health and health care that are experienced by people with physical and sensory disabilities will have been identified and actions taken to remove them.

We are working with our local partners to develop measures by which we can measure our achievements against this ambition, and strategies which will deliver improvements to the services and support required.

Halton and St Helens NHS
Primary Care Trust

Making a difference …..

… by making sure people have excellent access to services and facilities

Improving access to services is a key part both of modernisation and of tackling health inequalities. There is evidence to show that in some services the people who most need the care are the ones least likely to get it. When care is provided, it is still often subject to long waiting times and less than ideal surroundings. Modernising services in a way that also tackles health inequalities locally is a key theme of this Vision for Health.

Our priorities include:

- Developing our estates and capacity to provide services
- Improving access to primary, elective and emergency care
- Public and Patient Involvement

Ambition: to provide state of the art health and social care facilities, built to enhance user experience, which will assist in the improvement of the health and wellbeing of local communities.

A modern health service needs modern estate, good information technology and a workforce that is sufficiently large and well trained to provide a high standard of care. At present much of the health service estate is inadequate to meet the demands being placed on it; the NHS has struggled to keep up with changes to information technology; and the workforce is under considerable pressure.

Improving primary care is a key priority for the public and patients, for clinicians and managers and for the government. Of all patient contact, the overwhelming majority occurs in primary care. The condition of the existing primary care estate across the PCT area is variable with a significant proportion in poor physical condition, with poor functional suitability. Current facilities often fail to meet patients' expectations with quality and accessibility below an acceptable standard.

Halton and St Helens PCT have a mission to improve the health of its local population. Plans have been developed and are being implemented to bring about change in services. They are systematically reviewed to make sure that they

continue to meet the communities' needs for radical service improvements. Local people are regularly consulted as part of the review process. Improvements in premises and facilities are integral to these service development plans. Without a new and improved estate, integration, modernisation or expansion of services is limited in scope and in impact. To make a difference, a level of sustained investment is needed above and beyond that available through traditional health service routes.

An Estates Strategy is being developed that will set out the plans for the improvement and where needed, renewal of the existing PCT estate. Much of this improvement will be delivered via NHS Local Improvement Finance Trust (LIFT). LIFT represents an excellent opportunity to develop primary care facilities and services in conjunction with local authority and other partners through a co-ordinated and strategic approach. The Strategic Service Development Plan (SSDP) describes the vision of the local health economies for radically improved, modern, patient centred services and plans to develop premises and facilities to help deliver the vision.

The Government's NHS Plan and the challenges contained within it have set the agenda for modernisation of services and NHS buildings. A major programme of measures is being implemented, including:

- modernising primary care premises
- improving access
- reducing waiting times
- developing new primary care centres

Initiatives aimed at supporting and developing the primary care workforce will see an improving focus on delivering quality services tailored to the needs of local people and delivered closer to home. This will require new ways of working and health and social services are already working closely together to provide more integrated and accessible services for local people. Primary care is leading this agenda in many areas through innovative developments.

Ambition: To create a no-wait health economy, in which there is fast, safe and high quality care at all levels of the service.

A substantial part of the national NHS agenda is concerned with improving access to NHS services, notably cutting waiting times. Indeed, this aspect of the service is one of the highest national political priorities and a key yardstick by which local services are judged. Creating a health economy able to cope with these pressures is a challenging task but also plays an important role in supporting an holistic approach to health improvement and contributes directly to improving service users experiences of health care services.

By 2013 we will strive to create a no-wait culture in which patients will have instant access to diagnostic services and specialist opinions.

We will measure our achievements against this ambition by ……

Achieving 18 week waiting list targets

We are putting in place one-stop clinics, direct access to diagnostics and consistently delivered, high quality, patient focussed care pathways.

Ambition: to support communities to be engaged in the design and delivery of public services and solutions to improve the health and wellbeing of all our residents.

The Wanless Report, which investigated future needs for NHS resources, identified three possible scenarios for the future. The best of these- the "fully engaged" scenario- saw health improving substantially, but with a lower demand on resources than the other two scenarios, largely as a result of a "dramatic improvement in public engagement" with their own health and healthcare services.

The NHS is committed to ensuring that patients and the public are at the centre of the decision making process. The establishment of Patients Forums and Patient Advocacy and Liaison Services (PALS) in all NHS organisations is a key part of this. In Halton and StHelens an Involvement and Communications Strategy has recently been developed

By 2013 commissioning in the NHS will be increasingly locally driven, which will mean PCTs will need to have robust commissioning processes that are informed and influenced by the views and opinions of local people.. World Class Commissioning sets out the common attributes that will characterise PCT's – they will engage with the public, and actively seek the views of patients, carers and the wider community.

We will measure our achievements against this ambition by regularly reviewing and recording the expectation and experience of our population.

Halton and St Helens NHS
Primary Care Trust

Making a difference …..

… by playing our part in strengthening disadvantaged communities

Social and material factors have a considerable part to play in enabling individuals to achieve good health. Halton & St Helens PCT works with a range of stakeholders to improve health outcomes for people living in Halton and St Helens. We are a partner in both Local Strategic Partnerships contributing to improving health, building safer communities, improving outcomes for children and young people, and creating a good environment and employment opportunities.

By 2013 we aim to have contributed to creating vibrant, healthy and economically stable local communities.

We will measure our achievements against this ambition by delivery of our Local Area Agreements.

Examples of the work we are doing in partnership include:

- Engaging with communities to identify and address needs
- Meeting the needs of individuals through signposting and referral across agencies
- Contributing to worklessness through enabling people on incapacity benefit to return to work
- Making sure that the NHS as a local employer contributes to the health of staff through workplace policies
- Joint work on drugs and alcohol, contributing to the health and crime agenda.
- Measuring the carbon footprint of our organisation and endeavouring to reduce this year on year.

In 2007/08, the organisation launched the concept of an organisational development programme following on from its Fitness for Purpose review. It was agreed that any organisational development programme would be focussed on values, behaviours, raising of skills profiles and development of organisational behaviours. The launch began in October when the Board met to agree the vision, direction and strategic priorities for the PCT and endorsed the principle of aspiring to the achieving of a Best in Class organisation.

The PCT will continue to adopt a local recruitment policy giving opportunities for employment to the residents of Halton & St Helens. We will also work closely with general practitioners to develop proactive strategies for the rehabilitation of local people back into work after a period of long term sickness.

We are also linking into schools and colleges to enable pupils to leave the education system fit for work within the health and social care sector.

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 10 June 2008

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: NHS Walk-in-Centre based at Widnes for the Borough of Halton

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 A presentation will be given on the proposals for the opening of a NHS Walk-in- Centre, based at the Health Care Resource Centre, Widnes.

2.0 RECOMMENDATION: That the presentation be received.

3.0 SUPPORTING INFORMATION

3.1 The overall aim of the Walk-in-Centre would be to ensure an appropriate response to patient's clinical needs can be organised and delivered, preferably within a primary care or community setting. The report attached as Appendix 1 sets out the proposals in more depth.

4.0 POLICY IMPLICATIONS

4.1 Not applicable

5.0 OTHER IMPLICATIONS

5.1 Not applicable

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Not applicable

7.0 RISK ANALYSIS

7.1 Not applicable

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Not applicable

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 There are no background papers under the meaning of this Act.

Halton and St Helens NHS
Primary Care Trust

Borough of Halton
POLICY & PERFORMANCE BOARD

Subject: NHS Walk-in-Centre based at Widnes for the Borough of Halton

Executive Summary

The purpose of this paper is to inform the Policy and Performance Board of the proposals for the opening of a NHS Walk-in- Centre, based at the Health Care Resource Centre, Widnes.

The overall aim of the Walk-in-Centre is to ensure an appropriate response to patient's clinical needs can be organised and delivered, preferably within a primary care or community setting.

1 Background

1.1 Historic Context

In 2002, Halton and St Helens PCT (formerly Halton PCT) developed plans for the development of two walk-in-centres (WiC) to serve the populations of Widnes and Runcorn. One to be integrated within the planned Widnes Health Care Resource Centre (HCRC) and the other to be developed in Runcorn, co-located within the grounds of Halton General Hospital.

Limited funding was successfully secured from the Department of Health to contribute to the WiC development. This was insufficient to support the vision of the two-centre development. The PCT, therefore, decided to pursue the development of the Widnes WiC proposal in the first instance, with the Runcorn option to be considered at a later date.

A business case was developed in 2004 for the Widnes WiC to be sited within the new Health Care Resource Centre that was to be completed by spring 2006. However, this did not receive approval from the PCT Executive Team, owing to the lack of recurrent revenue that the PCT could identify for the scheme. No further progress was made.

1.2 Reviewing the Case for Halton WiC

The significant acute and chronic health needs of the Halton population that have been identified in the *public health annual reports* continue to be relevant, therefore the service need for a local WiC is strong and further supported by the strategic objectives that have since been identified within national policies such as D*elivering a Patient Led NHS, Transforming Emergency Care, Supporting*

People with Long Term Conditions, Our Health, Our Care, Our Say and the discussion document *Direction of Travel for Urgent Care.*

The PCT has committed to reviewing the need, and opportunity, to commission a WiC, in line with previous aspirations. The WiC will reflect the strategic priorities and plans to deliver local schemes to address urgent care demands and needs.

During 2007/08, the National Patient Survey results were published, the results indicated poor access for the residents of Widnes, and with the increasing demand on existing urgent care services across the PCT, implementation of the WiC will reduce pressure in the system and improve local access targets for the PCT.

The WiC will be co-located within the HCRC and will be open in June 2008. The HCRC provides a wide range of primary care and community health services, as well as a number of joint services in partnership with Halton Borough Council, therefore there is scope for services to be enhanced and developed to provide flexibility in access and choice for local people

2 Service Benefits

2.1 Primary Care Services

The PCT has already demonstrated a commitment to the development of services that provide flexible and direct access to care for minor illnesses within community settings, and as such have already developed two successful Primary Care Access Centres in Halton and a WiC in St Helens. These centres are nurse led and would form, with the development of the WiC, a network of primary care driven, urgent care services and facilities that could collectively support efficient care pathways and assure effective and sustainable governance arrangements.

The development of the WiC at the HCRC has the potential to deliver significant benefits in access, health gain and efficiency for urgent care across the LHC. It will integrate with the GP Out of Hours Service, (already operational from the HCRC) and will work collaboratively with the two access centres and the Halton Urgent Care Centre which is being developed later this year.

Collaborative and/or integrated working between all urgent care services across the PCT will avoid duplication of service delivery and funding, and will ensure a quality service that provides 24/7 access to primary care services across the PCT.

The WiC will be operational from 07.00 – 22.00 hours, seven days a week, 365 days per year.

The WiC will support and increase access to services across Halton and will provide 24/48 hour access to a Health Professional.

The WiC will also provide an alternative to local A&E departments. Halton patients who currently present at A&E with minor illness/ ailments will be informed of the availability of the new service. This will be an ongoing communication, in addition to the initial marketing campaign prior to launch. The PCTs plans to develop Single Point of Access services to navigate patients to the most appropriate health setting will also be used.

The second phase for the development of the WiC will look at providing the management and treatment of admission avoidance schemes e.g. IV therapy, DVT services

The WiC will also support the principles contained in the public consultation document titled the *Direction of Travel for urgent care* published by the Department of Health in 2006.

This document identified six principles of urgent care that are defined from the point of view of a person using services or their carer. These principles will provide the framework for development of the WiC:

One	My **voice** as a service user or carer is clearly heard and acted on.
Two	I **know** how to access services if I have an urgent need
Three	If I have an urgent need I can assess care **quickly and simply**
Four	My **safety** is paramount to everyone who cares for me
Five	I can **rely** on getting the right care **whenever** I need it and **whoever** I am
Six	The care I receive meets my needs **appropriately, taking account of the urgency and value for money**

3 Clinical Governance arrangements

A Clinical Governance Group, which will include PCT Medical and Clinical membership, will be established to confirm that the new arrangements are robust and safe for patients.

4 Performance Standards

4.1 In line with national policy, attendance at the Walk-in-Centre will meet the 4 hour A&E target.

5 Implementation

5.2 A significant amount of work is being undertaken with the Halton GP Out of Hours Service and other PCT provider services to ensure the services are seamless and compliment one another.

5.3 This development forms part of a wider piece of work to introduce a 'Single Point of Access' to enable health and social care professionals to access alternatives to hospital admission.

5.4 A communication strategy has been developed which includes a stakeholder event. This will be rolled out over the next few weeks prior to the introduction of the new service

6 Recommendations

6.1 Members are asked to:

- Receive the update on the WiC within the Health Care Resource Centre and the official opening of June 2008.

Author: Marie-Ann Nelson
Acting Head of Urgent Care for Halton and St Helens PCT

Date: 13th May 2008

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 10 June 2008

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: Equitable Access to Primary Medical Care

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 A presentation will be given on Equitable Access to Primary Medical Care by Alan Rice, Halton and St Helens PCT.

2.0 RECOMMENDATION: That the presentation be received.

3.0 SUPPORTING INFORMATION

3.1 Not applicable

4.0 POLICY IMPLICATIONS

4.1 Not applicable

5.0 OTHER IMPLICATIONS

5.1 Not applicable

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Not applicable

7.0 RISK ANALYSIS

7.1 Not applicable

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Not applicable

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 There are no background papers under the meaning of this Act.

REPORT TO: Health Halton Policy and Performance Board

DATE: 10th June 2008

REPORTING OFFICER: Strategic Director, Health & Community

SUBJECT: Review of Travel Policy & Procedure

WARDS: Borough-wide

1.0 PURPOSE OF REPORT

1.1 To provide the Board with an update on the proposed changes to the Travel Policy & Procedure for the Health & Community Directorate.

2.0 RECOMMENDED: That Members note and comment upon the appended Policy and Procedure.

3.0 SUPPORTING INFORMATION

3.1 In February 2007, the Directorate consulted widely on proposals for changes to charges for social care services. All service users/carers were sent a copy of a survey form to complete and return and eight open forums were held in locations across the Borough so that people could come and talk to officers about the proposals and make their views known. The results of the survey were considered on charging for social care services and recommendations for changes to charges for social care services were made including the introduction of a charge for transport provision. Of those surveyed, 74% who thought that charges should be made for transport services, indicated that they thought it was reasonable to ask people to pay £1.00 a trip up to a maximum of £4.00 a day**.**

3.2 Following the consultation, for the first time, a charge of 50 pence a trip with a maximum charge of £2 per day/ £8 per week was introduced in 2007.

3.3 As a consequence of introducing charges for transport it was necessary to review the Travel Policy, Procedure and Practice to ensure that:

- The independence of service users was encouraged by utilising Travel Trainers and by encouraging those eligible for concessionary travel passes and mobility benefits to apply for them.
- Staff and managers were clear about the eligibility criteria to use when assessing people for transport services.
- Staff and managers were briefed on the introduction of charges for local authority provided transport including fleet vehicles, taxis and volunteer driver transport.

3.4 A parallel review of operational practice in 2007 also revealed high usage of sole occupancy contracts. The annual cost of sole occupancy contracts at the time was £76,375 for 19 in borough and 5 out-of-borough services. As a

consequence of these high costs, criteria were developed (Appendix 1) to ensure that a Panel subjected the costs of sole occupancy transport to approval as part of the care assessment process.

3.5 Appendix 2 shows the current and proposed charges for Transport by other Local Authorities in the North West. Halton's charges register as significantly cheaper than its neighbours who have similar levels of deprivation but who charge more than £1 per trip.

3.6 Appendix 3 shows how satisfaction with transport services has improved during 2007/8. Three surveys conducted in May and August 2007 and March 2008 by Transport Co-ordination show increased and maintained transport service user satisfaction ratings. There has been a significant capital investment in the Council fleet in 2007/8.

3.7 Currently on average 520 service users receive transport services from Transport Coordination each month. The service continues to change and expand due to the redesign of the provision of day services, which has led to wider dispersal of daytime activities including gardening, catering, crafts and drama across 14 centres.

3.8 Given increased transport usage per day with day centre modernisation, demonstrable improvements in service quality, previous consultation responses and the need to cover a greater proportion of the service/petrol costs and assumed budgetary savings targets; increases to transport charges were approved by full Council on 5th March 2008 and Executive Board Sub Committee on 20th March 2008. Executive Board Sub Committee Members also approved amendment to the maximum weekly charge as follows:

- To charge a maximum weekly charge of £10.00 to those not in receipt of the higher rate mobility component of Disability Living Allowance
- To charge a maximum weekly charge of 50% of the higher rate mobility component of Disability Living Allowance £46.75 per week for 2008/9 namely £23.00 per week to those in receipt of it.

3.9 It is proposed that the Healthy Halton PPB note and comment upon changes to this policy in the following areas:

- Promote a range of travel options available to adults over the age of 18 who access social care services
    - with an update on the concessionary travel pass which can now be used nationwide,
    - information on the Blue Badge Scheme
- Approves the introduction of a criteria for the single occupancy use of taxis or other LA provided transport
- Place emphasis on reducing air pollution and encourage the use of sustainable resources by promoting the use of public transport.
- An Eligibility Quick Practice Guide as Appendix 1 to this report, which professionals may detach and take with them on visits.

4.0 POLICY IMPLICATIONS

4.1 Revisions to the Draft Transport Policy, Procedure and Practice have been amended in line with 3.9 above, including Appendix 3 to the attached policy – an eligibility quick practice guide including the criteria for single occupancy vehicles, as this represents a policy change.

5.0 OTHER IMPLICATIONS

5.1 None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

To provide an effective transition for young people with disabilities.

6.2 Employment, Learning & Skills in Halton

To provide transport facilities that meets the needs of those people in Halton in accessing services.

6.3 A Healthy Halton

The proposal would promote a range of travel options available to people whom access services and promote and maintain the independence of people by encouraging and supporting independent travel, as well as managing financial resources effectively and ensuring value for money.

6.4 A Safer Halton

None.

6.5 Halton's Urban Renewal

The proposal would maintain and develop the Local transport network, meeting the needs of residents in Halton.

7.0 RISK ANALYSIS

7.1 It is inevitable that a small number of service users, families and carers will not support increased charges for transport and there is a risk that some service users may refuse to pay. However, to date 99.9% of service users have paid the charge for transport. In instances where service users do not pay and accrue a debt, existing debt recovery processes are administered to recover the debt. However, every effort will be made to encourage service users to travel independently and to apply for benefits and concessionary bus passes they are entitled.

7.2 Legally, increases to charges can be justified if we can demonstrate that future provision needs to be more cost effective. The Local Government Act 2003 includes a general power for best value to charge for discretionary services i.e. those services that the authority has the power, but is not obliged, to provide. Guidance is issued under the power in section 93, which states charges are limited to cost recovery. The Department of Health's fairer Charging Policies for Home care and other Non- Residential Social Services Guidance, Sept 2003, state that where Councils charge for non-residential services, flat rate charges are acceptable.

8.0 EQUALITY & DIVERSITY ISSUES

8.1 None associated with this report.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 There are no background papers under the meaning of the Act.

APPENDIX 1

TRAVEL POLICY, PROCEDURE & PRACTICE

ELIGIBILITY QUICK PRACTICE GUIDE

Use of public transport to access services

For individuals who are able to travel independently or are able to be supported to travel independently, options such as the Travel Training initiative, public transport, use of concessionary travel passes and use of the Disability Living Allowance (Motability component) should be discussed with them.

Fleet transport / multiple occupancy of a vehicle

In order to use fleet transport or any other multiple occupancy vehicle provided under contract by the Council (including taxis and volunteer driver vehicles) the individual must be eligible to receive transport in accordance with Sections 1.4 and 3.1 of this Policy. To reiterate, the individual:

- Should be unable to travel independently.
- Does not have access to personal transport or lives with a carer/family member (ie, someone who is not paid to provide care) who has personal transport but is unable to transport them to/from the service due to employment or other caring commitments, illness or incapacity.
- Does not have a motability vehicle.
- Cannot gain access to other voluntary or private transport that is available.

Single occupancy

In addition to the indicators for transport funded by the Council above, to qualify for single occupancy of a taxi or any other vehicle provided under contract by the Council, the individual must have:

- A high level of challenging behaviours requiring a Level 2 risk assessment and a risk management plan to manage safety, which specifies why a single occupancy taxi/vehicle is necessary.

Important:
When an assessment or review is carried out for services, an assessment for transport services should be undertaken at the same time and presented to Panel. For single occupancy taxis/vehicles to be used, Panel must approve that the above criteria has been met. The Level 2 risk assessment must be supplied to Transport Co-ordination along with the Transport Request Form.

APPENDIX 2 **Analysis of Separate Charges for Transport**

As part of your local Charging Policy for non residential services do you make a separate flat rate (or other) charge for people using transport to day centres/ community based services
If so what do you charge and when did you implement / intend to implement

Authority	Type of Charge	Charge one way £	Charge return £	Implementation Date	Comments
Blackburn	**Flat rate**	**1.00**	**2.00**		**Proposal for Comm Transport Service to operate 7 days/week also to be charged at £1 per journey**
Blackpool	**Flat rate**	**0.60**	**1.20**	**1999**	
Bury			**3.10**		**No Flat Rate. Charge up to £3.10 per return journey based on assessment.**
Halton		**0.50**		**Apr-07**	**From Apr 07: 50p/trip up to a max of £2/day or £8/week. Proposal in Budget to increase charges in 2008/9.**
Lancashire					**No separate charge for transport to day centres. No immediate plans to charge in future.**
Liverpool					**No charge at present. Proposal to Members of £3 return flat rate for 2008/9.**
Knowsley					**No charge at present. Proposal to Members of £2 a day return trip 2008/9**
Rochdale					**No charge at present. Negotiations currently taking place re implementing flat rate charge in cycle of budget setting**
Sefton					**No charge at present.**
St Helens	**Flat rate**	**1.12**	**2.24**	**Oct-02**	**Paid regardless of financial assessment. Introduced when Fairer Charging was implemented**
Tameside	**Flat rate**	**1.30**	**2.60**		**If in receipt of another service, e.g. home care, the transport and attendance at day care is included in fairer charging assessment.**

Warrington	**Flat rate**	**1.50**	**3.00**	**Oct-06**	**Implemented along with revised non-res charging policy**
Wirral	**Flat rate**	**4.42**	**8.84**		**These charges apply to full cost clients - ie those above capital limit of £25K Clients below capital limit assessed against income as per fairer charging guidance**

APPENDIX 3- TRANSPORT SATISFACTION SURVEYS

- **Passenger Consultation on Transport - May 2007**

As a result of recent customer surveys, we can report that positive results were received as follows:
- 92% happy overall with transport;
- 100% said that vehicles were suitable;
- 82% reported transport is punctual
- 96% said staff wear their ID badges
- 100% said that drivers / passenger assistants are courteous and helpful

Source: Survey form posted out to all current registered service users, 48% returned.

- **Passenger Consultation on Transport - August 2007**

Following recent consultation during pre –organised visits to centres (Bridgewater, Oak meadow, Day Services centres, Volunteer Driver passengers) a total of 74 passengers were surveyed with very positive results received as follows:
- 86.5% satisfied with transport, reporting good or very good;
- 86.4% said vehicles were suitable, reporting good or very good;
- 94.6% reported drivers are helpful, good or very good
- 83.7% say pick ups are convenient reporting good or very good
- 85.2% said transport is reliable, always or mostly on time
- 71.5% said transport is flexible
- 8% reported they would consider public transport if training was provided

- **Passenger Consultation on Transport - March 2007**

As a result of recent customer surveys, we can report that positive results were received as follows:
- 96.6% happy overall with transport;
- 97.6% said that vehicles were suitable;
- 89.0% reported transport is punctual
- 98.9% said staff wear their ID badges
- 98.9% said that drivers / passenger assistants are courteous and helpful
- 3.8% said if a free travel pass was provided they would be able to use public transport to/ from day centre.
- 10.5% of service users responding said they would be interested in receiving information on independent travel training (90% responded to this question).

Source: Survey form posted out to all current registered service users, 58% returned.

- **Improvements in Capital Assets - Council Fleet**

The Council's fleet of seven fully accessible minibus vehicles has been replaced with new modern vehicles and at the same time the new 'Door to Door' branding has been used on all vehicles, from September 2007.

HALTON BOROUGH COUNCIL

Health & Community Directorate

Travel Policy, Procedure and Practice

April 2008

CONTENTS

INFORMATION SHEET

Service areas	• Adults with Learning Disabilities • Physical & Sensory Disability Services • Mental Health Services • Older People's Services • Independent Living Services
Date effective from	1st April 2008
Responsible officer(s)	• Operational Director, Adults of a Working Age • Operational Director, Older People's Services • Divisional Manager (Finance & Support)- Health & Partnerships • Service Development Officer, Adults
Date of review(s)	Annual
Status: • **Mandatory (all named staff must adhere to guidance)** • **Optional (procedures and practice can vary between teams)**	Mandatory
Target audience	All staff and managers in the above service areas
Date of Committee decision	• Executive Board Sub Committee 20th March 2008 • Healthy Halton Policy & Performance Board 10th June2008 • Executive Board Sub Committee 17th July 2008
Related document(s)	• Children & Young People's Directorate Transport Policies • Strategic Best Value Review of Transport Report • Service Level Indicator Policy for Adults with Learning Disabilities • Service Level Agreement between Environment & Health & Community for the Provision of Transport
Superseded document(s)	Health & Community Directorate Travel Policy Procedure & Practice, April 2007
File reference	CC/PPP/10/Apr 08

POLICY

Practice

1.1 INTRODUCTION

This Travel Policy and Procedure provides a range of options to staff in the consideration of the provision of travel assistance to people who access social care services. The Policy outlines the Directorate's principles with regard to the promotion of travel independence for individuals and with regard to the provision of transport to people who access services and associated charges.

The Procedural element of the Policy and Procedure provides staff and managers with guidelines in accessing independent travel initiatives and the assessment of eligibility and provision of transport funded by the Council.

The Policy and Procedure applies to all adults aged 18 years and above who access learning disability services, physical and sensory disability services, mental health services, older people's services and independent living services.

Implementation of the Policy is dependent on resource decisions in future years, which the Directorate cannot predict or forward commit.

1.2 AIMS OF THE POLICY AND PROCEDURE

This Policy and Procedure aims to:

- Promote a range of travel options available to people who access services so that they can choose how they travel.
- Promote the independence of people by encouraging and supporting independent travel and the use of concessionary travel passes to access cultural and leisure services and other healthy activities available in the borough.
- Provide clear guidelines to staff and managers on the provision of transport.
- Provide clear guidelines to staff and managers regarding the charges associated with the provision of transport.
- Reduce air pollution and encourage the use of sustainable resources by promoting the use of public transport.

1.3 PROMOTING INDEPENDENT TRAVEL

The Directorate is committed to promoting people's independence, therefore, every effort should be made to encourage people who access services to travel independently where possible. The following options are available.

Concessionary Bus Travel:
The Concessionary Bus Travel Bill implements the announcement by the Chancellor of the Exchequer in the 2006 Budget that everyone over the age of 60 and disabled people will receive free

POLICY

Practice

off-peak travel on all local buses in England from April 2008. Prior to that date individuals could travel free off-peak on all buses within their local authority area. Central Government is providing up to £250m a year to support the extension to the concessionary bus travel scheme.

Every effort should be made to encourage those people who access services who are eligible to apply for a concessionary travel pass to obtain one.

Mobility Management Team:
The Mobility Management Team, which is part of Transport Co-ordination, has taken on the role of the Neighbourhood Travel Team. The Team provides information on the public transport network within the borough and on accessible and special services. It offers tailored Personalised Journey Plans to provide specific journey advice to Halton residents, which provide travellers with all the public transport options available for their journey.

The Team also offers independent travel training for those who face difficulty with transport and require additional support.

Dial-a-Ride:
Dial-a-Ride, operated by Halton Community Transport, provides a pre-bookable door-to-door service for people who are unable to use public transport because of disability or mobility problems. Individuals must register with Dial-a-Ride to use this service. Registration is free. The concessionary travel pass can be used on this service.

1.4 PRINCIPLES OF PROVIDING TRANSPORT

The following principles should be adhered to:

1. All those who access services, regardless of their age or disability, will be deemed able to travel to the service provided without financial or other assistance.

2. An appropriate mode of transport, eg, supported transport, taxi, passenger transport services, volunteer driver vehicle, will only be considered after the use of public transport, bus pass, Motability and Disability Living Allowance entitlement, has been thoroughly considered and deemed inappropriate.

3. If eligible, the provision of transport will only be agreed from an agreed pick up and return point lying within the Halton borough boundary. Trips that do not form part of an agreed care package will be the responsibility of the service user/parent/carer. 'Home to service' is defined as "picked up address to agreed establishment and return" at the normal service hours.

POLICY	Practice
4. If the person accessing services is in receipt of a mobility allowance this must be utilised by them to purchase private transport, eg, taxis. Should the person have a motability vehicle the provision of transport by the Council can be refused.	
5. Before Council funded transport is considered the assessor and person accessing the service and/or their carer should explore the individual's eligibility for Disability Living Allowance (mobility component) and any use of Motability.	
6. The Council provides assistance with transport to promote people's independence and provide value for money, eg, by providing travel training. Wherever possible, the Council will only provide transport, ie, a taxi, volunteer driver vehicle or special transport, until an alternative can be provided, eg, until travel training is successfully completed or an accessible public transport bus is available. Where a person's ability to use public transport depends on travel training being provided, transport will be authorised for a limited period of up to a maximum of 6 months so that the training can take place.	
1.5 PRINCIPLES OF CHARGING FOR TRANSPORT	
The Local Government Act 2003 and Fair Access to Care Services Guidance allows for discretionary services to be charged in addition to the means tested charge for a social care package.	Section 93, Local Government Act 2003
The following principles should be adhered to:	
1. If a person accessing services is eligible to receive help with transport and is provided with a transport service which is funded by the Council, they will be asked to contribute towards the cost of each journey. This will be a fixed charge and will be made in addition to the assessed charge of their care package.	
2. Charges will apply to all journeys made by service users both within the boundary of the borough and out of the borough.	
3. A ceiling will apply for the maximum amount an individual can be charged per week (refer to Para. 1.6). Any transport trips made above this ceiling will be provided free of charge.	
4. Those who receive care services provided under Section 117 of the Mental Health Act will be exempt from charges.	
5. Those people who are discharged from intermediate care/respite services and provided with transport to their place of residence will be exempt from charges.	

POLICY

Practice

6. Those people who are invited to participate in service development initiatives in their capacity as people who use services and who are unable to make their own way to/from a venue and are provided with transport will be exempt from charges.

1.6 CHARGING RATES

Trips made within the borough boundaries:

£1.00 per trip for all service users.

A trip is defined as being a single journey, therefore, the charge for a person being picked up from home (within the boundary of the borough) and taken to, for example, a day care activity would be £1.00. For that person to be taken from the place of activity to another venue within the borough's boundary or back home would incur another charge of £1.00.

In order to support the day service modernisation agenda in Halton whereby a culture shift from traditional building based services to one where people engage in community based activities is striving to be achieved, a ceiling has been placed on the maximum amount an individual can be charged per week.

For those not in receipt of the higher rate mobility component of the Disability Living Allowance a maximum weekly charge of £10.00 will be made.

For those in receipt of the higher rate mobility component of the Disability Living Allowance a maximum weekly charge of £23 per week will be made, ie, 50% of the higher rate mobility component £46.75 per week for 2008/09.

Any transport trips made above this ceiling will be provided free of charge. This will ensure that people accessing services do not incur high transport costs.

Organised trips beyond 10 miles of the borough boundaries:

The cost of the trip should be subject to separate arrangements, with funding/recovery of costs to be agreed by those service areas who have arranged the trips.

1.7 TYPE OF TRANSPORT CHARGES APPLY TO

A transport charge will be applicable to any individual accessing social care services who uses transport that is provided and funded by the Council. Currently transportation provision by the Directorate is made through a combination of procurement via Transport Co-ordination/Fleet Management and direct

POLICY

Practice

procurement via tendered contracts and adhoc private hire from a list of approved contractors.

The type of transport provided to an individual will be at the discretion of the Health and Community Directorate and will be on the basis of cost effectiveness. This includes a place, from an appropriate collection point, on a

- Directly procured vehicle
- Fleet vehicle
- Taxi
- Volunteer Driver vehicle
- Any other vehicle provided by the Council

From October 2006 a Volunteer Driver Scheme for adults and older people has been in place. This Scheme is co-ordinated and managed by the Transport Co-ordination Section. This service is delivered by volunteer drivers using their own vehicles to transport people without access to public transport, particularly the elderly and those with a disability. All drivers are CRB checked and trained in Passenger Assistant's Training as part of the recruitment and induction process.

The Scheme provides an additional option for staff when considering the best form of transport for individuals and benefits people by offering them a flexible door-to-door service. Every attempt is made by Transport Co-ordination to utilise a volunteer driver who resides within a 3 mile radius of the individual using the service.

1.8 POST 16 HOME TO SCHOOL/COLLEGE TRANSPORT

It should be noted that the Children's and Young People's Directorate (CYPD), in partnership with other key agencies represented on the Halton Post 16 Learners Transport Partnership is responsible for setting transport policies for providing transport for post 16 learners. The CYPD will instruct Transport Co-ordination to provide specific help and assistance to post 16 learners who are deemed eligible for assistance under these policies.

It must be noted that CYPD will under certain circumstances require home to college transport to be arranged for learners with special educational needs up to the age of 25.

PROCEDURE

Practice

2.0 INDEPENDENT TRAVEL

This Section provides guidance on accessing initiatives which encourage and support independent travel.

2.1 CONCESSIONARY TRAVEL PASS

From 1st April 2008 a new national bus pass will be available to anyone over the age of 60 years or who qualifies for a disabled persons bus pass.

The national pass will allow free travel anywhere in England from 9.30am to 11pm Monday to Friday and all day on Saturday, Sunday and Bank Holidays. Passes are not valid for travel in Scotland or Wales. As Halton is part of the Cheshire concessionary scheme, pass holders who are permanent residents of Halton will also be able to continue to use their new passes for existing extra local concessions, ie, half fare before 9.30am Monday to Friday and free travel until midnight on any journey which starts or finishes in Cheshire. (This includes journeys which commence in Cheshire and end in Wales but not onward journeys in Wales)

Applications for new senior citizen passes should be made in person at any of the Halton Direct Link one stop shops. Applicants will need to provide proof of age and two passport sized photographs. Applications for disabled persons bus passes can made by post and can be requested from the Contact Centre on 0151 9078300.

2.2 INDIVIDUAL TRAVEL TRAINING

Referrals for travel training should be made to the Transport Co-ordination Section by completing a Transport Request Form (Appendix 1). Transport Co-ordination will then arrange a comprehensive needs based risk assessment in consultation with the individual for whom the referral has been made and their parent/guardian/carer as appropriate, plus the learning provider.

An individual Travel Training Programme will then be developed to suit the particular needs of the person. It may take a considerable period of time before the person is deemed fit to travel independently by public transport, or by walking, cycling, etc. On satisfactory completion of the Travel Training Programme the person will be able to travel independently with the signed agreement of either themselves or their carer. Transport Co-ordination will closely monitor their progress.

PROCEDURE

Practice

2.3 DIAL-A-RIDE

Dial-a-Ride, operated by Halton Community Transport, provides a pre-bookable door-to-door service for people who are unable to use public transport because of disability or mobility problems.

Registration is free and the service accepts the concessionary travel pass, therefore, with this pass travel is free after 9.30am. Dial-a-Ride can be contacted on 0151 2572414.

2.4 BLUE BADGE SCHEME

The Blue Badge Scheme gives parking concessions for disabled and blind people who travel either as drivers or passengers.

The Scheme applies throughout England and allows badge holders to park close to their destination and use any special arrangements for Blue Badge holders, eg, reserved parking spaces.

A Badge can be obtained if an individual:

- Is in receipt of the higher rate of Disability Living Allowance.
- Is in receipt of a Mobility Allowance.
- Is in receipt of a War Pensioner's Mobility Supplement.
- Uses a motor vehicle supplied for disabled people by a Government Health Department.
- Is registered blind.
- Has a severe disability that makes it difficult for them to park in normal parking spaces.
- Has a permanent or substantial disability which means they are unable to walk or have considerable difficulty in walking.

Application forms for Blue Badges can be obtained from any of the Halton Direct Link one stop shops or by contacting Customer Services on 0151 9078306.

3.0 PROVISION OF TRANSPORT

This Section provides procedural guidance on the provision of transport funded by the Council to people accessing social care services and associated charges.

3.1 ASSESSING ELIGIBILITY CRITERIA

Staff should assess an individual's eligibility for the provision of transport using the criteria outlined below. For a person to be eligible to receive help with transport, all of the following 6 bullet points must apply:

- To receive help with transport, ie, the provision of a taxi, volunteer driver or special fleet transport, a person must first

An Eligibility Quick Practice Guide is appended (Appendix 3) which may be detached and used by professional staff as a quick guide to

PROCEDURE

Practice

meet the criteria for the service to which they are being taken.

assessing transport provision.

- The person must be unable to take part in the specific service or activity unless transport is provided.

- The person must be unable to use public transport because one or more of the following reasons apply:
  (i) Difficulty of physical access and the interior design and layout makes this impossible.
  (ii) To use public transport would mean an unacceptable risk to the health and safety of the individual and/or to the other passengers.
  (iii) Assistance is required that cannot be provided by the Council, volunteers or a carer.
  (iv) The individual has made insufficient progress in travel training.

- The person does not have access to personal transport **or** lives with a carer/family (ie, someone who is not paid to provide care), who has personal transport but is unable to transport them to the service because of employment or caring commitments, illness or other incapacity.

- The person does not have a motability vehicle.

- The person cannot gain access to other voluntary or private transport that is available.

Single occupancy

To qualify for single occupancy of a taxi or any other vehicle provided under contract by the Council the individual must have a high level of challenging behaviours - requiring a Level 2 risk assessment and a risk management plan to manage safety, which specifies why a single occupancy taxi/vehicle is necessary.

Important: When an assessment or review is carried out for services, an assessment for transport services should be undertaken at the same time and presented to Panel. For single occupancy taxis/vehicles to be used, Panel must approve that the above criteria has been met. A Level 2 risk assessment must be supplied to Transport Co-ordination along with the Transport Request Form.

3.2 ASSESSING RISK

If a person accessing services is eligible to receive transport, staff should risk assess the suitability of the individual to be transported and consider any pertinent mobility issues, the wheelchair size (if applicable), whether a passenger assistant (escort) is required, any medical issues and any other information that may affect the environment or way in which the person is transported.

PROCEDURE

Practice

Transport Co-ordination will carry out a parallel risk assessment to ensure that equipment provided, etc, during transport is suitable for the individual.

3.3 REFERRAL PROCESS

If a person is eligible to receive transport and a risk assessment has been carried out, before confirmation of transport provision is given to them a clear understanding and agreement must be reached with them and their carer, where appropriate, of how much it will cost them to use the transport service.

Once agreement to the charge from the individual has been received, a Transport Request Form (Appendix 1) will be completed and submitted to Transport Co-ordination.

The process as outlined in Appendix 2 will then be followed.

3.4 RECORDING AND BILLING

At Step 5 of the process outlined in Appendix 2, Transport Co-ordination will notify the member of social care staff responsible for making the transport request of transport arrangements put in place, ie, the date transport will be provided from, type of transport, pick up times, etc. Transport Co-ordination will also at this point notify the Financial Services Team within the Health and Community Directorate of these arrangements.

Transport Co-ordination will advise the Financial Services Team within the Health and Community Directorate of actual transport journeys undertaken by individuals via standard service returns. The Financial Services team should also be advised of any changes or terminations in relation to transport provision.

Charges for transport will then be included but shown separately on service user invoices covering other social care charges sent out on a 4 weekly basis in arrears. Individuals will only be charged for actual journeys undertaken.

3.5 DEBT MANAGEMENT

It is the responsibility of officers of the Council to collect monies due to the Council. All payment arrears will be followed up promptly and sensitively, in accordance with Council debt recovery policy.

There will be an expectation that those in receipt of Direct Payments would fund their transport costs using their Direct Payment, however, it must be borne in mind that Direct Payments cannot be used to purchase in-house services.

PROCEDURE

Practice

3.6 REVIEW AND TERMINATION OF SERVICE

The continuation of the provision of transport and/or passenger assistants/escorts will be reviewed, along with other elements of the care package, annually at a minimum.

In the event of the proposed removal of transport, Transport Co-ordination will be notified by social care staff 6 weeks in advance where practical of the intended termination of the transport, as will all other affected parties, including the Financial Services Team.

3.7 COMPLAINTS PROCEDURE

Should a person who accesses services or their carer wish to have the opportunity to challenge any decisions made with regard to transport provision, they should be provided with details of the Council's Social Care complaints procedure, which has a clear route of appeal and timescale for handling complaints and a dedicated Social Care complaints telephone line.

Individuals and/or their carers should be provided with the leaflet 'Listening to You' explaining how to complain about Social Services in Halton, which is available in accessible formats and different languages. The leaflet and details of the complaints procedure can also be accessed online via the Council's internet website www.halton.gov.uk.

The dedicated Social Care Complaints telephone number is 01928 704411.

HALTON BOROUGH COUNCIL

HEALTH & COMMUNITY TRANSPORT REQUEST FORM

Customer Reference No. .....

Transport Service: *(delete as appropriate)*	**ALD**	**PSD**	**MH**	**OP**	**ILS**	**ICS**
	Adults with Learning Disabilities	**Physical & Sensory Disabilities**	**Mental Health**	**Older People**	**Independent Living Services**	**Intermediate Care Services**

Service User's Name: ..... **Date of Birth:** .....

Address: .....

.....

Post Code: ..... **Telephone Number:** .....

Carer/Next of Kin Name: .....

Relationship: ..... **Telephone Number:** .....

Alternative Emergency Address: .....

Social Worker Name: ..... **Contact Number:** .....

Transport Details: Regular / One Off / Short Term / Temp Medical / Alteration / Recommence / Additional

Cancellation: Permanent / Until Further Notice / One Off

Day(s): ..... **Date effective:** ..... **Times:** .....

From: .....

To: .....

Can Travel: On Fleet Vehicle **Y / N** In taxi **Y / N** In Minibus **Y / N**
With Volunteer Driver **Y / N** With Other Service Users **Y / N**
On Bus Service with a Travel Pass **Y / N** Travel Training Required **Y / N**

Transport Choice Preference 1: ..... **Transport Choice Preference 2:** .....

Eligibility Criteria Met: ..... **YES / NO** **Service User / Carer Agreed to Charges (Please Strike Through)** ..... **YES / NO** **Signed By:** .....

If not statutory distance, state reason transport awarded: .....

Risk Assessment Date: .....

Special Conditions: .....

Nature of disability: .....

Passenger Assistant Required: ..... **YES / NO** **Any Specific Requirement:** .....

Medication Details: ..... **Access Requirements:** .....

Can be left at home alone: **YES / NO** **Any Other Information:** .....

Mobility: ..... **Mobility Aids:** .....

IF WHEELCHAIR, PLEASE COMPLETE CONTINUATION SHEET

Requested by (Name): ..... **Contact No:** .....

Authorised by (Name): ..... **Team:** .....

Position: ..... **Contact No:** .....

Above Request Meets Criteria: **Y / N** **If No, Reason:** .....

If No, has been agreed by Divisional Manager: **Y / N** **Name of DM:** .....

HALTON BOROUGH COUNCIL

CONTINUATION SHEET

Service User's Name: .....

Wheelchair Type: **Manual / Powered** **Model:** .....

Wheelchair Dimensions: **Height:** ..... **Length:** ..... **Width:** .....

If can transfer, can wheelchair be folded: **YES** ☐ **NO** ☐ **N/A** ☐

2nd Wheelchair Type: **Manual / Powered** **Model:** .....
(If Applicable)

Wheelchair Dimensions: **Height:** ..... **Length:** ..... **Width:** .....

If can transfer, can wheelchair be folded: **YES** ☐ **NO** ☐ **N/A** ☐

Seating System: **YES** ☐ **NO** ☐ **Details:** .....

Wheelchair Weight: ..... **Passenger's Weight:** .....

Overall Weight (wheelchair with occupant): .....

MODIFICATIONS FOR MAIN WHEELCHAIR (please provide details):

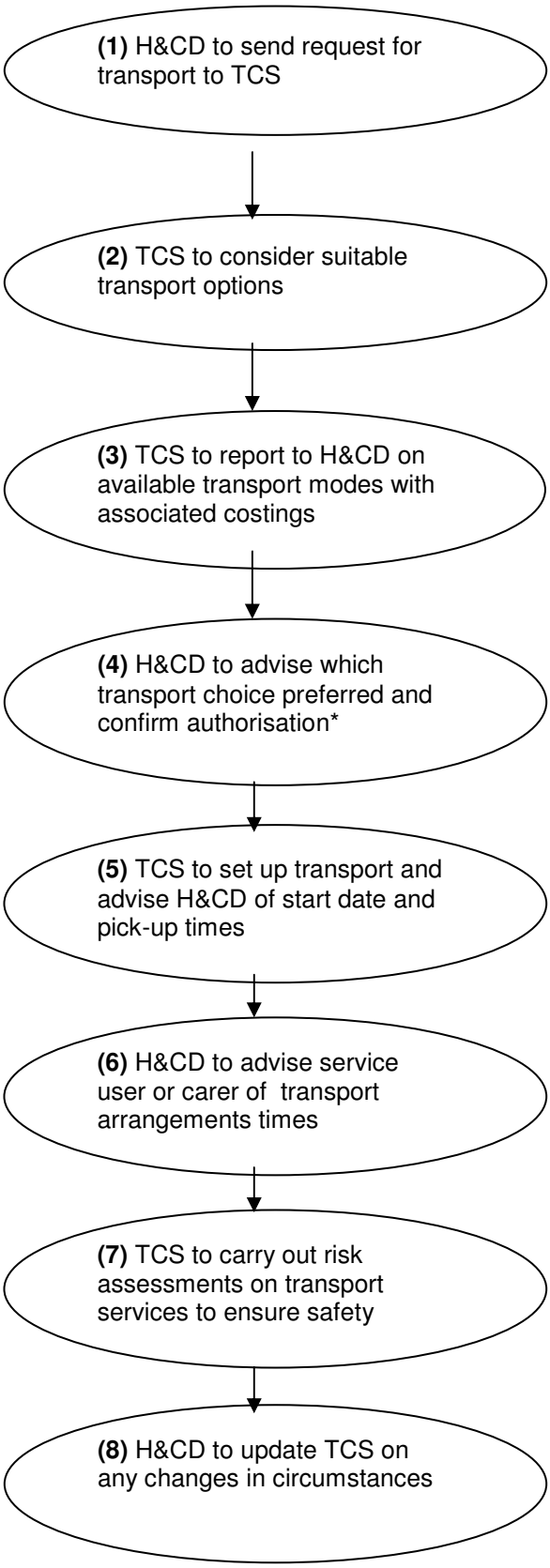
Knee Blocks:	**YES**	☐	**NO**	☐	**Details:**	.....
Elevating Leg Rest:	**YES**	☐	**NO**	☐	**Details:**	.....
Footboard:	**YES**	☐	**NO**	☐	**Details:**	.....
Tray:	**YES**	☐	**NO**	☐	**Details:**	.....
Communication Aid Mounting:	**YES**	☐	**NO**	☐	**Details:**	.....
Oxygen Cylinder Carrier:	**YES**	☐	**NO**	☐	**Details:**	.....
Recliner Back:	**YES**	☐	**NO**	☐	**Details:**	.....
Extended Back Rest:	**YES**	☐	**NO**	☐	**Details:**	.....
Head Rest:	**YES**	☐	**NO**	☐	**Details:**	.....
Kerb Climbers:	**YES**	☐	**NO**	☐	**Details:**	.....

Harness Type: .....

RETURN BY: e-mail: transport.co-ordination@halton.gov.uk fax: 0151 471 7521

APPENDIX 2

FLOW-CHART DIAGRAM FOR TRANSPORT REFERRAL



(1) can be sent be e-mail or fax
(1) needs to provide full details including level 2 risk assessment for single occupancy

(2) including those preferred modes
(2) considering any special conditions

(3) including on preferred transport
(3) including other available modes
(3) considering all relevant conditions

(4) *authorisation where cost incurred
(4) *depending on level of extra cost
(4) *may need to re-send transport form with authorisation details

(5) start date at necessary notice period
(5) pick-up times at those requested
(5) also to advise Financial Services Team (Anne Jones, Principal Manager, RTH)

(6) ensuring time is given as 'estimate'

(7) taking into account service user information contained
(7) to feed back any details relevant
(7) with view to making practical changes

(8) to personal details, medical conditions or transport arrangements
(8) from service user's annual reviews

H&CD = Health & Community Directorate

TCS = Transport Co-ordination Section

APPENDIX 3

TRAVEL POLICY, PROCEDURE & PRACTICE

ELIGIBILITY QUICK PRACTICE GUIDE

Use of public transport to access services

For individuals who are able to travel independently or are able to be supported to travel independently, options such as the Travel Training initiative, public transport, use of concessionary travel passes and use of the Disability Living Allowance (Motability component) should be discussed with them.

Fleet transport / multiple occupancy of a vehicle

In order to use fleet transport or any other multiple occupancy vehicle provided under contract by the Council (including taxis and volunteer driver vehicles) the individual must be eligible to receive transport in accordance with Sections 1.4 and 3.1 of this Policy. To reiterate, the individual:

- Should be unable to travel independently.
- Does not have access to personal transport or lives with a carer/family member (i.e. someone who is not paid to provide care) who has personal transport but is unable to transport them to/from the service due to employment or other caring commitments, illness or incapacity.
- Does not have a motability vehicle.
- Cannot gain access to other voluntary or private transport that is available.

Single occupancy

In addition to the indicators for transport funded by the Council above, to qualify for single occupancy of a taxi or any other vehicle provided under contract by the Council, the individual must have:

- A high level of challenging behaviours requiring a Level 2 risk assessment and a risk management plan to manage safety, which specifies why a single occupancy taxi/vehicle is necessary**.**

Important:
When an assessment or review is carried out for services, an assessment for transport services should be undertaken at the same time and presented to Panel. For single occupancy taxis/vehicles to be used, Panel must approve that the above criteria has been met. The Level 2 risk assessment must be supplied to Transport Co-ordination along with the Transport Request Form.

EQUALITY IMPACT ASSESSMENT - SCREENING DOCUMENT

Directorate		Health & Community	**Division**	Planning & Commissioning	**Person Responsible for Assessment**	Davinder Gill Service Development Officer (Adults)
Name of the Policy/Strategy		Travel Policy & Procedure	**Date of Assessment**	18.4.08	**Is this a New or Existing Policy?**	Existing
1	What are the aims and objectives of the Policy / Strategy?		• To promote a range of travel options available to people who access services. • To promote the independence of people by encouraging and supporting independent travel. • To provide clear guidelines to staff and managers on the provision of transport. • To provide clear guidelines to staff and managers regarding the charges associated with the provision of transport. • To reduce air pollution and encourage the use of sustainable resources by promoting the use of public transport.			
2	What outcomes are wanted from the Policy / Strategy?		• Increased use of independent travel and public transport. • Stricter eligibility applied to those currently in receipt of Council provided transport to reduce dependency. • Income generation through the application of a charge for those in receipt of Council transport.			
3	Who is intended to benefit from the Policy / Strategy, and how?		All adults over the age of 18 who access social care services.			
4	Who are the main stakeholders in the Policy / Strategy?		Adults social care staff, Transport Co-ordination staff, service users and their carers.			
5	Who implements the Policy / Strategy		Adults social care staff, in particular those responsible for the assessment			

	and has responsibility for it?			and care management of service users.
6	Are there any associated Policies / Strategies or objectives?			• Strategic Best Value Review of Transport Report • Service Level Indicator Policy for Adults with Learning Disabilities • Service Level Agreement between Environment & Health & Community for the Provision of Transport
7	Could the Policy / Strategy have a differential impact (positive or negative):			
		Yes	**No**	**Evidence**
a	On Racial Groups		X	The Policy does not have a differential impact on racial groups.
b	Due to Gender		X	The Policy does not have a differential impact with regard to an individual's gender.
c	Due to Disability		X	Travel assistance, ie, transport, is currently provided to those with disability or mobility problems. The Policy offers and encourages a range of alternative options should an individual be deemed no longer eligible to receive Council transport.
d	Due to Sexual Orientation		X	The Policy does not have a differential impact with regard to an individual's sexual orientation.
e	Due to Age		X	The Policy does not have a differential impact with regard to an individual's age.
f	Due to Religion		X	The Policy does not have a differential impact with regard to an individual's religion.
8	Available statistical/qualitative information relevant to the Policy / Strategy and			• Other LAs charging rates. • Paper on the implications on FACS with regard to the application of a

	equality issues	charge. • Financial information.
9	Could the Policy / Strategy affect relations between different groups in the Borough?	No – the Policy applies to all groups accessing social care services and is therefore equitable.
10	Could the Policy / Strategy damage relations between groups in the Borough and the Authority?	No – the Policy applies to all groups accessing social care services and is therefore equitable.

DECISION

Does the Policy / Strategy:	**Eliminate unlawful discrimination**	**Yes**	X	**No**	
	Promote equality of opportunity	**Yes**	X	**No**	
	Promote good relations between different groups in the community	**Yes**	X	**No**	
Impact Assessment: LOW					
Agreed By	**SMT / Directorate Equalities Group**	**Date**	**14.5.2008**		
Actions to Be Taken:					

		Yes	**No**
1	Collect more evidence		X
2	Conduct formal consultations		X
3	Reconsider Policy / Strategy		X
4	Resubmit Policy / Strategy		X
5	Adopt Policy / Strategy	X	
6	Make monitoring arrangements	X	
7	Publish assessment results	X	

Additional Comments:
The existing Policy came into effect in April 2007. This revised Policy incorporates an increase in charges from 50p to £1 per trip, maximum weekly charges, an update on the concessionary travel pass which can now be used nationwide, information on the Blue Badge Scheme, criteria for the single occupancy use of taxis or other LA provided transport and an Eligibility Quick Practice Guide as Appendix 3 which professionals may detach and take with them on visits.

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 10th June 2008

REPORTING OFFICER: Strategic Director, Health & Community

SUBJECT: Review of Direct Payments Policy & Procedure

WARDS: Borough-wide

1.0 PURPOSE OF REPORT

1.1 To provide the Board with an update on the proposed changes to the Direct Payments Policy & Procedure for the Health & Community Directorate.

2.0 RECOMMENDED: That Members note and comments upon the appended Policy & Procedure.

3.0 SUPPORTING INFORMATION

3.1 Background

3.1.1 The Direct Payments Guidance notes for Community Care, Services for Carers and Children's Services 2003 state, "… the Direct Payment should be sufficient to enable the recipient lawfully to secure a service of a standard that the Council considers is reasonable to fulfil the needs for the service to which the payment relates."

3.1.2 DP rates were first set in 1999 by taking an average of Halton Borough Council's (HBC) accredited domiciliary care agency rates at the time. In subsequent years, the DP hourly rates were uplifted by annual percentage inflation rates.

3.2 Direct Payment Rates overview

3.2.1 In 2007/8 Halton BC's current payment rates were reviewed for new and existing service users and benchmarked against neighbouring Local Authorities.

3.2.2 Appendix 1 shows a comparison of Personal Assistant (PA) and agency rates for HBC's nearest neighbours who responded to HBC's survey in 2007/8.

3.2.3 Knowsley's rates are £7.85, £9.28 or £11.47. St Helen's rate is £8.40 an hour, although they pay higher rates for ¼ and ½ hour rates and higher agency rates up to a maximum of £12.20.

3.2.4 It can be seen that HBC's PA hourly rate is considerably higher than that of other neighbouring authorities.

3.2.5 There were three payment rates available to service users accessing a DP in 2007/8:

- A pilot scheme, whereby 12 service users who choose to use a domiciliary agency to provide their support were paid at the Council's cheapest contracted agency rate, according to their individual package of care and their residency. The average cost was £10.30 per hour in 2007/8

- If service users choose to employ a PA to provide their support, their package was costed at the hourly rate of either:

    - £9.12 for basic needs, or
    - £11.08 for complex needs.

Halton's rates also include a two-week contingency at the start of the agreement plus up to £259.00 in start up costs for insurance, CRB checks and recruitment. Annual payroll charges for a four weekly payroll (£7 per payroll including VAT) and online e filing of year-end returns (£58.75 per client including VAT), per service user are £149.75 by Disability Direct (the main provider of Payroll services if a service user employs their own PA).

3.2.6 As at 30th September 2007, 181 Adult Services users received DP for services (excluding respite and children's services), with:-

- 12 (7%) paid at the average pilot rate of £10.30;
- 141 (78%) paid at £11.08; and
- 28 (15%) paid at £9.12.

Those service users who have had their packages costed at £9.12 and £11.08 is shown below, by client group.

CLIENT GROUP	£9.12	£11.08
Adults with Learning Disabilities	4	76
Mental Health	2	3
Older People	11	10
Physical Sensory Disability	11	52
TOTAL	**28**	**141**

3.2.7 An analysis of payroll data from Disability Direct also showed that, where HBC pay the service user £9.12 per hour, the majority of employees' gross pay is £7.00 per hour and £9.00 if the service user is paid £11.08 per hour.

3.2.8 These rates are well above the legal minimum wage (from 01.10.2007) of £5.52, if service users employ a PA, including on-costs of employer's National Insurance, 20 days' holiday entitlement and 8 public holidays.

3.2.9 If the basic PA rate of £9.12 (2007/8 rate) is paid this would still allow service users to pay PAs above the minimum wage at approximately £7.00 an hour, and meet the criteria in the Direct Payment guidance notes (see 3.1.1).

3.2.10 Where PAs are employed, the DP team supplies a standard contract of employment, which is used by the vast majority of service users. This contract allows for variation to hours worked and rates of pay, stating in s1.4 *" the employer may from time to time require you to carry out other duties with additional pay either on a temporary or permanent basis. Alternatively the Employer may have to reduce your duties and pay accordingly to their assessed continuing needs".* Consequently, variation in hourly rate is permissible under the current contractual arrangements.

3.2.11 Thus, options were considered and recommendations were proposed to Executive Board Sub Committee on 20th March 2008; to consolidate and simplify the DP rates paid by the Council to an agency or a personal assistant, for new and existing service users:

- Paying a standard rate of £10.70 per hour 2008/9 (reduced pro rata for part hours e.g. ½ hour £5.35) based on the average agency hourly rate across the borough; or
- Paying a standard rate of £9.35 for a PA;
- The current complex rate of £11.36 2008/9 would only be paid in exceptional circumstances, for both agency and PAs with the direct approval of the respective Operational Director, given the complexity of the service user's needs.

3.2.12 The 2007/8 and 2008/9 Direct Payment approved rates were/ are as follows:-

	AGENCY	**PA**
2007/8 RATES	£10.30 (average - pilot only), £9.12 standard or £11.08 complex	£9.12 Standard £11.08 Complex
2008/9RATES (uplifted by 2.5%) from 7.4.2008	£10.70 £11.36 (exceptional circumstances)	£9.35 £11.36 (exceptional circumstances)

3.2.13 DP rates will be kept under review, for further amendments in line with changes to tendering arrangements for domiciliary care agencies. New contracts are to be in place from 1st April 2009.

3.3 **Proposed Guidance on DP Rate Criteria to determine future payment rate**

3.3.1 As part of the benchmarking exercise in 3.2 above, Local Authorities were asked to comment on how DP rates were set. The criterion in Appendix 2 was developed based upon current good practice. It is intended this criterion will in future support the assessment of new service users and review processes by respective social work teams of existing Direct Payment Packages. To phase the introduction of this policy change, consultation would take place with existing service users, with implementation of the new assessed rates for both agency and personal assistants proposed to be in place in nine months time by

1st April 2009. This criterion would be used to assess all new service users from 1st April 2008.

3.3.2 To ensure controls are followed, an Operational Director will sign off the complex rate of £11.35 for new and existing service users.

4.0 POLICY IMPLICATIONS

4.1 The DP Policy & Procedure has been amended in the following areas:

- For changes in rate approved by Executive Board Sub Committee on 20th March 2008.
- To introduce an eligibility criteria to determine the rate at which DP's will be set based on current good practice.
- To reflect the growth in personal assistants and to include payroll charges in the set up costs if required, and annually thereafter as a supplement to be paid to the service user if required, when employing a Personal Assistant/s from 1.4.2008.
- To reflect the changes introduced by the Mental Capacity Act 2005, with additional detail on capacity – Appendix 1 to the Policy.

4.2 Implementation of the criterion in Appendix 2 will introduce consistency both in relation to all community care packages arranged by Care Managers and those purchased via DP's, as well as ensuring FACS criteria eligibility will be applied. Additionally, comparability would be maintained against our nearest neighbour Local Authorities.

5.0 OTHER IMPLICATIONS

5.1 By aligning services to service users reviewed needs, savings would be generated if service users currently employing agency staff or PA's receiving a DP at the rate of £11.35, on review were assessed as meeting the standard rather than the complex support criteria. This money would then be available to provide additional services where necessary.

5.2 However, whilst employment conditions can be changed, this action could create poor relations between the PA and service user, potentially causing the service user to lose a good PA due to a reduction in pay.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

At this time, the proposal covers Adult Social Care Services only. The DP Team currently provides services to sixteen Children via a SLA with CYPD.

6.2 Employment, Learning & Skills in Halton

The proposal would ensure DP hourly rates reflect the cost of service and that local services to meet local need can be developed with care staff employed by the service users either via an agency or as PAs.

6.3 **A Healthy Halton**

The proposal clearly demonstrates the Council's commitment to promoting the service user's independence, health, well-being and choice and inclusion through receipt of Direct Payments, as well as ensuring value for money.

6.4 **A Safer Halton**

None.

6.5 **Halton's Urban Renewal**

None.

7.0 RISK ANALYSIS

7.1 Any reduction from the complex rate of £11.35 to the standard rate of £9.35 could result in service users needing to reduce their PA's hourly rate of pay or top up contributions themselves to either a PA or an agency. Consultation and the delayed introduction of these new arrangements for existing service users from 01.04.2009, could reduce transitional difficulties.

7.2 To date, all sample service users on the pilot have accepted the rate when paid at the lowest agency rate and are topping up the funding privately, where required, to employ their preferred provider.

7.3 By including payroll costs in start up costs and, if required, thereafter for Direct Payment recipients who employ PA's directly, potential difficulties and debt, in relation to tax and national insurance payments could be avoided. DP recipients, and in the future, Individualised Budgets recipients, could thereby employ a PA directly to meet their support needs, which is consistent with the Government's directive to promote the uptake of Direct Payments and Individualised Budgets.

8.0 EQUALITY & DIVERSITY ISSUES

8.1 All service users who choose to have their support needs met via DPs will have sufficient funds to access the services that they have been assessed as needing. It would also introduce consistency across all community-based services. The continued presence of the complex rate of £11.35 would allow for exceptions, with the introduction of DP criteria providing consistency.

8.2 If a Payroll Service is not funded for DP recipients who employ PAs directly, inequality would be created with service users from other neighbouring and nationwide Local Authorities.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 There are no background papers under the meaning of the Act.

Appendix 1 - Comparison of Local Authority Direct Payment Rates 2007/8

APPENDIX 1	HALTON	CHESHIRE	TAMESIDE	KNOWSLEY	WIGAN	ST HELENS	STOCKPORT
AGENCY RATES	Package must be costed at the Contracted Agency Rates for geographical area, the cheapest cost is then applied. Anything else will need to be made up by the client	£9.92 per hour £9.00 per 3/4 hour £6.40 per 1/2 hour £4.64 per 1/4 hour Sleeping Night £63.37 Waking Night £80.57	£8.55 per hour £4.27 per 1/2 hour Do not pay for 1/4 hour or 3/4 hour Sleep In £47.28 Night Sits £80.38 Respite £587.94 Adults Respite Respite £861.15 LD Respite	£7.85 £9.28 Enhanced up to £11.47 These rates are applied whether the person is employing a PA or an agency. The rate for any part of an hour is achieved by dividing the hourly rate.	If using an agency, the Agency Rate for that particular agency the client decides to use would be applied, as long as it was within the current rates. Don't have different rates for people who choose to pool their DP's or access group activities.	If using an agency, pay the agency rate but up to a maximum of £12.20, If anyone wants to use an agency who charge more, then they have to make up the difference with their own money. Pay enhanced rates for specialist agencies - eg Deaf/blind support. Don't have different rates for people who choose to pool their DP's or access group activities.	£9.52 per hour £5.10 per 1/2 hour Same if using a PA No different rates for complex packages. No lower rates for group activities All client groups receive the same hourly rate UNLESS Service Manager agrees a different rate in an individual case (only 2 clients) No different rates for challenging cases.
PERSONAL ASSISTANT RATES	BASIC NEEDS RATE £9.12 per hour £6.84 per 3/4 hour £4.56 per 1/2 hour £2.28 per 1/4 hour	Same as above - for Personal Assistants		£7.85 £9.28 Enhanced up to £11.47 These rates are applied whether the person is employing a PA or	£7.02 8.00am-8.00pm £9.37 evenings/weekends £44.01 midweek sleep £46.38 weekend sleep	£8.40 per hour £8.40 per 3/4 hour £6.15 per 1/2 hour £6.15 per 1/4 hour People need to budget in these amounts for any NI employer	£9.52 per hour £5.10 per 1/2 hour

APPENDIX 2

Prior to a decision being made with the individual if they want a DP or a service provided by the authority, FACS criteria for eligibility must be applied

Direct Payment Rate Criteria
High Level Need/ Complex Support Criteria = £11.36 (Agency & PA) **In addition to some indicators for standard support below, the individual has:** • ***High level of challenging behaviours (requiring a level two risk assessment and a risk management plan to manage safety)*** ***and*** • ***Complex needs which are eligible for SS/PCT joint funded package*** ***And/or Employed Carers require additional skills (beyond those required by carers who meet needs below) as certified by formal training. Certificates will need to be produced***
Standard Support Criteria = £9.35 PA or £10.70 Agency rate **The individual h*as an assessed need for:*** • **Assistance to take medication** • **Support with incontinence** • **Physical assistance to use the toilet** • **Assistance with moving and handling** • **Assistance with washing/ bathing** • **Support to eat/ drink** • **Specific support and assistance to stimulate development of communication and/ or negotiation skills.** • **For support to access social activities.** **NB. SP and ILF will be used to support other social activities for the service user.** ***And/ or*** • **Mental Health Needs that meets critical/ substantial FACS criteria or is demonstrably preventative and requires support.**

HALTON BOROUGH COUNCIL

Health & Community Directorate

Direct Payments

Policy, Procedure and Practice

8th version
Updated: APRIL 2008

CONTENTS

INFORMATION SHEET

Service area	Health & Partnerships
Date effective from	1st April 2008
Responsible officer(s)	Hazel Coen - Divisional Manager (Finance& Support) Audrey Fearn- Principal Manager (Client Finance)
Date of review(s)	April 2009
Status: • **Mandatory (all named staff must adhere to guidance)** • **Optional (procedures and practice can vary between teams)**	Mandatory
Target audience	Adults and Older People's Social Care Services staff
Date of committee/SMT decision	• Executive Board Sub Committee 20.3.2008 • Healthy Halton Policy & Performance Board 10.6.08 • Executive Board Sub Committee 17.7.2008
Related document(s)	Direct Payments Guidance, Community Care Services for Carers and Children's Services (Direct Payments) Guidance England 2003.
Superseded document(s)	1st version dated 6th December 2000 2nd version dated 25th July 2002 3rd version dated December 2003 4th version dated December 2004 5th version dated September 2005 6th version dated November 2005 7th version dated March 2007
File reference	DP/DEC00/1

POLICY

1.1 **Purpose**

The purpose of this Policy, Procedure and Guidance is to tell staff about their role and responsibility with regard to Direct Payments, which also encompasses the needs of people from diverse communities. A separate guide has been written for people who use our services. The documents complement each other and strive to develop the greatest degree of independence and choice for people who need services in Halton.

1.2 **Introduction to Direct Payments**

The Direct Payments Guidance Community Care Services for Carers and Children's Services Guidance England 2003 requires Social Services to make direct cash payments to enable a person to obtain for themselves the services that they have been assessed as needing, subject to eligibility.

1.3 The following groups of people may be eligible for Direct Payments:

- Older and disabled people aged 16 or over
- People with parental responsibility for disabled children
- Carers aged 16 or over in respect of carer services

1.4 The Direct Payment is made by Social Services instead of providing or arranging for the provision of services. The person then uses the money to purchase services to meet their assessed needs. In the case of disabled children, the parent or person with parental responsibility secures services to meet the needs of the child and their family.

1.5 Direct Payments must be made to all individuals who are eligible to receive them and want them. Each eligible individual should be offered the choice of having their needs for a service met through Direct Payments as part of the care planning process.

1.6 If a Care Manager feels it is appropriate for a third party to receive the Direct Payment on behalf of the person, the third party must open a separate dedicated bank account to receive the Direct Payment and must adhere to the conditions set out in the Direct Payment Contract.

1.7 **Halton's Direct Payment Scheme**

The Direct Payments Scheme was originally launched as a one-year pilot from January 2001. Since then funding has been agreed to run the scheme on a permanent basis.

1.8 The project was developed in partnership with people who use services, statutory, independent, voluntary sector organisations and representative groups and is linked to other local activities for example, carer services and information provision.

1.9 The scheme is co-ordinated and managed by a manager and an assistant (telephone number 01928 704436), who are managed by

Practice

Concept of Direct Payments

"Direct Payments help people who want to manage their own support to improve their quality of life. They promote independence, choice and inclusion by enabling people to purchase the assistance or services that the council would otherwise provide in order to live in their own homes, be fully involved in family and community life and to engage in work, education and leisure"
Department of Health Direct Payments Guidance 2003

The Direct Payment Guidance 2003

Replaces the Community Care (Direct Payments) Act 1996 Policy and Practice Guidance issued in 2000, the Carers and Disabled Children Act 2000 Direct Payments for young disabled people Policy and Practice Guidance issued in 2001 and the passages on Direct Payments contained in the Carers and Disabled Children Act 2000 Carers and people with parental responsibility for disabled children issued in 2001.

Relevant services

The duty to make Direct Payments applies to:
-a community care service within the meaning of section 46 of the National Health Service and Community Care Act 1990
-a service under section 2 of the Carers and Disabled Children Act 2000
-a service which local councils may provide may provide under section 17 of the 1989 Act (provision of services for children in need, their families and others)

Government policy guidance

"The Government wants to see more extensive use made of Direct Payments in particular by those groups that have not made wide use of them up to now. For that reason local councils now have not just a power but a duty to make Direct Payments in certain circumstances." This has important implications for the way that local councils undertake assessment and care planning discussions with individuals and for local councils'

own commissioning procedures and planning.

Department of Health Direct Payments Guidance 2003

POLICY CONTINUED

Practice

The Health & Community Directorate and have close links with other local user groups and service providers.

1.10 **What Direct Payments can be used for**

Direct Payments can be used to buy relevant services/equipment to meet needs identified as part of a person's care plan and may be used in the following ways:

- Employing a Personal Assistant – the person arranges services in a way that suits them. If a person employs personal assistants directly, whether as a sole or secondary employer, they must make adequate arrangements to fulfil their consequent responsibilities as an employer.
- Buying services from an agency.
- For short-term care (respite) in residential care which does not exceed a four week period in any 12 months (see below).
- Purchasing equipment that would otherwise have been provided by Social Services. (A policy and procedure for a pilot scheme for Direct Payments and Equipment is in place).
- Paying for transport.
- To fund a carers break.

Any service purchased must be as cost effective or efficient as the Local Authority could arrange or buy.

When setting up a direct payments scheme, local councils are encouraged to actively consider how to include people with different kinds of impairment, people from different ethnic backgrounds and people of different ages. When considering whether a person's need for a service can be met by means of a direct payment, local councils should consider the provision of direct payments for both intensive packages and lower level services, long and short term provision and they are also encouraged to think about how direct payments can be assimilated into preventive and rehabilitative strategies.
"Department of Health Direct Payments Guidance 2003"

What Direct Payments cannot be used for

1.11

- To relieve the Directorate of its statutory responsibilities towards a service user who is perceived as troublesome or difficult
- To purchase local authority services.
- For permanent residential care for adults. Direct Payments may be used to purchase short-term care (respite) in residential care. This is calculated as follows:
  "Where two periods of residential care are less than 4 weeks apart, they should be added together to make a cumulative total which should not exceed four weeks. If the two periods are more than 4 weeks apart they are not added together." ***Department of Health Direct Payments Guidance 2003.***
- For residential accommodation for a disabled child or disabled young person for any single period in excess of four weeks and for more than 120 days in any period of 12 months.
- Personal assistance cannot be purchased from a partner or close relative living in the same household as the Direct Payments recipient other than in exceptional circumstances, which must be agreed by the Council in writing.

"Unless a council is satisfied that it is necessary to meet satisfactorily a person's needs, a council may not allow people to use direct payments to secure services from a spouse, from a partner or from a close relative (or their spouse or partner) who live in the same household as the direct payment recipient."
The restrictions given are not intended to prevent people using their direct payments to employ a live-in personal assistant.
The restriction applies where the relationship between the two people is primarily personal rather than contractual."
Department of Health Direct Payments Guidance 2003."

Who can qualify for a Direct Payment

1.12 To be eligible for a Direct Payment a person user must:-

- Be ordinarily resident in the Borough of Halton
- Be assessed as eligible to receive services (This includes carer services).
- Agree to receive Direct Payments instead of services (for children under 16 consent must be obtained from a person with

POLICY CONTINUED

Practice

parental responsibility, usually a parent).

- Be able to manage Direct Payments with or without support
- Satisfy the Council that financial controls will be adhered to.

People who do not qualify for a Direct Payment

1.13 The Regulations specify that Direct Payments may not be made to certain people whose liberty to arrange their care is restricted by certain mental health or criminal justice legislation as follows:-

- Patients detained under mental health legislation who are on leave of absence from hospital;
- Conditionally discharged detained patients subject to Home Office restrictions;
- Patients subject to guardianship under mental health legislation and those covered by the new power of supervised discharge introduced by the Mental Health (Patients in the Community) Act 1995;
- People who are receiving any form of aftercare or community care which constitutes part of a care programme initiated under a compulsory court order;
- Offenders serving a probation or combination order subject to an additional requirement to undergo treatment for a mental health condition or for drug or alcohol dependency;
- Offenders released on licence subject to an additional requirement to undergo treatment for a mental health condition or for drug or alcohol dependency; and
- People subject to equivalent Scottish mental health or criminal justice legislation.

Direct Payment Rates

1.14

For all new service users from 1st April 2008

Where a service user chooses to employ:

- An **agency**, a **standard rate of £10.70 per hour** (reduced pro rata for part hours e.g. ¾ hour £8.03, ½ hour £5.35, ¼ hour £2.68) will be paid based on the average agency hourly rate across Runcorn and Widnes.
- A **personal assistant (PA),** a **standard a rate of £9.35 per hour** will be paid.

The **complex rate of £11.36 per hour** would only paid in exceptional circumstances, for both agency and personal assistants with the direct approval of the respective Operational Director, given the complexity of the service user's needs having met the eligibility criteria (see para. 1.15).

This would introduce consistency across the board in relation to all community care packages arranged by both Care Managers and those purchased via a Direct Payment.

The final decision

Whether a direct payment is appropriate or not, the Client Finance Manager must take into consideration whether the person will be able to cope with the responsibilities.

Advice on making decisions about the ability to manage

"The council should ensure it takes into account all relevant factors before making a decision not to make a direct payment:

The person's understanding of direct payments, including the actions required on their part:
Whether the person understands the implications of taking or not taking on direct payments
What help is available to the person
The nature of the services the person is assessed as needing:
What arrangements the person would make to obtain services."
Department of Health Direct Payments Guidance 2003.

Existing Service Users (to be implemented from 1st April 2009)

Respective Social Work teams will review existing Direct Payment packages using the criteria in para. 1.15. All service users will be informed that the new assessed rates for both agency and personal assistants as outlined above will be implemented on 1st April 2009.

Direct Payment rates will be kept under review, for further amendments in line with changes to tendering arrangements for domiciliary care agencies.

1.15 **Eligibility Criteria**

FACS criteria for eligibility must be applied to those individuals who wish to receive a Direct Payment:

Standard Support Criteria: £10.70 per hour Agency rate / £9.35 per hour PA rate

The individual has an assessed need for:

- Assistance to take medication.
- Support with incontinence.
- Physical assistance to use the toilet.
- Assistance with moving and handling.
- Assistance with washing/bathing.
- Support to eat/ drink.
- Specific support and assistance to stimulate development of communication and/or negotiation skills.
- Support to access social activities

NB: Supporting People funding and ILF will be used to support other social activities for the service user.

And/or

- Mental Health needs that meet critical/substantial FACS criteria or is demonstrably preventative and requires support**.**

High Level Need/ Complex Support Criteria: £11.36 per hour (Agency & PA)

In addition to some indicators for standard support:

- The individual has a high level of challenging behaviours (requiring a Level 2 risk assessment and a risk management plan to manage safety).

And

- The individual has complex needs which are eligible for a Social Services/PCT joint funded package.

And/or

- The individual's employed Carers require additional skills as certified by formal training. Certificates will need to be produced.

PROCEDURE

2.0 **THE 4 STAGES**

The Directorate will undertake a four-stage process in order to make Direct Payments.

2.1 **Stage One: Assessment**
Assessment is a crucial process and Direct Payments can only be offered to someone who has been assessed as eligible to receive services. The Directorate's Social Workers and, where equipment is required, Occupational Therapists will work with the person to assess what their needs are.

2.2 **Stage Two: Implementation**
At stage two the person has received an assessment and expressed an interest in receiving a Direct Payment. It is the responsibility of the Direct Payments Assistant to tell them about the details of managing a Direct Payment and to set up the Direct Payment for them.

2.3 **Stage Three: Monitoring**
At this stage the person is receiving a Direct Payment. It is the responsibility of the Direct Payments Assistant to monitor how the Direct Payment is being used. The Direct Payments Assistant will provide support to the person for up to six weeks or until they are able to manage the monitoring process independently.

2.4 **Stage Four: Reviewing**
Reviews take place to ensure that the Direct Payment is being managed satisfactorily. Adults in receipt of Direct Payments review their needs at least annually with the Social Worker and/or Occupational Therapist and Client Finance Manager/Assistant. Children are reviewed at least every six months.

Practice

Assessment
Existing policy and practice guidance on assessment should be followed whether or not the person being assessed is likely to receive service provided by the local council or direct payments.
Department of Health Direct Payments Guidance 2003

Implementation
Councils should give the person information and support as early in the process as possible about what receiving direct payments will involve. In order to make an informed decision, people need to understand what is involved in managing direct payments.
Department of Health Direct Payments Guidance 2003

Monitoring
Monitoring arrangements should be consistent both with the requirement for the council to be satisfied that the person's needs for the service can and will be met and with the aim of promoting and increasing choice and independence.
Department of Health Direct Payments Guidance 2003

Reviewing
Councils should follow existing guidance on carrying out reviews. The fact that the council is making direct payments rather an arranging services itself does not affect its responsibility to review an individual's care package at regular intervals.
Department of Health Direct Payments Guidance 2003

PROCEDURE CONTINUED

Practice

3.0 STAGE ONE: ASSESSMENT

3.1 SOCIAL WORKER PROCEDURES

Direct Payments can only be offered to someone who has been assessed as eligible to receive services. There is no difference in the assessment process, which must include an assessment of whether Direct Payments are appropriate and of whether the person is able to manage them. The procedure to be followed is detailed below:

1. Undertake an assessment / review. All eligible individuals should be offered the option of Direct Payments. There is a leaflet (available from the Client Finance Team) that the Social Worker should give to the person.

2. If the person is interested in receiving Direct Payments the Social Worker will need to determine their **willingness** to receive a payment, **ability** to state preferences and make choices, **capability** to manage the Direct Payment and **competence** to take legal responsibility for arranging their own care services. Appendix 1 provides the definition of willing, able, capable and competent and of capacity under the Mental Health Act 2005.

3. The Social Worker will need to ask the person's permission to share a copy of their assessment, care plan and Independent Living Team report (if appropriate), with the Client Finance Team.

4. Following the assessment and funding approval, the Social Worker will complete the Request for Direct Payment Form and send to the Care Arrangers will all necessary documentation. The Care Arrangers will complete a SUISS and pass to the Client Finance Team for set up. The Client Finance Team will arrange to visit the person within 3 weeks. The Direct Payment Assistant will log the request onto the Direct Payments database. A joint visit with the Social Worker is preferred.

5. On the joint visit it is important that the following is carried out:

- The Direct Payments Assistant will give the person a copy of "Personal Assistants - A Guide to Getting Started". This guide will be used to help the person understand what is involved in managing Direct Payments.
- As a guide to deciding if Direct Payments is a suitable service for the person the Direct Payments Assistant and Social Worker will use the questions in Appendix 2.

6. After this initial visit the service user will be left to think about the scheme. After several days the Direct Payments Assistant

Assessment

"There is no difference in the assessment of a person's need for services although under the Regulations a local council must also be satisfied that the person's need for services can be met by means of a direct payment. It is important that the needs-led focus of the assessment is retained.
In order to ensure that the person's assessed need for the relevant service can be met by means of a direct payment, each local council should consider the person's needs and also discuss with anyone to who it proposes to offer direct payments how he or she intends to secure the services. Councils will want to be satisfied that the person's assessed needs can and will be met and that the money is being spent appropriately in securing services to meet those needs."
Department of Health Direct Payments Guidance 2003

Carer assessment

The Department of Health policy and practice guidance and the Carers (Recognition and Services) Act 1995 emphasise the importance of considering carers' needs when completing a community care assessment. A carer is someone who has a personal or family relationship with the disabled person, not someone who is being paid to provide care or support to the disabled person using the Direct Payment.
If as a result of a carers' assessment the carer has needs for personal assistance in his or her own right then these needs may be met either through the provision of a service or a Direct Payment.

Mixed packages of care

It may be appropriate to offer a mixed package of direct payments and council arranged services. This may be particularly useful for people used to receiving direct services, such as older people, And who may need to increase their confidence.
Department of Health Direct Payments Guidance 2003

will telephone the person. If they wish to proceed the Direct Payments Assistant will arrange a second visit to start the implementation stage.

7. At the end of the implementation stage when the service user has signed a contract and the Direct Payments Assistant has set up the Direct Payment the Social Worker will be informed and sent a copy of the contract. At this stage the Social Worker will need to record information onto CareFirst. The Direct Payments Assistant will check that this has been done.

3.2 OCCUPATIONAL THERAPY PROCEDURES

As part of the assessment the need for Occupational Therapy input may be identified. In this instance the Social Worker usually refers the person to the Independent Living Team for an Occupational Therapy Assessment.

Equipment Assessments:

Equipment will be supplied with relevant information and/or literature. The person receiving Direct Payments should ensure all personal assistants (employed by them) are competent to use the equipment correctly. The person should also ensure that any new employees are competent to use the issued equipment.

ILT Hoist Assessments:

1. Following a referral from the Social Worker the Occupational Therapist will carry out a hoist assessment, and recommend the appropriate equipment where necessary (as per standard hoist procedures).

2. When the hoist assessment is completed the Social Worker and the Direct Payments Assistant will be informed of the outcome so it can be included in the care plan.

3. Equipment will be supplied with relevant information and/or literature. The person receiving Direct Payments should ensure that any personal assistant (employed by them) has the relevant skills in order to use any moving & handling equipment. This includes ensuring that any new employees are competent to use the issued equipment.

4. The provision of the equipment will be subject to standard review procedure. The outcome of these reviews will be forwarded to the Social Worker and Direct Payments Assistant.

Independent Living

"Independent living is the concept of empowering disabled people to control their own lives as far as possible and to have the freedom to participate fully in the community. It is not the name of a particular service or provision but should be the objective of services and provision.

Support for independent living includes personal assistance, information, housing, education, access to public goods and services, employment and training and access to the environment and the political arena."

Social Services Inspectorate "New Directions for Independent Living."

Direct Payments

"Direct Payment schemes for people aged over 65, became available on 1st February 2000, reinforcing the belief that people who have made their own choices throughout their lives should have the right to decide how people arrange their own social care. Direct Payments for older people will enable those who take this option to live for longer in their own homes in the community, in touch with family and friends. Younger people with physical disabilities have often chosen to use their Direct Payment to employ a personal assistant or occasional support, depending on the level of need."

Social Services Inspectorate "Modern Social Services"

4.0 **STAGE TWO: IMPLEMENTATION**

4.1 In order to make an informed decision people will need to understand what is involved in managing Direct Payments and be helped through the process. The Direct Payments Assistant is responsible for this stage, but before this process begins, they needs to know the following:-

4.2 **Direct Payment Rates**
Contact Direct Payments Section, Client Finance Team for current rates.

4.3 **Start-up costs**
This is a one-off payment to cover start-up costs up to a maximum of £259. For example, this payment could be used for setting up interviews, purchasing insurance, buying protective clothing for personal assistants and placing adverts. An amount is agreed between the Direct Payments Assistant and person up to the maximum of £259. At this stage the Direct Payments Assistant will inform the Team Practice Manager of the agreed amount. The set up costs are paid directly into the recipient's bank account.

The amount paid depends on individual circumstances, e.g. a person wishing to employ personal assistants for their full care needs may be entitled to the full amount of £259. A person who will receive Direct Payments to purchase support from an agency may only be entitled to a proportion of the full amount.

From 1st April 2008 start up costs will incorporate an allowance for payroll service costs incurred when a service user employs a Personal Assistant. By including payroll costs, in start up costs if incurred and if required annually thereafter, potential difficulties and debt in relation to tax and national insurance payments by the individual in receipt of the Direct Payment could be avoided.

4.4 **Contingency**
A contingency sum (for use in emergencies) is paid with the first regular Direct Payment and is equivalent to 2 weeks Direct Payment. When a sum of money is used from the contingency the person will need to complete the relevant form giving reasons and proof of expenditure. People should give notice to their Social Worker, wherever possible, prior to using any amount from this fund. If the expenditure is approved, then the contingency is 'topped up'. If the expenditure is not approved then the person should pay back the contingency from private funds.

4.5 **Example of form used to calculate Direct Payment**
See Appendix 3.

4.6 **Separate bank account**
The Local Authority requires evidence that the monies made

Determination of payment levels
'The guiding principle in determining the level of a Direct Payment should be to set it at a level which reflects as closely and fairly as possible the actual cost at which individual service users can purchase the services which they are assessed to need. Equally there should be equity between those users who participate in such a scheme, and those who are unable or prefer not to participate. Payments to service users under this scheme should, therefore, be made on the basis that the user is given sufficient, but no more than sufficient, funds to purchase the same quantity and same quality of care which would be arranged for a service user of the same Local Authority with the same assessed needs who remains outside the Direct Payments scheme.'
CIPFA 'Accounting and Financial Management Guidelines.'

Start up costs
These costs are refundable to the authority if the service user decides not to proceed with the Direct Payment scheme, although there may be exceptional circumstances when it is deemed unreasonable to request the full amount to be returned.

Contingency fund approval
Contingency fund needs to be approved by the relevant Practice Manager and Client Finance Manager.

available are being used to meet the identified and agreed needs as determined by the assessment. It is therefore necessary that recipients of Direct Payments to purchase care services have a separate and exclusive bank account to manage their Direct Payments.

4.7 **Insurance**

Extra insurance is incurred by the introduction of the Direct Payment scheme, i.e. employer's liability and public liability. The cost of this will be met by the authority within the start-up costs, upon proof of payment. The contingency fund can be used to pay insurance fees and a receipt must be sent to the Local Authority along with a "Request for Reimbursement of Contingency" form, to ensure repayment.

4.8 **Direct Payments and Trusts**

A Trust may administer the Direct Payment for the person, but that person must retain responsibility for receiving the payment and determining how it is to be used. The important principle, which must be addressed before making a Direct Payment, is that the Local Authority should satisfy itself that the relationship between the person and the Trust/agent/power of attorney, will honour the spirit of independent living, before a Direct Payment is agreed.

4.9 **Fairer Charging Policy**

Halton Borough Council's Fairer Charging Policy takes account of a person's ability to pay for services they receive. People receiving a service are asked to give details of income and benefits that they receive, details of any savings and investments that they have and details of any disability spending that they have. Any financial contribution the person needs to make towards the cost of their care will be taken out before the Direct Payment is paid into their bank account.

Support groups

When discussing direct payments with people, local councils will wish, wherever possible, of offer the option for them to be put in touch with a support group or local centre for independent living, or a peer support group of people who already manage direct payments. Department of Health Direct Payments Guidance 2003.

4.10 **How the money can be spent**

When signing the Direct Payment contract, the service user will be taking responsibility for arranging their services, and spending the cash payment in the way that is shown in the contract. It is essential that the contract is clear that people using Direct Payments have flexibility about how the money is spent.

4.11 **Buying services from an agency**

Any services purchased by the person must be as cost effective or efficient as the Local Authority could arrange or buy. In discussions with the person receiving the Direct Payment it is important that the Direct Payments Assistant explains that the Local Authority is not liable to pay VAT, and it is not possible for the Local Authority to make extra provision to cover the cost of VAT.

4.12 **Employing a personal assistant**

Many people will chose to employ a personal assistant. In this case the person becomes an employer and must make adequate

Rates of pay for personal assistants

The service user will negotiate the

arrangements to fulfil their consequent responsibilities. Halton has seen a growth in the number of personal assistants employed by those in receipt of a Direct Payment since the scheme began.

rate of pay with their own personal assistant.

4.13 **Arrangements in emergencies**

It is essential that each person receiving a Direct Payment has made arrangements to cover potential emergencies, for example if a personal assistant is sick. If these arrangements break down and it is not possible for the person to have their needs met, then ultimately the Local Authority is responsible for arranging services for them. This should be done via contacting the person's Social Worker or the Emergency Duty Team.

Emergency contact numbers
Emergency Duty Team – 01606 76611.

The Direct Payments Assistant is responsible for implementing the Direct Payment. The procedure is detailed below (taking into account the conditions outlined above):

1. Once the person has confirmed they want to use Direct Payments, the Direct Payments Assistant will arrange to visit them for a second time.

2. The Direct Payments Assistant will contact Income and Assessment for details of how much the person has been assessed to pay and will set up a service user file.

3. The Direct Payments Assistant will agree start up costs with the person and inform the Practice Manager of the relevant team.

4. The Direct Payments Assistant will send the person 2 copies of the Statement Letter, an Offer Letter and a Bank Details Form. The person accepts the offer by:-
   - setting up a bank account
   - completing the 'Bank Details' form
   - Signing both statements, returning 1 to the Direct Payments Assistant and keeping 1 for themselves.

5. The person will then start to look for a suitable provider to meet their assessed needs. This provider can be a personal assistant, an agency or self employed individual. If the person chooses to employ a personal assistant then the Direct Payments Assistant, will if required, assist them with this process.

6. On receipt of the signed statement letter and bank details form, the Direct Payments Assistant will arrange for start up costs to be paid into the person's bank account.

7. Once the person has found a suitable provider the Direct Payments Assistant will prepare a contract for signing (appendix 5). Four copies of this contract are required, one for each of the following:

Statement of Direct Payment
In order for this statement to be produced the Social Worker will need to submit a financial assessment. If this has happened the statement can be produced within 5 days of receipt of a copy of care plan and memo from Direct Payment Manager.

Contract with service user
'It is important that the service user fully agrees to managing Direct Payments before the first payment is made. This will allow the user not only to recruit staff or service providers, but also give them time to set up recording and payment systems themselves.'
CIPFA 'Accounting and Financial Management Guidelines.'

If the service user is assessed as eligible for a Direct Payment then an agreement will be reached about the amount of money each recipient will receive on a weekly basis. The calculation of the weekly cost of a Direct Payment package will be the result of an agreement of the number of hours required at a specific time of the day, to meet the care needs identified in the care assessment. If the service users need change then a new contract will be drawn up.

Criminal Records Bureau checks

PROCEDURE CONTINUED

Practice

- The Direct Payments recipient
- Direct Payments Team
- Income and Assessment section
- Social Worker

8. The 'Statement of Direct Payment' letter forms part of the contract and is copied to the above.

9. A copy of the care plan and Independent Living Team report, if appropriate, also forms part of the contract and is copied only to the service user.

10. To begin payments the Direct Payments Assistant will raise the first4 weekly payment, together with the 2 weeks contingency payment. The Direct Payment Assistant will raise a payment every four weeks and will record the details on the financial database. The Direct Payments Assistant will also "flag" on Agresso to stop invoicing the service user for their financial contribution.

11. The Direct Payments Assistant will supply the person with all the necessary records and advice for keeping quarterly financial records and records of support received and tell them about their responsibilities to retain invoices/receipts and bank statements. These will be supplied in the form of a "start up" stationery pack which will be tailored to the individual. This start-up pack will be provided by the Direct Payments Assistant approximately one week before the Direct Payment is due to start.

12. At this stage the Direct Payment scheme user will be expected to start making their contributions towards the cost of their support to coincide with the first Direct Payment.

13. During the initial 6-week period the Direct Payment Assistant will arrange to meet the person on a frequency appropriate to their needs.

of Personal Assistants

It is the responsibility of the Client Finance Manager to raise service user awareness about the importance of ensuring CRB checks are carried out on personal assistant.

The service user will be encouraged to ask personal assistants to get a CRB check carried out. If the PA is likely to have access to children then the PA must be checked by the CRB

5.0 STAGE THREE: MONITORING

5.1 At this stage the person is receiving Direct Payments and these need to be monitored. All financial records and returns can be subject to auditing at any time.

5.2 **What if the money is not spent?**
There may be a number of reasons why a surplus has accrued in the bank account, for example, there may be outstanding tax or national insurance not yet due or paid. Alternatively, the person may be 'saving care' to cover extra costs that may be incurred when they take personal assistant with them to a special event, although this need must be agreed with their Social Worker. Also the contingency money will be kept in the bank account as a reserve. Any credit balance should be explained to the satisfaction of the Client Finance Manager. If there is a credit balance in the account without a satisfactory reason, the Local Authority will reduce the person's next payment.

5.3 **What if there is an overspend?**
If there is a problem with a person overspending the Direct Payment, then advice and support will be offered and the overspend corrected. If the problem persists, then the Client Finance Manager may need to reassess the ability of the person to manage the scheme or a reassessment of need under the Community Care Act may need to be undertaken by a Social Worker. If a person spends more money than is allowed by the Direct Payment package, then they are liable for this from their private funds. If services paid for have not been received, it is the responsibility of the person to seek a refund from the service provider. Equally the service provider should pursue the recovery of debts from the person, if services have been received and not paid for.

5.4 **Repayment**
The Local Authority can seek repayment if the monies made available have not been used to purchase services identified in the care plan and contract, or were used to purchase services identified as being excluded. It is essential that honest mistakes are seen as such, and repayments should only be sought where monies have been spent inappropriately or not spent at all.

5.5 **Recovery of Direct Payment**
It may be necessary to recover unspent Direct Payments if a service user dies. Contractual responsibilities must be met before determining the amount of Direct Payment to be recovered. See Appendix 5 Direct Payment Contract "Responsibilities of Direct Payment Recipient" (Item 14).

Responsibility for quarterly audit returns
It is the responsibility of the Direct Payments Assistant to check audit returns and provide quarterly reconciliation. The group accountant in financial services will provide advice and guidance where necessary.

Checks when monitoring Direct Payment

- Have all necessary records been received?
- Are they fully completed and total correct?
- Does the balance on the financial record agree with the bank balance – bank reconciliation?
- Does the income agree with the office payment record?
- Are payments supported by invoices/wage records and in accordance with identified needs?
- Is the level of Direct Payments reasonable, i.e. no surplus accruing

The account should be in credit but surplus should be represented by amounts owing by service user (wages not yet paid) / contingency funds / payments outstanding to Inland Revenue.

PROCEDURE CONTINUED *Practice*

5.6 **Self Certification**

Small Packages of Care – New Service Users

If the Direct Payment package is on average 15 hours per month or less, regular full financial inspections may not be necessary. These packages could be dealt with under an annual "self certification" scheme.

Established Direct Payment Service Users – those service users who are able to demonstrate they have maintained records as required by the scheme and have had regular monitoring checks, may also be given the option of "self certifying" on an annual basis. This option will be a joint decision between the Direct Payments monitoring service and the service user, and an assessment of risk will take place.

5.7 **Equipment**

The person receiving Direct Payments is responsible for considering manual handling risks. The Direct Payments Assistant will feed back any concerns about use of equipment to the Independent Living Team.

5.8 Each person receiving Direct Payments must provide the Local Authority with audit returns on at least a quarterly frequency, indicating how their Direct Payment has been spent. The aim of this return is to ensure that the person is receiving enough money to pay for services whilst at the same time ensuring the monies are being spent as agreed. Once it has been established that the person is managing their Direct Payment satisfactorily, either alone or with help, the frequency of financial monitoring may be adjusted after discussion with the person.

5.9 During the first 6 weeks the Direct Payments Assistant will monitor that the needs identified on the care plan are being met and the Direct Payment is being managed effectively.

Detailed below is a list of the records that need to be kept:

5.10 **Records to be kept by Client Finance Team**

- Direct Payment record of audit checklist (appendix 17)
- Initial offer letter
- Statement letter of Direct Payment/assessed charge
- Copy of care plan and Independent Living Team report (if appropriate)
- Contract
- Start up list for Direct payment (appendix 18)
- Diary notes (appendix 19)
- Direct Payment database
- Self certification form (if appropriate)
- Any other relevant information to the account

5.11 **Records to be kept by service user**

If person employs a personal assistant:

- Copies of all records, i.e.
- Quarterly returns

Summary of records for employing personal assistant

- Quarterly return
- PAYE/NI records
- Evidence if assistant is self employed
- All receipts for expenditure from Direct Payment fund
- Record of assistants holiday/sickness

Summary of records for buying from an agency

- Budget statement
- Invoices
- All receipts

PROCEDURE CONTINUED

Practice

- Time sheets
- Income and expenditure record
- Quarterly return to Inland Revenue
- BACS advice slips
- Cheque stubs
- Bank statement
- Service user contribution
- Sickness records
- Holiday records
- Contingency
- Saving care
- Amendment to bank details
- Self certification form (if appropriate)

If person purchases services from an agency:

- Quarterly return to show hours of service purchased during the period, the cheque number and payee and the amount paid out

All invoices and receipts for the quarter

5.12 From the onset of Direct Payments, the Direct Payments Team will use the "Diary Notes"/Record of Audit Checklist sheet to log results of visits, any discrepancies and any enquiries or issues relating to their Direct Payment.

5.13 A database is kept to record statistical records relating to Direct Payments. This is completed by the Direct Payment Assistant at referral; start of the Direct Payment, six-week review, first audit and quarterly audits and at each payment date.

Summary of records for all Direct Payment recipients

- BACS advice slips
- Bank statements
- Cheque books
- Paying in books
- Contingency records
- Time sheets

Tax records

All tax records must be kept for 6 years for Inland Revenue purposes.

The authority is not obliged to fund the actual cost associated with the users preferred method of securing services if the service can be secured more cheaply in another way.

Tax Record

It must be noted that all tax records must be kept for six years for Inland Revenue purposes.

PROCEDURE CONTINUED

Practice

6.0 **STAGE FOUR: REVIEWING**

6.1 Once a person has been set up to receive Direct Payments, the Direct Payments Assistant will offer support for up to six weeks or until the person is able to manage the monitoring process independently. At six weeks the Client Finance Manager/Direct Payments Assistant will co-ordinate a joint review with the Social Worker, Occupational Therapist (if appropriate). The review will cover the following areas:

- Checking and reviewing all financial records to ensure the person is maintaining all the records necessary for the monitoring of expenditure and services
- Ensuring the Direct Payment is being used to meet the person's needs as outlined in the care plan and the Independent Living Team report (if appropriate)
- Ensure the services have been received and the Direct Payment has been used cost effectively
- Identifying and resolving any difficulties the person has in managing Direct Payments
- Confirming there have been no changes in circumstances and the person is still eligible to receive Direct Payments
- Checking that any equipment supplied by the Independent Living Team is being used correctly (where relevant).

6.2 If the outcome of the review is satisfactory, quarterly support visits by the Direct Payment Assistant will start. If there are any concerns about how well the person is managing the scheme they will receive more regular visits and support. For Adults, the Social Worker will continue to review the person's care needs at least annually. For children in need in the community, reviews of the child in need plan should take place at least every 6 months.

6.3 **What happens if a service user's circumstances change?**
It is vitally important that if the circumstances of a person change, the Direct Payment Assistant be notified immediately. It is in everyone's interest to ensure that events such as hospital admissions or long absences from home are properly recorded.

6.4 **What if difficulties arise?**
Direct Payments will not be withdrawn at the first sign of difficulty. The Department of Health guidance suggests that the following questions should be asked:

- Has the person's needs changed?
- Is the amount of money provided sufficient to enable the person to secure the relevant services?
- Is the person able to manage Direct Payments or can they do so with assistance?
- Does the person wish to continue receiving Direct Payments?
- Has all the money been spent towards achieving the outcomes identified in the care plan?
- Have services for which the person has paid been received?

Reviewing
'Councils should follow existing guidance on carrying out reviews. As with all services, the projected timing of the first review should be set at the outset. The purpose of the review remains to establish whether the objectives set in the original care plan are being met. It should therefore cover whether the person's needs have changed, whether the use of direct payments is meting assessed needs and how he or she is managing direct payments."
Department of Health Direct Payments Guidance 2003

Frequency of Monitoring
The frequency of monitoring will be dictated by the length of time the person has managed a direct payment either alone or with help and their particular circumstances. Once a council is satisfied a person is managing the direct payments satisfactorily, reviews should be at the same intervals as for other people receiving services.

Children identified as needing services under section 17 of the 1989 Act
Reviews may be necessary more often so that the council remains satisfied that the direct payment promotes and safeguards the welfare of the child. The Framework for the Assessment of Children in Need and their Families reminds councils that it is good practice to review plans for children in need in the community at least every 6 months.
Department of Health Direct Payments Guidance 2003.

"Whilst the Local Authority is relieved of its responsibilities to arrange services for recipients of direct payments, it still has an obligation to satisfy itself that the services purchased meet the needs of the service user, and that the care needs of the service user are reviewed at regular intervals. These duties should be performed by care staff from the Local Authority."
CIPFA Accounting and Financial Management Guidelines

- Has the money been spent wisely?

6.5 **When to discontinue Direct Payments**

The person to whom Direct Payments are made may decide at any time that they no longer wish to continue to receive them. The Local Authority may also discontinue Direct Payments temporarily or permanently as outlined in the Direct Payment Contract (Appendix 8). However before a decision is made, full and frank discussions must take place with everyone involved. The Client Finance Manager may consider that it is more appropriate to recoup any overpayment as a result of such circumstances at the quarterly audit rather than disrupt the regular payment system. In all circumstances where Direct Payments are discontinued whether temporarily or permanently, careful consideration should be made about any contractual responsibilities, i.e. terminating employment, redundancy etc. These issues will need to be discussed by the person and the Client Finance Manager/Direct Payments Assistant before the agreement is finalised.

6.6 When signing the Direct Payment contract, the person takes responsibility for arranging their own personal assistance and spending the payment to meet their needs as outlined in the care plan. It is essential that the Direct Payments Assistant makes it clear to them what the money may or may not be spent on and how much flexibility the person has over the way the money is spent.

6.7 **Complaints**

The person receiving the Direct Payment may invoke the Directorate's complaints procedure if they think that the procedures are unfair or have been unfairly applied to them. Contractual issues between the person, their personal assistant or agency providing the service cannot be dealt with under the complaints procedure.

Discontinuing Direct Payments

The council should discuss with individuals as soon as possible it if is considering discontinuing direct payments to them. They should be given an opportunity to demonstrate that they can continue to manage direct payments, albeit with greater support if appropriate…….. the council should not automatically assume when problems arise that the only solution is to discontinue or end direct payments.

Department of Health Direct Payments Guidance 2003

APPENDIX 1

Definitions for use in determining whether a person is able to manage a Direct Payment

Willing
Is the person willing (with or without assistance) to receive a Direct Payment and all the responsibilities involved? The person receiving a Direct Payment must understand (with or without assistance) all the conditions they will be required to meet. These conditions include taking day to day control of their personal assistance, payment of bills, managing the bank account, preparation of quarterly audit returns and making arrangements for cover in emergencies.

Able
The person receiving the Direct Payment must have the ability to express (with or without assistance) a preference about the way in which they wish to have services provided. This can be illustrated by looking at what the person does now and how much control they are able to exert upon their personal assistance.

Capable to manage
The Direct Payments Assistant and the Social Worker will need to agree that the service user understands the nature of the agreement they are entering into. The Direct Payment contract is legally binding upon the Local Authority and the service user. It is essential, therefore, that the service user is either personally able to keep the necessary records, e.g. national insurance and tax, or with the assistance of the Direct Payments Assistant or makes appropriate arrangements for their responsibilities in such areas to be completed on their behalf. Such support in managing a Direct Payment will need to be identified before a Direct Payment contract can be made.

Competence
The test of legal competence will vary according to the extent of the support that the recipient of the Direct Payment receives. In circumstances where the support is extensive, e.g. through the creation of a Trust or agent to manage all recruitment and payments, the assessor may judge that the person's ability to express preferences in the way in which they wish to have services provided will be sufficient to fulfil their obligations outlined in the Direct Payments contract. The test of competence in this area must vary according to the individual circumstances, from a high degree when the person is to manage all of the responsibilities of their Direct Payment without assistance, to a low degree when the person's management relates to simple day to day choices and preferences.

Mental Capacity Act 2005

A significant factor influencing the assessment will be the answer to the question "Does the person currently take other important decisions for him/herself?"

The Mental Capacity Act 2005 states that a person is unable to make a decision if he/she is unable:

(a) To understand the information relevant to the decision;
(b) To retain that information;

(c) To use or weigh that information as part of the process of making the decision; or

(d) To communicate his decision (whether by talking, using sign language or any other means.

It also states that:

- A person is not to be regarded as unable to understand the information relevant to a decision if he is able to understand an explanation of it given to him in a way that is appropriate to his circumstances (using simple language, visual aids or any other means).
- The fact that a person is able to retain the information relevant to a decision for a short period only does not prevent him from being regarded as able to make the decision.
- The information relevant to a decision includes information about the reasonably foreseeable consequences of
  - Deciding one way or another; or
  - Failing to make the decision.

APPENDIX 2

Question to be used by direct payment manager in assessing if a user is suitable to receive a direct payment

- Does the person understand (with assistance if necessary) the nature of the direct payment scheme?
- Can the person express preferences with assistance to communicate if necessary between different types of service?
- Does the person currently take important decisions for him/her self (with assistance if necessary)?
- Is the person able (with assistance if necessary) to access appropriate support to enable them to manage direct payments?
- Will the person be able to keep the necessary records (with or without assistance)?
- Does the person understand the legal responsibilities that may arise if he or she becomes an employer, and can he or she cope with them (with or without assistance)?
- Will the person be able to ensure that he or she receives the services paid for (with or without assistance)?
- Is the person likely to be able to manage the scheme on an ongoing basis, as opposed to having a fluctuating or deteriorating condition, which may affect his or her ability to manage?
- Will this arrangement secure the greatest degree of independence for the recipient?

It may be that, even if a person scores negatively on some of these questions, with skills training the direct payments scheme can become a suitable option in the future.

APPENDIX 3

Dear

Please find below details of how we have worked out the money that we will pay to you under the Direct Payment scheme. The amount we pay you may change if your circumstances change. You should pay the money you get into your Direct Payment Bank Account.

	£
The total cost for your services is	…….
This was worked out from	
…. Hours at an hourly rate	…….
…. Hours at an hourly rate	…….
…. Hours at an hourly rate	…….
…. Hours at an hourly rate	…….
…. sessions of night sitting at £..per night	…….
Total Direct payment each week	…….
Less your contribution from your income/benefits	…….
= A total direct payment to you of	…….

If you need any more information about how we worked out your direct payment please contact me on

If you are not happy with the service you receive from Social Services then you can complain and I have enclosed a leaflet, which explains the complaints procedure.

If you agree with the amounts shown please sign this form and return it to me in the prepaid envelope supplied.

Yours sincerely

Signed by Direct Payments Assistant ……..

Authorised by Principal Manager ……

Service User Signature ……..

APPENDIX 4

Dear

DIRECT PAYMENT SCHEME

I am pleased to offer you the Direct Payment Scheme and enclose a statement, which details how much we will pay you each week.

Please sign and complete the bank details form and statement enclosed and return them to me in the pre paid envelope supplied. When I receive these forms I will arrange for an initial start up payment of £…….to be paid into your Direct Payment bank account.

When you have employed your provider and agreed a start date with them I will arrange for a contract to be prepared and signed.

We will discuss with you the date that our first payment will be made to you. The first payment will include a contingency payment of £…….(equivalent to 2 weeks payments) which you can use in an emergency.

Direct Payments are made to you every 4 weeks. Your first payment will include enough money to pay for one month's care in advance and the contingency payment.

The Council have to be sure that you are spending your Direct Payment appropriately, therefore, I need to remind you that you need to

- Open a separate bank account for your Direct Payments to be made into
- Keep a record of how you spend the money we give you. These records will be monitored weekly for the first 6 weeks and on a quarterly basis after that.
- Understand that Direct Payments cannot be used to pay close relatives.
- Government regulations prohibit Direct Payments from being used to pay a spouse or partner, or a close relative living in your household. Direct Payments should not be used to pay close relatives living elsewhere, or other people living in the same household. This does not prevent people using the Direct Payment to pay someone who has been specially recruited to be a live-in personal assistant. Direct Payments cannot be used to pay close relatives who live elsewhere, or other people living in the same household. For this purpose the Government defines a close relative as a parent, parent-in-law, aunt, uncle, son, daughter, son-in-law, daughter-in-law, stepson, stepdaughter, brother, sister or the spouse or partner of any of the above.

If you do not want to proceed with the Direct Payments scheme, then the initial payment of £……. will be repayable to the Council immediately. Your current care services provided to you by the Council will continue as at present.

I look forward to receiving the signed statement and confirmation of bank details.
If you need any more information please do not hesitate to contact me 01928 500 740.

Yours sincerely
Direct Payments Assistant
Enc.

APPENDIX 5

HALTON BOROUGH COUNCIL
DIRECT PAYMENTS CONTRACT

THIS AGREEMENT is made the day of 200

Between **HALTON BOROUGH COUNCIL** ("the Council") of Halton Lea, Runcorn and

("the recipient") of

WHEREAS:

(a) the Council has conducted an assessment and subsequently determined that the needs identified in the attached care plan (Schedule 1) should be provided for the Recipient;

(b) the Recipient is willing, able and has the capacity to arrange for the services marked (*) in the care plan (Schedule 1) to be met and the Council is willing to make a payment direct to the Recipient to enable him/her to do so; and

(c) this agreement is made in accordance with the requirements of the Community Care (Direct Payments) Act 1996, and Carers & Disabled Children Act 2000.

The purpose of this agreement is to set out the responsibilities and obligations of Halton Borough Council and
, the Recipient of the Direct Payment.

It is agreed by the parties as follows:

1 (a) The Council agrees to pay the Recipient 4 weeks Direct Payment every 28 days in advance starting on and in accordance with the arrangements set out in the Direct Payment Statement Letter.

(b) The equivalent of 2 weeks Direct Payment will be paid starting on in accordance with the arrangements set out in the Direct Payment Offer Letter as a contingency fund, which must only be used in accordance with the conditions as detailed in paragraph 20.

2 The Council will make the Direct Payment by Banks Automated Clearing System (BACS) into a separate and dedicated Direct Payments account in the Recipient's name. The account number is at Bank.

3-8 USE OF THE DIRECT PAYMENT

3 The Council intends that a Direct Payment is the means by which the individual Recipient independently secures the services that the Council agreed the Recipient needs following assessment.

4 The Recipient will use the Direct Payment monies to meet the needs identified in the care plan.

5 The Council may increase or decrease the amount of the Direct Payment to the Recipient at any time on account of a change in assessed needs. Before decreasing the amount of the Direct Payment the Council will give the Recipient a minimum of one weeks notice in writing and the reason for such decrease.

6.1 A review of the support package and Recipient's record keeping will take place 6 weeks after receipt of the first payment(s) to identify and respond to any problems which

may have arisen and to prepare for the necessary monitoring (see paragraph 10).

6.2 The Council will formally review the assessment of the Recipient and the operation of this agreement every 12 months (ie within every 12 month period there should be at least one review). That review will determine whether the Recipient's needs have changed and how the Recipient is coping with the arrangements for ensuring the provision of the services that meet these needs.

7. The Recipient will not use the Direct Payment to employ/pay any partner (married or unmarried) or a close relative living in the same household (close relative means parent, parent-in-law, aunt, uncle, grandparent, son, daughter, son-in-law, daughter-in-law, step-son or daughter, brother, sister or the spouse or partner of any of the preceding) to provide the services, **unless in exceptional circumstances .** This also applies to Direct Payments made to a person who has parental responsibility for a disabled child (Direct Payments paid in accordance with S172(a) Children Act 1989) and to payments made to a child aged 16 or 17 (Direct Payments paid in accordance with S17A (2) (b) Children Act 1989).

8. The Recipient will not use the Direct Payment;

(a) to employ/pay for services provided by a local authority, NHS authority or NHS trust.
(b) for permanent residential care for adults or for provision of residential accommodation for a disabled child or disabled young person for any single period in excess of 4 weeks and for more than 120 days in any period of twelve months.

9-25 RESPONSIBILITIES OF THE DIRECT PAYMENT RECIPIENT

9 The Recipient agrees that it is his/her responsibility to make all appropriate arrangements to meet the identified needs and agrees to comply with all legal requirements that may arise in making such appropriate arrangements including all Inland Revenue requirements and applicable employment legislation, to include Stakeholder Pensions and Redundancy requirements as appropriate.

10 In order to enable the Council to monitor the use by the Recipient of the Direct Payment, the Recipient will:-

(a) use the bank account number and ensure it will be used only for all transactions in respect of the Recipient's care plan.

(b) notify the Council as soon as possible of any changes in circumstances and details of the use of any element of the contingency funds (in a form specified by the Council). Failure to comply with this requirement will result in the Direct Payments being suspended.

(c) to maintain up to date records, supply these records to the Council when requested to do so, and retain all financial records for the current financial year and the preceding 6 years.

(d) Pay for their care by either cheque or a direct debit. Cash transactions are not acceptable.

(e) To pay into the above bank account each time a Direct Payment is deposited, monies identified as the service user contribution, where applicable.

(f) Small Packages of Care – New Service Users
If your Direct Payment package is on average 15 hours per month or less, you may not be subject to regular full financial inspections. Instead, the

monitoring of your Direct Payment may be dealt with under an annual "self certification" scheme. This will mean that:

- The Direct Payments team will undertake an initial 6 week check (see 6.1 in this Contract).
- After the first check with you to make sure you are happy using the Direct Payment system and that your financial records have been satisfactorily maintained, you will be asked to submit an annual "self certification" form. This will include a declaration that you have used your Direct Payment monies in accordance with the Direct Payments scheme, acknowledging that the Health & Community Directorate retains the right to audit your records if they want to.
- You should continue to maintain and retain all records as listed in Section 10c of this Contract.

(g) Established Direct Payment Service Users – Those established Direct Payment service users who are able to demonstrate they have maintained records as required by the scheme and have had regular monitoring checks, may also be given the option of "self certifying" on an annual basis. This option will be a joint decision between the Direct Payments monitoring service and the service user, and an assessment of risk will take place. The Health & Community Directorate retains the right to audit service users' records at any time. You should continue to maintain and retain all records as listed in Section 10c of the Contract.

11 There may be a number of reasons why a surplus has accrued in the bank account. For example, there may be outstanding tax or national insurance not yet due or paid. The contingency money will also be kept in the bank account as a reserve. Alternatively, the Recipient may be 'saving care' to cover extra costs that would be incurred

when they take personal assistant(s) with them to a special event. However, this need must be agreed with their Social Worker and identified with relevant details on their care plan. The credit balance should be explained to the satisfaction of the Direct Payment Manager. However, if there is a credit balance in the account without a satisfactory reason, the Local Authority will reduce the Recipient's next payment.

12 Without prejudice to its rights (to terminate this agreement, under paragraphs 15 and 24) the Council may require the Recipient to repay to the Council the Direct Payment or any part of it if the Council is satisfied that:-

(a) the Direct Payment or any part of it has not been used to secure the provision of the Services or some part of the Services, or

(b) the Recipient has not met the conditions set out in paragraphs 7 or 8 or any other conditions of this agreement, or

(c) the Recipient has received payment from a third party (for example, the Independent Living Fund) for the Services or some part of the Services.

13 If the Recipient is admitted to hospital or other full time care, the Council will pay the Direct Payment in full for the first 14 days of any such admittance (subject to a maximum payment of 14 days in any 12 month period) and shall pay half of the Direct Payment for the following 14 days of any such admittance (subject to a maximum of 14 days in any 12 month period). Thereafter, the Direct Payment shall be suspended until the Recipient is discharged from hospital or other care and recommences to receive the Services. In any other circumstances, the Council may make a temporary suspension of the Direct Payment if the Recipient is temporarily unable to receive the Services for any other reason.

14 It is the responsibility of the recipient of Direct Payments to name a person to administer closure of the Direct Payment in the event of their death. It is this person's responsibility to ensure that non-committed funds are returned to the Directorate.

15 It is the responsibility of the Direct Payment recipient to ensure that legal requirements, common sense and good practice are adhered to and ensure that the people they employ are not put at risk of being injured or infected as a result of the work they do. When a personal assistant comes into a Direct Payment recipient's home both parties take on extra responsibilities.

It is the Direct Payment recipient's responsibility to provide a healthy and safe workplace for people they employ and not to do anything, or ask them to do anything which may cause them injury. It is also the duty of the person being employed not to do anything which might endanger either themselves or the Direct Payment recipient at any time.

(See "Guide to Employing Personal Assistants").

16 The service user is responsible for manual handling risk assessments, and the Direct Payments Manager will feed back any concerns regarding the use of equipment to the Independent Living Team.

17 The Recipient has the right to complain under the Council's Social Care, Housing and Health Directorate's complaints procedures about the operation of this agreement, but not regarding the service purchased direct from an agency or regarding matters relating to the employment of personal assistants.

18 Either party may terminate this agreement by giving the other party 4 weeks notice in writing.

19 The Recipient will notify the Council of any changes in circumstances as soon as possible.

20 The Recipient will allow a representative of the Council reasonable access to:-

(a) their home to enable a review of the care needs, and
(b) papers on transactions relating to spending of their Direct Payment monies.

21 The Recipient will be liable for payments under the Council's Charging Policy for the Community Care Services and payment will be made in accordance with the standing policy and procedures (see paragraph 10e), if appropriate. The Recipient agrees that such charges may be deducted at source from the Direct Payment.

22 Calculation of the Direct Payment will be made in accordance with the Rate of Pay Schedule contained in the statement letter and the Care Plan details. These will both be reviewed annually.

23 The Recipient must seek the Social Worker's approval for all expenditure of Contingency Fund monies. Any Contingency Fund may be used:-

(a) for covering illness of the Recipient that requires 1-3 days increased support, or
(b) in exceptional circumstances as agreed with the Social Worker in advance if possible
(c) to pay Statutory Sick Pay to Personal Assistants when they are unable to provide services to the Recipient due to illness in accordance with Statutory Sick Pay Regulations made by the Department of Social Security.

24 If there is a problem with the Recipient overspending the Direct Payment, then advice and support should be offered

and the overspend rectified. If the problem persists, then the Direct Payment Manager may need to reassess the ability of the Recipient to manage the scheme, or a reassessment of need may need to be undertaken by a Social Worker. If the Recipient spends more money than is allowed in the Direct Payment package, then they are liable for this extra support from their private funds. If Services paid for have not been received, it is the responsibility of the Recipient to seek a refund from the Service provider. Equally, the Service provider should pursue the recovery of debts from the Recipient, if services have been received and not paid for.

If the Recipient disputes the amount determined by the Council, he/she may appeal against the decision. The Act gives the Local Authority the power to seek a repayment if the monies made available have not been used to purchase services identified in the Care Plan and contract, or were used to purchase a service from any of the people identified as being excluded. It is essential that honest mistakes are seen as such, and repayments should only be sought where monies have been spent inappropriately or not spent at all.

25 The Recipient may not assign or otherwise subcontract responsibility of any part of the Agreement without the prior written consent of the Council.

26 Neither the Recipient of Direct Payments nor his/her employee(s) shall, in any circumstances, hold themselves out as being:-

(a) the servant or agent of the Council, nor

(b) authorised to enter into any contract on behalf of the Council in any way to bind to the performance, variation, release or discharge of any obligation.

27-29 RESPONSIBILITIES OF THE COUNCIL

27 (a) Any of the terms and conditions of this agreement are not being met by the Recipient after advice and support have been given to assist the Recipient to meet these terms and conditions.

(b) The Recipient is not spending the Direct Payments, or any part of them on Services to meet the needs identified in the Care Plan after advice and support have been given by the Council.

(c) In terminating this agreement, the Council will provide up to 4 weeks monies in order to finalise this arrangement.

28 In the event that the arrangement by the Recipient for the provision of the Service to him/herself breaks down (including back up arrangements), whether in an emergency or not, the Council undertakes to ensure that the Recipient receives the Services that the person has been assessed to receive to meet their agreed needs. It is the responsibility of the Recipient to notify their Social Worker immediately of any such situation.

29 The Council will:-

(a) provide support and advice to Recipients of Direct Payments to enable them to receive and manage their payments, and to advise of any changes in relevant legislation;
(b) make payments as detailed in this agreement, for the purchase of services as agreed;
(c) have no responsibility for the service(s) purchased, beyond the provision of the Direct Payment;
(d) formally review the assessment every 12 months or more frequently if required by the Recipient or their Social Worker (and subsequently payment may be varied accordingly);

(e) monitor and audit the spending of Direct Payments.

30 The Recipient of the Direct Payment is recommended to, and is responsible for obtaining employer's liability insurance and public liability insurance.

31 The authority is not liable to pay VAT, and it is not possible for the authority to make extra provision to cover the cost of VAT.

32 The Recipient of the Direct Payment is required to, and is responsible for obtaining **Enhanced** Criminal Records Bureau Checks of his/her potential employee(s).

33 Variations to this Agreement may only be made by the written consent of both parties, other than variations in the assessment.

34 The Council and the Recipient agree to comply with all current and future legislation relevant to the provision of this Service.

35 Recipients of Direct Payments who choose to adopt this means of meeting their needs are advised to consult the Direct Payments Manager for advice and support.

36 *"I agree to information given about myself being used and processed by the Council for the purposes of the administration of the Direct Payments account and other legal purposes of the Council. I also agree that the information may be shared with other agencies on my behalf and that my details will be held on a database".*

IN WITNESS WHEREOF the parties hereto have signed this agreement the day and year first before written

Signed by
For and on behalf of
Halton Borough Council Signature ……

In the presence of:

Signature of Witness …….

Name of Witness …….

Address of Witness …….

…….

Signed by the said
In the presence of: …….. (recipient sign here)
(***service user signature or power of attorney***)

Name of Witness: …… (witness)

Address of Witness: …….

…….

Signature of Witness: …… (witness sign here)

Name and …….
Address of Person
Identified to administer …….
Closure of account in
The event of death …….

APPENDIX 6

DIRECT PAYMENTS SELF CERTIFICATION FORM

New service users whose Direct Payment packages average 15 hours per month or less may "self certify" in certain circumstances. Established Direct Payment service users who are able to demonstrate they have maintained records as required by the scheme may also be invited to "self certify". If service users choose this option, then the following declaration must be completed:

I ……. (name of service user) hereby declare that I have received Direct Payments for my support needs.

I confirm that the funds received from Halton Borough Council have been used to provide services to meet the needs detailed in my Care Plan.

I further confirm that I have complied with all Inland Revenue requirements and employment legislation, (where applicable). I also confirm that I have maintained adequate employer's liability insurance (where applicable), maintained all records and agree to keep all records as per Section 10c in the Contract.

This self-certification covers the period from ……. to ……..

Details on last bank statement:

Bank Statement Number ……..

Period covered from ……. To ……

Balance ……

I acknowledge that Halton Borough Council retains the right to audit my accounts.

SIGNED ……. PRINT NAME …….

DATE …….

EQUALITY IMPACT ASSESSMENT SCREENING DOCUMENT

Directorate	**Social Care, Housing & Health**	**Division**	Policy & Support	**Person Responsible for Assessment**	Hazel Coen Davinder Gill
Name of the Policy/Strategy	Direct Payments	**Date of Assessment**	25.4.08	**Is this a New or Existing Policy?**	Existing

1	What are the aims and objectives of the Policy / Strategy?	To provide service users and carers with greater choice, control and flexibility on how they receive support which they have been assessed as needing.
2	What outcomes are wanted from the Policy / Strategy?	Greater empowerment of service users and carers regarding the delivery of their assessed support needs.
3	Who is intended to benefit from the Policy / Strategy, and how?	As above.
4	Who are the main stakeholders in the Policy / Strategy?	Service users, carers, local voluntary organisations, Halton Borough Council.
5	Who implements the Policy / Strategy and has responsibility for it?	Hazel Coen - Divisional Manager (Finance & Support) Audrey Fearn - Principal Manager (Client Finance)

6	Are there any associated Policies / Strategies or objectives?			Direct Payments for Equipment; Care Management; Vulnerable Adults Procedures; Adult Carer Assessments
7	Could the Policy / Strategy have a differential impact (positive or negative) :			
		Yes	**No**	**Evidence**
a	On Racial Groups	**X**		Positive impact. Direct Payments are available for all service users of all ages including parents of disabled children and carers, irrespective of their race, gender, sexual orientation, disability, religion. The exception being those people whose ability to arrange their support is restricted by certain mental health conditions as outlined in the DOH Community Care (Direct Payments) Act 1996.
b	Due to Gender	**X**		As above.
c	Due to Disability	**X**		As above.
d	Due to Sexual Orientation	**X**		As above.
e	Due to Age	**X**		As above.
f	Due to Religion	X		As above.
g	Carers	X		

8	Available statistical/qualitative information relevant to the Policy / Strategy and equality issues	Detailed on the Direct Payments database. Ethnicity data is also recorded and monitored annually
9	Could the Policy / Strategy affect relations between different groups in the Borough?	Fair Access to Care determines care package. User selects Direct Payment option, therefore no impact.
10	Could the Policy / Strategy damage relations between groups in the Borough and the Authority?	As above.

DECISION

Does the Policy / Strategy:	**Eliminate unlawful discrimination**	**Yes**	**X**	**No**	
	Promote equality of opportunity	**Yes**	**X**	**No**	
	Promote good relations between different groups in the community	**Yes**	**X**	**No**	
Impact Assessment: High					
Agreed By	**SMT**	**Date**	**14.5.2008**		

Actions to Be Taken:

		Yes	No
1	Collect more evidence		X
2	Conduct formal consultations	X	
3	Reconsider Policy / Strategy		X
4	Resubmit Policy / Strategy	X	
5	Adopt Policy / Strategy	X	
6	Make monitoring arrangements	X	
7	Publish assessment results	X	

Additional Comments:
Policy revised April 2008 to incorporate new rates and eligibility criteria.

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 10th June 2008

REPORTING OFFICER: Strategic Director, Health & Community

SUBJECT: Draft Carers Strategy 2008/09

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Board will receive a brief presentation from the Service Planning Manager, regarding the draft Carers Strategy 2008/09 attached at Appendix 1

2.0 RECOMMENDATION: That : -

1) the presentation and report be noted
2) comment on the draft 2008 – 2009 Carers Strategy and associated Action Plan

3.0 SUPPORTING INFORMATION

3.1 The draft Carers Strategy 2008/09 builds upon the aims, objectives and activities outlined in the 2006 - 2008 Carers Strategy and includes an action plan for the continued development of services for carers in Halton over the next 12 months.

3.2 It has been developed as a result of ongoing consultations and contributions from all stakeholders, including: -

- Local Implementation Team (LIT) Carer Sub Groups
- Carers (via a consultation event held on 3.03.08)
- Halton & St Helens PCT
- Halton Carers Forum
- Staff and managers from the Health & Community and Children & Young People's Directorate

3.3 The format of the strategy follows a similar one adopted within the 2006 – 2008 Strategy and outlines recent activity and proposed actions within the following areas: -

- Recognition – identifying carers
- Information
- Emotional support and support services
- Assessment and assessing carers needs

- Having a voice
- Providing a break
- Support that helps carers care and maintain their own health
- Young carers
- Parent of children with a disability
- Financial Security/Carers in employment

3.4 The main objectives of this Strategy include the need to identify hidden carers, recognise and respond to carers needs, and improve information and access to support services.

3.5 The LIT Carer Sub Groups and the multi agency Carers Strategy Group will undertake monitoring of the implementation of the Strategy and associated action plan.

4.0 POLICY IMPLICATIONS

4.1 None specifically identified.

5.0 OTHER IMPLICATIONS

5.1 None specifically identified

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**
The strategy in relation to the future provision of Carers Services would benefit children and young people under 18 who have caring responsibilities, whose lives are often restricted in some way because they are supporting or taking responsibility for the care of a person who is ill or who has a disability etc.

6.2 **Employment, Learning and Skills in Halton**
The strategy would ensure opportunities for work, education and learning for Carers are maximised to their full potential.

6.3 **A Healthy Halton**
The strategy clearly demonstrates the Council's commitment, as a major stakeholder, in recognising the needs of Carers and in promoting their health and wellbeing within the Community.

6.4 **A Safer Halton**
None

6.5 **Halton's Urban Renewal**
None

7.0 RISK ANALYSIS

7.1 There continues to be an increase in the national and local agenda around carers. The draft Carers Strategy and associated action plan aims to address issues for carers in Halton in a structured way thus ensuring that, through working in partnership with Health, Voluntary Agencies and Carers that carer's needs can continue to be met.

7.2 The Directorate and it's partners recognise and value the essential role that carers play in supporting some of the most vulnerable people in our community. We believe that in adopting this Strategy it will demonstrate our commitment to recognising, valuing and working with local carers in delivering effective services.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An Equality Impact Assessment (EIA) has been completed on the draft Strategy and no issues have been identified.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 There are no background documents under the meaning of this Act.

Health and Community Directorate

HALTON BOROUGH COUNCIL

Halton and St. Helens NHS Primary Care Trust

CARERS STRATEGY 2008 – 2009

DRAFT (as at 21.5.08)

CONTENTS

FOREWORD

This 2008 – 2009 Carers Strategy is as a result of on-going consultations and contributions from all stakeholders, including Carers, Health Authority and Service Providers.

The Carers Strategy includes an Action Plan for the continued development of services for carers in Halton over the next 12 months.

The main objectives of this strategy include the need to identify hidden carers, recognise and respond to carers needs, and improve information and access to support services.

On the 3rd March 2008, we held an event at Halton Stadium; where it provided an opportunity for Carers, to contribute to the development of the services that we provide for Carers. At the event, Carers had the opportunity to review services that have been provided over the last two years.

We have listened to what carers have told us about the help and support they need and responded by addressing the issues throughout the Strategy.

We are proud of what we have achieved for carers since the production of the last Carers Strategy. The Carers' Centres in Widnes and Runcorn have continued to provide a wide range of services including counselling, complementary therapies and a place for support groups to meet. There has been a considerable increase in the number of individual carers registering and receiving breaks from the Centres.

There are as many as 13,500 carers in the Borough who provide help and support for their partners, children, relatives and friends. We know that many carers are not in touch with services that could improve the quality of their lives and have specifically begun to target hidden carers. We recognise that Halton has a high percentage of people who are unable to read or write and have previously been unable to access help and support within their caring roles, with this in mind; we have provided face to face presentations and outreach sessions where our staff can offer information and signpost Carers to available services.

We recognise and value the essential role that carers play in supporting some of the most vulnerable people in our community. We believe that this strategy demonstrates our commitment to recognising, valuing and working with local carers.

Audrey Williamson
Operational Director (Adults of Working Age)
Chair of Carers Strategy Group

1.0 INTRODUCTION

Over the last nine years Halton Borough Council (HBC) has been working with stakeholders to develop and improve the Carers Strategy year on year. During the last nine years many of the actions in these strategies have been implemented and has led to significant improvements in services for carers.

More recently HBC's Carers Development Team, in consultation with the Carers Strategy Group and local carers, produced a three-year Carers Strategy for 2006 –2008. The Carers Strategy Group includes members of staff from the Health and Community, and Children and Young People Directorate's, the Primary Care Trust, local voluntary organisations and members of Halton Carers Forum. This document focuses on building on the firm foundations of the former Carers Strategy and responds to the increased local and national priorities for carers.

1.1 Who is a carer?

A carer is someone who cares, unpaid, for a relative or friend who is unable to manage on his or her own because of illness, disability or frailty. The majority are unpaid **family carers**. Carers can be any age and come from all walks of life and backgrounds. More women are carers than men and they are more likely than male carers to care for someone with very demanding care needs and to care for a wider range of relatives.

A parent carer is a parent or guardian who is likely to provide more support than other parents because their child is ill or disabled. Parent carers will probably support their child for many months or years and this is likely to have a significant affect on the other children in the family.

A young carer is someone under the age of 18 years who looks after another member of the family or close friend who is ill or disabled. They may be taking on the kind of responsibility that an adult would usually have. This may affect their education or social opportunities.

Caring relationships can be complex and family members may provide different types of care for each other in order to live independently in the community.

1.2 What do carers do?

- Carers give practical, physical and emotional support to vulnerable people. They help the person they care for to deal with problems caused by short term or long-term illness or disability, mental distress or problems resulting from alcohol or substance misuse.
- Where the person being cared for no longer has the mental capacity to make a decision, the carer may be required to make decisions on their behalf.
- Carers may supervise someone to keep him or her safe.
- Caring responsibilities may vary over time and may be difficult to predict from day to day.
- Anybody can become a carer, as a result of a sudden event such as an accident or this may be a gradual process when someone's physical or mental health slowly deteriorates.

2.0 NATIONAL AND LOCAL CONTENT INFLUENCING THE CARERS STRATEGY

2.1 Carers in Britain

Carer UK statistics show that:

- 6 million carers. 1 in 10 adults are carers
- 724,802 in the North-West are carers
- 3 million people juggle work with caring responsibilities for a disabled, ill, frail relative or friend
- The main carers' benefit-Carers Allowance- is £50.55 for a minimum of 35 hours, equivalent to £1.34 per hour
- People providing high levels of care are twice as likely to be permanently sick or disabled
- Every year 2 million people take on new caring responsibilities
- 1.25 million people provide over 50 hours a week on their caring responsibilities
- 58% of carers are women, 42% are men
- 1.3 million carers are over the age of 65
- 27% of carers questioned said they had been offered a health check; 88% believed that carers should receive annual health checks
- Carers save the country/Government £87 billion each year
- In 2001 11.44% of the population of Halton were carers.

2.2 Profile of carers in Halton

Census 2001 found there were 13,528 carers in Halton.

- 7,942 individuals provide unpaid care for 1 -19 hours per week
- 1,887 individuals in Halton provide unpaid care for 20-49 hours per week
- 3,699 individuals provide unpaid care for 50 or more hours per week
- It also showed that 3,083 unpaid carers were aged 60 and over
- It is estimated that that there are between 900 parent carers of children with a disability
- It is estimated there are 474 young carers in Halton

2.3 The Carers (Recognition and Services) Act 1995

The Carers (Recognition and Services) Act 1995 was implemented in April 1995. Under this legislation:

- All carers of any age are given the right to request their own carers assessment
- The carers assessment looks at the ways in which the carer can be supported in their caring role
- The information from the carers assessment can be used to increase the services to the cared for person

2.4 The National Strategy for Carers 1999

In February 1999, the Government released the national strategy for carers 'Caring for Carers'. The strategy recognised the important role that carers play in supporting the people they care for. It emphasised that all social and health care organisations must focus not only on the client, patient or service user, but also the carer.

The National Carers Strategy has three key messages:

- Carers should be informed and supported, and receive better care to improve their health and well - being.
- Carers should be involved at local level in policy and service development.
- Carers should be treated as partners by all agencies.

It also emphasised the need for local authorities to develop their own local carers strategy.

From late summer the National Strategy for Carers 2008 will supersede the current 1999 strategy as soon as such this strategy will be received and updated to take into account any changes.

2.5 The Carers and Disabled Children's Act 2000

The Carers and Disabled Children's Act 2000 was introduced in April 2001. Under this legislation:

- Unpaid carers over the age of 16 years who are caring for an adult have the right to request a separate assessment of their own needs. A carer may request his or her own carers assessment, even when the person they care for refuses their own assessment or support services
- People with parental responsibility for disabled children may also request a carers assessment
- Children's views are taken into account with the provision of service
- Local authorities have the power to provide services directly to carers to help maintain their health and safety and support them in their caring role
- Services to carers may be provided in a variety of ways, such as Direct Payments to carers

2.6 The Carers Equal Opportunities Act 2004

This Act became law from 1st April 2005. The new law has numerous positive effects for carers in Halton. It means that carers will:

- Be told about their rights to their own carers assessment
- Have their wishes to remain in, or return to work and education, taken into account when decisions are made about support given to the person they care for
- Have better information about opportunities for work, education, training and leisure
- Benefit from more emphasis on joint working between statutory services such Halton Social Services, the Primary Care Trusts and 5 Boroughs Partnership NHS Trust
- Carers will have equal access to services, advice and information and support regardless of gender, age, race, disability, religious beliefs and sexual orientation.

Benefits of the new legislation include:

- More carers being able to continue in work or study whilst caring
- Increase the employability of carers who wish to return to work or study
- More opportunities for carers to have access to education, training and leisure services and lead to a more fulfilled life

2.7 The Mental Capacity Act (2005)

The Mental Capacity Act applies to all individuals in England and Wales who are aged 16 and above and who lack capacity to make decisions. Hence everyone directly involved in the care of such individuals or employed in health and social care will be subject to the Act.

An individual demonstrably lacking capacity will need someone (often their carer) to make decisions on their behalf. The more important the decision the greater the likelihood that more people will be involved. An assessment must be made for each decision.

Useful sources of expert help or information can be obtained from advice agencies such as the National Autistic Society and The Alzheimer's Society. In Halton, the following sub groups are an important source of information for carers: Older People Carers LIT, Adult Learning Difficulties Carers LIT, Physical and Sensory Disabilities Carers LIT. HBC has also produced a set of 'Guidance Notes For Assessing Mental Capacity.'

If an individual is shown to lack capacity then those acting on their behalf must do so in the 'best interests' of the person. It is important to ensure that 'best interests' actually represents the person's true wishes. Carers are often best placed to provide such information.

Benefits of the Act:

- The Act serves to protect individuals who for whatever reason are unable to make a decision that has consequences for their finances, health care and quality of life.
- Individuals are assumed to have capacity unless assessment evidence is provided to the contrary.
- Any decisions made by a carer must be demonstrably in the individual's 'best interests.'
- The terms of the Act provide protection for both the carer (as decision-maker) and the individual being cared for.
- All possible means of communicating with a person must first be explored and documented before any decision is made on their behalf.

2.8 Quality Standards

The King's Fund, after extensive consultation with voluntary organisations, statutory bodies, social service departments and health authorities, published **Quality Standards for Local Carer Support Services** in 2002. There are five quality standards, which include:

- Information
- Providing a break
- Emotional support
- Support that helps carers to care and maintain their own health
- Having a voice

2.9 White Paper: Our Health, Our Care, Our Say

The White Paper, published in January 2006, sets out the reforms intended to develop modern and convenient health and social care services. The White Paper acknowledges the vital role carers play. They provide a valued preventative service and it is imperative they and their families receive good quality, flexible and tailored support services in order to work and live their lives.

The White Paper recommends;

- Establishing an information service/helpline for carers
- Establishing short-term, home – based respite support to carers in crisis or emergency in each area
- Allocating funding to train carers
- Encouraging councils and Primary Care Trusts to nominate leads for carers services.

The local authority will be working with the Primary Care Trust to implement the recommendations related to establishing a short term, home based respite service; providing more training for carers and collaborating with local health care services.

3.0 CARERS GRANT

3.1 Funding support for carers

Each Local Authority receives Carers Grant to primarily fund carers breaks and implement legislation, such as the Carers (Equal Opportunities) Act 2004. Halton Borough Council uses this grant in accordance with guidance provided by the Department of Health. The main use of the grant is to provide breaks available to carers who are providing regular and substantial amounts of care. The Department of Health has notified each local authority that Carers Grant will continue until 31st March 2011.

Many local organisations have received Carers Grant funding to provide carers breaks to carers during 2007/08. These were:

- Halton Young Carers Project (HITS)
- Halton Crossroads
- Barnardo's Wider Horizons Project
- Halton Autistic Family Support Group
- PSS Ltd
- Alzheimer's Society
- Halton Healthy Living Programme
- Halton Haven
- The Lets Go Club
- Halton Happy Hearts
- Mencap
- Halton Independent Living Trust (HILT)
- Widnes and Runcorn Cancer Support Group
- Parkinson Society
- Halton Disability Service and Shop mobility
- Bridgewater and Astmoor Day Centres

Funding is provided to two Directorates in Halton Borough Council to provide additional support and carer's breaks. These are;

- The Children and Young People's Directorate – specifically to provide services to parent carers of children with a disability.
- The Health and Community Directorate who provide services to carers who support Adults with a Learning Disability, Adults with a Physical or Sensory Disability, Carers of people with Mental Health Needs and Carers of Older People.

4.0 HALTON CARERS STRATEGY GROUP

This is a multi agency partnership group who meet every three months to monitor and oversee the Carers Strategy in Halton. Since the group was first established there have been many changes in legislation and Government service directives aimed at improving the lives of vulnerable people and their carers.

Membership of the Carers Strategy Group consists of representatives from;

- Social Care (Health and Community Directorate and Children and Young People Directorate)
- Halton Primary Care Trust
- Other voluntary sector providers
- The Chair of Halton Carers Forum
- Carers
- Halton Children with Disabilities Partnership Board
- Adult Learning Team
- Employment Services
- 5 Borough's Partnership NHS Trust

The group discusses matters such as the issues related to implementation of Government legislation relating to carers, matters discussed in carers forums, information relating to changes in service delivery and the use of Carers Grant to meet the diverse needs of carers.

4.1 Monitoring the Carers Strategy 2008 - 2009

The Carers Strategy Group will monitor the implementation of the Carers Strategy for 2008 – 2009 to ensure the targets and priorities have been achieved.

Consultation takes place at the Local Implementation Team Carer Sub groups (LIT) with all stakeholders who contribute to delivering the Carers Strategy. This involves talking to Halton Carers Forum, to monitor the delivery of the targets within this carer's strategy. The feedback provided will help with directing future developments and commissioning intentions of Children and Young People Directorate and Health and Community Directorate, the local Primary Care Trust and 5 Borough's Partnership NHS Trust.

5.0 CARER CENTRES

Since the opening of the Carers Centres in 2004, it has been the intention that the management of the Centres by the Local Authority would only be a temporary arrangement, until a voluntary sector organisation could be identified to undertake it. One of the main reasons for this was to ensure that Carers would be able to maximise their access to funding streams e.g. Lottery funding, that otherwise would not have been able to be accessed by the Centres under Local Authority control. As such within Halton Borough Council's Carers strategy (2006-2008), the intention to transfer the management of the Centres to the voluntary sector was stated as an objective, and in particularly with acceptance into the Princes Royal Trust (PRTC) network. Acceptance of the Halton Carers Centre into the PRTC would mean being part of a long established and respected network offering expertise in responding to Carers needs.

During the last 12 months a number of activities, including meetings and consultation events, have taken place to identify the options and their associated advantages and disadvantages, for the future provision of Carers Services within Halton. During this time it has been highlighted that whatever approach was adopted it would need to safeguard the financial future of Halton Carers Centre, improve and expand the services provided, and be acceptable to Halton and St Helens Primary Care Trust, to Halton Borough Council, and to local carers.

As such the work is being progressed to establish a Halton based charity to run the Carers Centre. A Centre within the voluntary sector will have access to new funding streams and most importantly will be able to offer an independent service to carers, which may enable the Centre to be more effective in reaching carers who are at present 'hidden'. The voluntary sector may also provide the Carers Centre with the opportunity to develop more innovative and tailored provisions allowing them to reach out to a wider range of carers. In selecting this option for the future of Carers Services, the Council recognises the importance of Carers issues and ensuring that the services provided to them are maximised.

As part of this work, it has been decided to deliver services from one site in Runcorn but to ensure that services are still provided to carers within Widnes and as such it is planned to close the Widnes Centre during 2008. It is recognised that Carers would prefer to see two centres within Halton, one in Runcorn and one in Widnes and this aspiration will be incorporated into the Carer Centre 3 business plan to be prepared in conjunction with the Princess Royal Trust.

Halton Borough Council and Halton & St Helens PCT have given a 3-year financial commitment to initially support the Carers Centre thus ensuring continued funding of the Centres until such time as the Centres are sufficiently established to ensure that it can access appropriate funds itself.

In summary the changes in the provision of Carer Services within Halton demonstrates that the council recognises the importance of Carers issues and ensures that the services provided to them will be maximised.

An independent Princess Royal Trust for Carers Centre in Halton will be able to access new funding streams and most importantly will be able to offer an independent service to carers and provide an opportunity to develop more innovative and tailored provision allowing them to reach out to a wider range of carers.

The centre will also be in a strong position to effectively respond to the increased national agenda around Carers culminating in the publication of the new National Carers Strategy during 2008.

6.0 VISION, VALUES AND AIMS

This strategy builds on the vision, values and aims of the Carers Strategy 2007/08

6.1 Vision

- Carers will be recognised and valued
- Carers will be supported and enabled to care as long as they wish to do so
- Carers will be enabled to have some regular time for themselves, free of their caring duties
- All agencies will work in partnership with carers to provide the help and services carers need
- All agencies will work together to plan and develop services for, and with, carers
- Information on issues of relevance to carers will be made available to carers, Statutory and voluntary agencies, and the wider community.

6.2 Values

The Local Authority, the Primary Care Trust, local health trusts, voluntary and independent sector agencies will work in partnership to improve support for carers as part of mainstream community care and children's services. Positive steps will be taken to identify, accommodate and support diverse needs.

- The major role played by carers in supporting people in the community who are frail, ill or disabled is recognised and valued
- Carers will be encouraged to identify themselves at the earliest possible stage, and will be empowered to ask for the service they require
- Carers will be involved in decision making about their needs and consulted about their preferences for services
- No carer will be compelled to care or to continue caring if they no longer feel able to do so
- Former carers will be helped to access support to enable them to adjust to their new circumstances
- Service providers will ensure equity in the provision of support to carers, whatever the illness or disability of the person they are caring for
- Carers will be involved in planning and determining the types of services available
- Carers will be invited to take part in the evaluation of services.

6.3 Aims

The strategic aims of this strategy are:

1. Recognition – to identify carers and encourage them to identify themselves.

2. Information - to ensure that carers are provided with the information they need, in an appropriate and accessible form, to enable them to function as carers.

3. Emotional support and support services – to ensure a full range of co-ordinated and flexible services and support are provided for, and planned, with carers in Halton.

4. Assessment and assessing carers needs – to ensure that carers are fully involved as partners in the assessment of the person for whom they care and are always offered their own assessment where appropriate.

5. Having voice – to ensure that carers are actively involved in the planning, development and evaluation of services.

6. Provide a break – develop services that offer a break to local carers.

7. Support that helps carers care and maintain their own health – support carers to care and to maintain their own health and well being by offering training, health promotion and personal development opportunities and is responsive to individual needs.

8. Young Carers – develop ways of identifying and meeting the needs of young carers.

9. Parents of children with a disability – to ensure parents of children with a disability are aware of their rights as carers and are receiving appropriate services.

10. Financial support/carers in employment – provide welfare benefit advice to carers that request it. Employees who are carers will have access to support to help them at times of crisis/emergency.

7.0 CONSULTATION ABOUT THE CARERS STRATEGY

A Consultation Event took place on Monday 3rd March 2008 at Halton Stadium and was designed to seek the views of local carers on Halton's Carers Strategy. Carers were consulted about the 2006 – 2008 Carers Strategy.

The main aims of the day were;
A) To review the current Carers Strategy document, running from 2006-8
B) To propose ideas for incorporation into the new Carers Strategy for 2008-09.

172 Carers attended the Consultation Event. There were in addition 2 cared for people and 16 staff working closely with Carers in the Borough.

The feedback from the event about what Carers felt was needed to improve performance has been incorporated into the Halton Carers Strategy and Action Plan 2008 - 2009.

A consultation event will be held in March 2009 to review progress of the 2008/2009 Carers Strategy.

Attached at appendix 2 are details of the feedback received from carers on the 3rd March.

7.1 Recognition - Identifying Carers

Many individuals who are carers do not recognise themselves as carers. They are usually family members or close friends. Many carers, including those from ethnic minorities, remain 'hidden' to statutory services. These carers may not be accessing services or receive support from the many local agencies that can assist them. It is important for all agencies to identify carers including parents of disabled children who are required to provide a level of care above what is expected with a child without a disability. This will ensure;

- They can be provided with information about carer support services
- Ensure carers needs are assessed and appropriate action taken
- They can be consulted about services designed to help them
- Carers receive training, practical support and a break from caring
- A rigorous analysis of the numbers of carers and their needs is undertaken

What has been provided so far

- Outreach services in health centres in Widnes and Runcorn
- Outreach presentations at faith and community groups across the borough.
- Liaison with Halton Primary Care Trust resulted in initiatives to access hard to reach carers
- Information giving events such as Carers Week and Carers Rights Day. These were attended by over 165 carers
- Events and activities specifically designed to reach hidden carers and carers from ethnic minorities
- Parent support groups, e.g. Halton Autistic Family Support Group, Parent Partnership
- Drop in session and events for carers of disabled children.

7.2 Information

Carers can access information in a number of ways. They can telephone or drop into the Widnes Carers' Centre and Runcorn Carers' Centre. They can contact Customer Services at the Halton Borough Council call centre or Direct Link offices based at Halton Lea, Runcorn and Halton Direct Link, Widnes (near Widnes Market), Carers can use the Council's web site or Halton Information Exchange will provide information to parents of disabled children. Carers can go to other specialist organisations in the borough with a special interest and expertise in dealing with carers. The contact details of these organisations can be found at the back of this strategy.

Information is one of the main needs of carers. Carers need good information to help them carry out their caring role and to have their own support needs met. Carers require information that is:

- Tailored to their needs
- Clear
- Comprehensive
- User friendly
- Up to date
- Accessible
- Age appropriate
- In the carers preferred language
- In a range of formats including the Internet and telephone to signpost them to support and services

The information provided should cover access to services, assessment, the illness/disability/condition of the person they care for, their rights as carers, charges for services, the roles of different agencies and professionals, what to do when things go wrong and how to complain. In addition it should provide details of where carers can access independent support and advocacy services.

What has been provided so far

- Carers Information Packs containing information about local services for carers including information about their right to an assessment. This publication has been revised and updated in 2003, 2004, 2005 and 2007.
- Halton Information Exchange (children) provides information to carers of disabled children through an information pack and regular newsletter.
- Children's Information Service provides a range of information to all parents including parents of disabled children regarding childcare
- A Quick Guide to Services for Carers leaflet, distributed at carers events
- A Young Carers Information Pack
- Explaining Carers Assessment leaflet
- Two Carers' Centres providing a drop in information service in Widnes and Runcorn
- A database to identify carers and inform them of carers day trips, pamper sessions, training courses and services available to help them as carers
- Two Carer Information Officers

7.3 Emotional support and support services

Providing care to another individual can be lonely and demanding. Sometimes carers can become socially isolated. Also a carer may find that when their caring role ends (for example when the person they are caring for dies), they find it difficult to adjust to the change in their life.

Different kinds of emotional support may be necessary. Widnes and Runcorn Carers' Centres provide access to appropriate counselling services. Other voluntary organisations including Age Concern Halton, Kings Cross Project, Barnardo's, Scope, HAFS, Halton Young Carers Project and Widnes and Runcorn Cancer Support Group are available to provide emotional support to carers.

Carers want co-ordinated and flexible services that will assist them in their role as carers. They want to be recognised, respected and listened to. They want services, provided by the Primary Care Trust, Social Services, Children & Young People Directorate and voluntary agencies to meet their needs as carers. They want to be able to access an independent advocacy service and dedicated services that are flexible, accessible and meets their needs.

Services for the cared for person have substantial impact on their carer. It is important they receive good quality, reliable and efficient services to enable them to take a break from caring. All agencies in the statutory and voluntary sector need to ensure they employ well-trained, well-informed individuals who have had a criminal record bureau check. Carers want access to Direct Payments to provide them with choice about service they can access.

What has been provided so far

- Access to counselling services at Widnes and Runcorn Carers' Centre provided by two voluntary agencies
- Confidential advice service to carers on a drop in basis at Widnes and Runcorn Carers' Centre and provided by other local voluntary sector organisations
- Referral to social workers and other local agencies providing advice and support
- A range of short breaks services for families of children with disabilities
- Sibling support group for siblings of disabled children
- Specialist support service for children with severe learning difficulties and challenging behaviour
- Key workers to provide a co-ordinated package of services to families of disabled children
- A meeting place Runcorn Carers' Centre for carer support groups.
- Complementary therapies specifically for carers
- Pamper sessions for carers
- Use of carers grant to provide carers respite services

7.4 Assessment and assessing carers needs

In Halton there are various agencies that collect information about carers. Halton Borough Council's Health and Community Directorate and Children and Young People Directorate and Widnes and Runcorn Carers' Centres are all in contact with carers. The Primary Care Trust and 5 Boroughs Partnership NHS Trust also have contact with large numbers of carers. Numerous voluntary organisations including Age Concern Halton, Kings Cross Project, Barnardo's, Scope, Halton Young Carers Project, Halton Autistic Families Support Group and Widnes and Runcorn Cancer Support Group work with and provide services that support carers.

Carers can register their details at both Carers' Centres in Halton and can obtain help and support and be referred to have their needs assessed. Carers needs differ in a number of ways depending on factors such as:

- The level of support or personal care they provide to the person they care for
- The relationship to the person they care for
- The illness or disability of the person they care for

- Their cultural needs or those of the person they care for
- Whether the carer is in employment
- If the carer lives a distance from the person they care for.

What is a carer's assessment?

If the carer looks after someone regularly they can have a carers assessment. This assessment looks at the care or support they provide and how it affects their life. The assessment is for the carer, not for the person who needs support or care.

Carers of disabled children should provide 'regular and substantial' care in line with the provisions of the Carers Disabled Children's Act 2000.

Who can have a carer's assessment?

Carers of adults
Under the Carers and Disabled Children's Act 2000, a carer over 16 years of age can request an assessment of her/his needs if:

1. The person being cared for is over the age of 18 years and is eligible for, or has had, a community care needs assessment
   and
2. The carer is not providing personal assistance for payment in cash or in kind or is a volunteer or working for a voluntary organisation
   and
3. The carer provides, or intends to provide, regular and substantial care

People who are about to take on a caring role are eligible for assessment as long as the above criteria are met and the care they intend to provide to someone looks likely to be regular and substantial.

A carer has a right to an assessment as long as the person they care for is, or would be, eligible for a community care assessment, even if they have refused to have one or have refused any services offered.
Carers of disabled children will have a right to an assessment if the child being cared for is eligible for a child in need assessment.

'Regular and Substantial' care is not defined within the Act. It is the 'impact' of caring on a person's life that is important not necessarily the nature of the caring tasks or how often or how much time is spent caring.

Halton has agreed to a Local Public Service Agreement (LPSA) to increase the number of carer's assessment it provides for carers. It was agreed that in 2008/09 600 carers will receive a carers assessment.

What is available

- Under the Carers (Recognition and Services) Act 1995 and the Carers and Disabled Children's Act 2000, all carers providing regular and substantial care have the right to request an assessment of their own needs from Halton Social Services
- All carers on the care programme approach (mental health and learning disability) should be offered a carers assessment

- Since April 2005 the Carers (Equal Opportunities) Act means that identified carers will be told about their right to a carers assessment and have their wishes to remain in or return to work and education taken into account during the assessment.
- New carers assessment forms have been produced to comply with the changes made by the Carers (Equal Opportunities) Act 2004
- New carers assessment forms have been produced to assess the needs of carers of disabled children.

7.5 Having a voice

In 2006 Halton Carers Forum was established. The Carers Forum hold regular meetings with carers. The Carers Forum is currently made up of an elected Chairperson, an Executive Board and registered carers
Other people who may attend the forum are:

- Representatives from Health and Community Directorate
- Representatives from Children and Young People Directorate
- Representatives from Primary Care Trusts
- Representatives from other organisations who help carers

Carers are already involved in commenting on services provided by the local authority and the Primary Care Trust.

The Children Act 2004 required local authorities to lead on the development of Children's Trust. In Halton the Children's Trust is known as the Children's Alliance to reflect the spirit of partnership. The Halton Children and Young People's Alliance Board will provide the appropriate vehicle for the development of the Trust. The development of the Alliance will be informed by the needs of the carers and young people and parent and carer forum has been established that will allow all parents and carers, including those of disabled children, to influence developments. Carers are also represented within the Children's Disability Mini Trust

The Patient Advice Service (known as) PALS is part of the Government's commitment to ensuring that the NHS listens to patients, resolves their immediate concerns and then uses their views to develop services so they continue to meet the needs of patients, carers and relatives.

PALS officers are based in every Primary Care Trust, in Halton, Warrington and Whist on Hospital and 5 Boroughs Partnership NHS Trust.

What has been provided so far

- Financial assistance for the Halton Carers Forum in order to enable them to meet regularly
- Carer representation on Mental Health Carers LIT Sub Group, Older People Carers LIT Sub group, Adult Learning Difficulties Carers LIT Sub Group, Physical and Sensory Disabilities Carers LIT Sub Group, Valuing People Carers Implementation Group, Partnership Boards and LITS.
- Consultation about services and training for carers provided by the Carers' Centres
- Participation in Halton Carers Forum meetings
- Carers representation within all levels of Halton Children with Disabilities Partnership Board

7.6 Providing a break

The 2001 Census showed that 3,699 carers in Halton are looking after someone with an illness or disability for more than 50 hours per week. This may be providing help with personal care such as:

- Washing/bathing
- Dressing
- Walking around the house
- Getting in and out of bed
- Cooking and keeping the house clean
- Communication because of sight or hearing difficulties or difficulty understanding
- Helping with finances or paying bills
- Collecting medication or making sure someone takes prescribed medication

Being a carer can be emotionally and physically very tiring. Carers often do not think enough about their own health and well-being, and find they suffer from exhaustion and stress.

Taking a break from caring is essential for most carers, even if it's only a few hours. It allows them to see friends, relax, sleep, join classes, and meet other people – to do all the things that most people take for granted.
Some carers feel guilty about taking time for themselves. They see it as a sign of failure. However, without regular breaks, carers are putting their own health at risk. Everyone needs time to recharge his or her batteries.
Ideally, breaks from caring should be planned breaks so that both the carer and the person looked after are happy with the arrangements.

What has been provided so far

- Day trips to Llandudno, Bolton Market, Trafford Centre, Southport, Botany Bay, Salford Quays, Chester, Blakemere, Blackpool, Antony Cotton Show, Widnes v Castleford Rugby, Widnes v Blackpool Rugby, Everton Reserves v Man Utd Reserves, Everton v Wigan Athletic Reserves.
- Funding to local voluntary organisations and charities to arrange carers breaks for their members
- Increased the number of carers receiving a break each year since 2003.
- A range of carer short breaks for carers of disabled children
- Carers of adults and older people were provided with over 19,000 breaks in 2007/2008.

7.7 Support that helps carers care and maintain their own health

Caring can be physically and emotionally exhausting. As a result, many carers suffer from physical injury or need treatment for stress related problems.

Carers UK research has found

- Carers are twice as likely to have mental health problems if they provide substantial care
- 316,000 people in the UK who provide care describe themselves as 'permanently sick or disabled'
- Seven out of 10 carers worry about their finances and six out 10 believe this has an effect on their health

(Source: www.carersuk.org.uk)

Some studies show that 52% of carers need treatment for stress related problems and 51% of carers have a physical injury as a result of caring.

Many carers have to give up work and caring because of the effect caring has on their own health. However, with the right information and support, many of the health problems affecting carers are preventable.

Carers should be able to:

- Get enough sleep and rest
- Get regular and planned breaks from caring
- Have time for themselves
- Get enough information about services that could help
- Feel free from financial worry because they have access to financial information on benefits or debt
- Receive advice and training on aspects of caring.

Carers need to:

- Make sure their GP knows they are a carer
- Ask social services for a carers assessment to find out about breaks from caring, receive services to support the carer with caring or get advice on health awareness courses
- Contact Widnes or Runcorn Carers' Centre to ask about complementary therapies, counselling and health awareness courses
- Get financial advice on benefits or debt
- Find out about training courses that can help the carer

What has been provided so far

- A comprehensive complementary therapy service for carers
- A training programme for carers
- Pamper sessions, at various locations including the Widnes and Runcorn Carers' Centres and Riverside College.
- Support groups use, free of charge, the Runcorn Carers' Centre to meet and support their members
- Kings Cross Project provide a counselling service at both Carers' Centres
- Drop in information and advice and referral of carers to the Welfare Benefits Service and Citizen Advice Bureau
- Reduced rates at many indoor and outdoor leisure and recreational activities via the Halton Leisure Card.

7.8 Young carers

The government document 'Caring about Carers' states: 'the experience of growing up in a family where a parent, relative or sibling is ill or
disabled can bring both rewards and difficulties'.

Children and young people under 18 who have caring responsibilities are often referred to as 'young carers'. These are young people whose lives are restricted in some way because they are supporting or taking responsibility for care of a person who is ill, has a disability or mental illness or misuses a substance.

Not every young person who has a parent, sibling or grandparent who is ill or
disabled is a young carer, but of those young people who are taking on extra

responsibilities, recent research has shown that;

- One quarter are missing school or have difficulties with lateness, no time to do homework or have other problems
- 12% cent of young carers are caring for more than one person
- More than half are providing care for their mother and one third for their brother or sisters

Halton's Children and Young People Directorate fund the Halton Young Carers Project through their mainstream budgets and additional funding is provided from Carers Grant for support, activities and short breaks for Young Carers.

What has been provided so far

- A Young Carers Information Pack has been produced, in conjunction with young carers
- Additional funding to identify 16 –17 year old young carers
- Support for Halton Young Carers Project to provide additional carers breaks for young carers

7.9 Parents of children with a disability

Social Services have the responsibility for assessing the needs of disabled children and their carers, and for co-ordinating services to meet those needs. They will arrange an assessment, a process to identify all the needs of the child and the family. A worker from the team will visit the family and provide them with a 'Care Plan'. This will show the needs of the child and family and the services, which will be provided. Carers will also be entitled to a carer's assessment that will provide them with a Carer's Action Plan. Services offered by Children and Young People Directorate may include a home from home family based short break, advice and support to families, after school clubs, Direct Payments, outreach support and a range of social and leisure opportunities.

What has been provided so far

- Crossroads support services for carers
- Saturday and after school clubs
- Inclusive play and leisure groups
- Sibling support group
- Parent Partnership
- Early Support programme
- Halton Information Exchange
- Children's Information Service
- Youth Clubs
- One to one volunteer links
- School holiday play schemes
- Direct Payments
- Carers Assessment

7.10 Financial Security/Carers in employment

Carers and working

Many carers find they are unable to work because of the amount time they spend caring. Other carers try to 'juggle' work with caring and find themselves doing two jobs, one paid and one unpaid.

Problems faced by carers who are working include:

- Stress and anxiety from constantly juggling work and care
- Tiredness and having to cope with little or broken sleep
- Isolation because they have no time to go out and socialise
- Feeling that their colleagues think they are not committed to their paid work

The support the carer needs to keep working may be very simple. For example, a carer might need to be able to use a telephone and check the person they care for is all right. Sometimes carers do need to take leave to help them through difficult times.

Financial security

Money matters more than ever when caring for someone. Carers may find they are:

- Unable to work
- Living on less money
- Faced with decisions that will affect money in the future, for example in the area of pensions
- Experiencing poverty because of being a long-term carer
- Needing to sort out debt problems

Many carers do not claim enough benefits or discounts for themselves because the benefit system is complex and they do not know what to claim.

Carers UK research has shown

- One in five carers has to cut back on food
- One in three have trouble paying utility bills
- Four out of ten find the level of charges for services cause financial difficulties
- One in three carers have no savings at all

(Source: www.carersuk.org)

Many carers experience debt and the financial stress affects their health.

What has been provided

- Many carers requesting benefit advice have been referred to Halton Borough Council's Welfare Rights Service
- General advice service and debt counselling is available through the Citizen Advice Bureau
- Information for working carers and benefit advice is included in the Carers Information Pack and A Quick Guide to Carer Services leaflet.
- Return to work information is available in the Carers Information Pack. It is provided to each carer when they receive a carer's assessment.
- Information about carer's rights and their benefit entitlement was available at Carers Week and Carers Rights Day events and other community events for carers.

- Carer Awareness training provided within all staff teams at Halton Borough Council in order to identify employees who are carers.
- Flexible working conditions at Halton Borough Council
- Funding provided at Halton People into Jobs to support and train Carers wanting to return to work.

8.0 CARERS STRATEGY ACTION PLAN 2008-09

AIM 1 : RECOGNITION

Ref.	Objective	Action	People Responsible	Timescales		Progress to date/Outcome
				Start Date	End Date	
1.1	Develop a strategy to publicise and promote issues concerning carers	Develop and publicise the Carer Promotion Strategy and implement aims/objectives	CDO	Ongoing	Ongoing	Increase new carers – registering @ CC and accessing information & full assessment
1.2	Raise awareness of carers needs with health & social care staff and in the community	Briefing sessions for health & social care staff to be held	Carer Development Team	April '08	Ongoing	
		Induction pack to include a specific section on Carer recognition (inc. Young Carers)	HBC Training Team	April '08	Ongoing	CIO distributes packs request
		Annual File audit to take place to ensure that carers are recognised by professional staff and that they are offered an assessment	SDO	April '08	Ongoing	Attendance and contribution at LITS. Increased understand of carer issues by stat
		Action provision of training to call centre staff. CDO to deliver awareness raising training to call centre staff	Team Managers	April '08	Ongoing	CDO to deliver awareness. Raising training - increases
1.3	Identify 'hidden carers' to make their lives better	Maintain and regularly update Carers Databases	All Agencies	Ongoing	Ongoing	Carers Centres database has 890 carers MH Team database has 404 carers recorded
		All teams to produce plans which show how they will identify hidden carers and set targets for referrals for assessment	LIT/ALD Partnership Sub Group Chairs	April 2008	March 2009	LIT/ALD Sub Groups Implement Action Plans
		Develop and implement action plan @ Equal Opportunities Sub Group	SDO (Carers)	Ongoing	Ongoing	Increased presentations to faith/community groups – increased number of carers registering at CC.

AIM 2 : INFORMATION

Ref.	Objective	Action	People Responsible	Timescales		Progress to date/Outcome
				Start Date	End Date	
2.1	Keep Carers up to date with current information and carers legislation to help make informed choices about their caring role	Quick Guides to be widely distributed in the community	Carer Information Officers	Ongoing	Ongoing	5,000 Newsletters & Quick Guides distributed throughout 07/08.
		Carers Web page to be regularly updated	Carer Development Team	Ongoing	Ongoing	Up to date information inputted regularly
		Continue to provide a service via the Runcorn and Widnes Carers Centre (drop in & telephone). Information library to be available at Carer Centres	Carer Development Team	Ongoing	Ongoing	Service available Monday – Friday 10.00am – 4.00pm
		Plan carers events and review publicity materials etc in liaison with carers via HCF & LIT Sub Groups	Carer Development Team Chairs of LITs/ALD Partnership Sub Groups	April 08	Ongoing	Meet needs of carers.
2.2	Ensure information is accessible and easy to understand and available, on request to carers with a disability and to carers from ethnic minorities, where English is not their first language	See 2.1	See 2.1			
		Ensure all new service developments and local changes made are widely know to carers via briefings, newsletters etc	LITs/ALD and Equal Opportunities Sub Group	April '08	Ongoing	Leaflets and the Carer Information Pack can be produced in different languages and formats on request.
		Develop/produce DVD raising carer issues etc publicising available services within Halton	PSD LIT Sub Group – Melanie Giannasi	April 08	Ongoing	Currently a national DVD available
2.3	Quick Guides for carers in GP practices, libraries and made available.	CIO distribute literature on bi-monthly basis	Carer Development Team	April '08	Ongoing	New carers receiving service & information

2.4	Carers accessing services and requiring support to be recorded on Care First	Statistics/activity reported on ¼ basis @ Carers Strategy Group & LIT Sub Groups	All Agencies monitored via the LITs	Ongoing	Ongoing	Increased transparency in working

AIM 3 : EMOTIONAL SUPPORT AND SUPPORT SERVICES

Ref.	Objective	Action	People Responsible	Timescales		Progress to date/Outcome
				Start Date	End Date	
3.1	Recognise the emotional needs of all carers especially those hard to reach	See 2.1	See 2.1	See 2.1	See 2.1	
		Carer assessors pro-actively provide assessments and record client need	Carers Assessment Group	April 2008	March 2009	Provide 600 assessments for carers by end of March 2009
3.2	Continue to provide complementary therapy sessions for carers	Commission a complementary therapy service from Riverside College	Carer Development Team	April 2008	March 2009	Riverside College to continue to provide 1000 therapy sessions to 250 carers '08-'09
3.3	Carers Centres to continue to provide a signposting service providing advice, support and information for carers	See 2.1	See 2.1	April 2008	March 2009	Telephone support is available Monday – Friday 10.00am – 4.00pm
3.4	More carers to be provided with control and choice using Direct Payments and IB agenda	Promote the use of Direct Payments and monitor the carer's opinion of the service	Direct Payments Team	April 2008	March 2009	In 07/08 440 individua received a direct payment; 285 of those people were new Carers

AIM 4 : ASSESSMENT AND ASSESSING CARERS NEEDS

Ref.	Objective	Action	People Responsible	Timescales		Progress to date/Outcome
				Start Date	End Date	
4.1	Carers to be offered an individual assessment of their own needs in accordance with the Carer Act 1995/2000 and Carers (Equal Opportunity) Act 2004	Strategy implemented	Carer Assessment Group/LIT & ALD Sub Groups	April 2008	March 2009	LPSA target of 600 carers receiving an assessment by end of March 2009
		Carers Awareness Training	Training Manager, Health & Com. Directorate	Ongoing	Ongoing	
		Establish a system to record number of carers assessments offered, refused and completed	Carer Assessment Group. LIT/ALD Sub Groups			Outcome reports to be provided to Carer Strategy Group/LIT Subs & Assessment Groups
4.2	Promote carers right to an assessment	See 2.1	See 2.1	See 2.1	See 2.1	
		Inform carers of their rights to an assessment during advice sessions	Care Managers	Ongoing	Ongoing	Carers Quick Guides and News Letters distributed to libraries, health centres and social work teams
4.3	Carers to be consulted about the level of care they are able to offer	To be undertaken via the carers assessments	Care Managers	Ongoing	Ongoing	

4.4	Provide access to an independent advocacy service	Ensure contact details are updated on regular basis	Care Managers	Ongoing	Ongoing	Advocacy Services available Halton Borough Council website under Social Services
4.5	Carers issues are identified during the review of the Choice Based Lettings Policy	Ensure that the allocation of 'Social Points' for being a Carer is addressed within the Policy	Housing Strategy/Halton Housing Trust	Ongoing	Ongoing to March 2010	

AIM 5 : HAVING A VOICE

Ref.	Objective	Action	People Responsible	Timescales		Progress to date/Outcome
				Start Date	End Date	
5.1	Ensure Carers are represented on relevant committee's, boards with agreed support both practical and financial, to enable carers to attend	All LITs/ALD Partnership and associated sub groups, committees etc to have at least one carer representative	LIT/ALD Chairs & LIT/ALD Sub Group chairs	April '08	March '09	Evidence via group minutes
5.2	Carers are to be provided with training to help them effectively contribute to meetings	Chair of Halton Carers Forum to organise and deliver influencing skills training in partnership with Halton Voluntary Action	SDO	April '08	March '09	Increased confidence and effectiveness of carers in groups
5.3	Carers to be involved in the Carers Grant Allocation	Carers to be involved in LIT/ALD Sub Groups	SDO/Chairs of LITs/ALD sub group	April '08	March '09	
5.4	Carers encouraged to give their views on services	Carers Assessments and Events/Activities Questionnaire and evaluations provided	Carer Development Team			Outcome report produced – services developed as a result
5.5	Support the development of the Halton Carers Forum	Continue to provide support to the Forum	Carer Development Team			Carers Grant and staff support has been provided to Halton Carers Forum to convene regular meetings
5.6	Carers involvement in planning and monitoring of services	See 5.1	See 5.1	See 5.1	See 5.1	

AIM 6 : PROVIDING A BREAK

Ref.	Objective	Action	Lead Responsibility	Timescales		Progress to date/Outcome
				Start Date	End Date	
6.1	Carers of people who are assessed as being in need of community care services will have the opportunity for a break	Respective LITs/ALD Sub Groups to assume responsibility for the management of the Grant	LITs/ALD Sub group	January 2008	March 2009	Greater partnership working with carers
		Audit of needs identified in carers assessments to be carried out to help inform grant allocations	LITs/ALD Sub group	Ongoing	Ongoing	
		Formal Evaluation process to be devised for carers breaks, event etc to help inform future service development	Carers Development Team			Requesting events planned – client satisfaction forms recorded
6.2	Continue to develop a range of opportunities for carers to have a break	Halton Carers Forum to feed in their views to the LITs	LITs/ALD Sub Groups	April 2008	March 2009	Forum members involved in Carers Strategy Group and other decision making groups
6.3	Promote and raise awareness of Direct Payments amongst Carers as per Carers and Disabled Children Act 2000	See 3.6	See 3.6	See 3.6	See 3.6	
		Publicise in the Carer information pack and at Carers events and forums	Carer Development Team	Ongoing	Ongoing	Highlighted in Carers Information Pack and promoted within social work teams

6.4	Continue developing respite services and monitor and evaluate existing services	LITs to report back to the Carer Grant Accountability Committee on a quarterly basis	LITs/ALD Sub Groups	Ongoing	Ongoing	

AIM 7 : SUPPORT THAT HELPS CARERS CARE AND MAINTAIN THEIR OWN HEALTH

Ref.	Objective	Action	People Responsible	Timescales		Progress to date/Outcome
				Start Date	End Date	
7.1	Provide training course for carers to help them maintain their health & respond to carers requests for training to help them in their caring role		Carer Development Team	April 2008	March 2009	A training programme for 2008/09 will be agreed and publicised in newsletter.
		Training Needs etc to be addressed via Carers Assessments and appropriate information provided to Carer Development Team	Carer Assessors	April 2008	March 2009	Raise Awareness of Carers
7.2	Promote caring issues in GP practices throughout the PCT and 5 Boroughs Partnership	Produce and implement Information Strategy that addresses the health needs of Carers	Primary Care Trust 5 Boroughs Partnership	April 2008	March 2009	Carer Development Team provide outreach sessions in GP Practices in Widnes and Runcorn.
7.3	Implement the new "PCT GP Enhanced Service For Carers"	Carers receiving a more flexible and responsive service at GP surgeries, encouraging and promoting Carers to take care of their own health care issues.	PCT	Dec 2007	On going	Carer receiving a more flexible service from GP surgeries.

AIM 8 : YOUNG CARERS

Ref.	Objective	Action	People Responsible	Timescales		Progress to date/Outcome
				Start Date	End Date	
8.1	Support Halton Young Carers Project to identify and work with Young Carers as covered by; The Carers (Recognition and Services) Act 1995, The Children's Act 1989 The Carers (Equal Opportunities) Act 2004	Information about project to be distributed and promoted in Carers Information Pack	Carer Development Team	April 2008	March 2009	Carers Pack includes information to all Y.C. and is widely distributed across Borough.
	Steering Group – Ensure focus for development of protocols & services for carers	Develop protocol for the transfer of young carers from children services to adult services when they reach 18 years	Jane Bennett Sue Rothwell	On going	On going	Ensure smooth transition for young people into adult services
	To provide an arena where Young Carers can access support and information	HYAC to set up peer support group, identifying the most appropriate way of providing information to Young Carers and offer on-going support	Sue Rothwell	On going	On going	Young People receive appropriate information, which may include DVD
		Continue to deliver a programme of training for young carers including Halton FM – media (5-11 years), Duke of Edinburgh Award – Older (12-18 years), Drama & Art (5-11 years)	Jane Bennett	On going	On going	Young Carers receiving training

8.2	Provide Young Carers with carers breaks and activities they want	Deliver support sessions for young people after school, along with up to 3 x residential programmes and weekly day activities – sports after school Monday (Council Widnes Sport Development Group). Residential programmes. Young Carers Festival (10M)	Halton Young Carers Project - HITS CYP Directorate	3 x per year	On going	11 Young Carers received breaks
8.3	Ensure that the views of young carers are heard and considered when planning services	Provide age appropriate opportunities for young people to express their views	Halton Young Carers Project	On going	On going	HITS have "Hear My Rights Award" for work undertaken to provide Y.P. opportunities to express views and influence services
8.4	Strengthen links with other agencies that may be aware of and/or provide support for young carers	Relevant signposting to relevant support services to be made	Halton Young Carers Project	On going	On going	Young Carers have increased knowledge of services and more support and information
8.5	Increase numbers of Young Carers and enable them to access support	HAFS to undertake an analysis of children and young people in its group to identify: Total number of sibling young carers Those that provide significant support to their siblings	HAFS HBC	April 08	March 09	
8.6	The nationally recognised definition of Young Carers as used by CYP and HITS to be adopted by all agencies	Young Persons Steering group to drive forward	Sue Rothwell	April 08	March 09	All Agencies to share a common understanding of the definition of Young Carers

8.5	Recognise the emotional and physical impact that a caring role may have on a young person	Appropriate Carers Assessment to be carried out and signposting to relevant support services	Care Managers	Ongoing	Ongoing	Young Carers to access appropriate services
	Increase health awareness of Young Carers Pilot School Nurse attending a Young Carers activity	100 % of Young Carers attending the pilot activity would have access to health information	PCT	May 2008	March 2009	

AIM 9: PARENTS OF CHILDREN WITH A DISABILITY

Ref.	Objective	Action	People Responsible	Timescales		Progress to date/Outcome
				Start Date	End Date	
9.1	Raise the profile of the needs of carers of disabled children	Deliver information sessions in schools, children's centres and other child centred venues	Children's Carers Development Officer	On going	On going	Increase numbers of Young Carers accessing services
9.2	Keep carers of disabled children updated on new information	Provide information packs and regular newsletters to carers of disabled children	Halton Information exchange Co-ordinator and Children's Development Officer	On going	On going	Develop new information leaflet aimed at parents of children with disability
9.3	Promote the use of Direct payments	Provide support to access Direct Payments	Children's Disability Team Direct Payments Team	On going	On going	Increase choice for Carers
9.4	Continue to provide support/carers in relation to Special Educational Needs	Provide independent support and advice to parents	Parent Partnership Co-ordinator	On going	On going	
9.5	Provide Carer Breaks	Commission a range of short break services	Strategic Manager – Children with Disabilities	On going	On going	Increase numbers of carers accessing a break

AIM 10 : FINANCIAL SECURITY/CARERS IN EMPLOYMENT

Ref.	Objective	Action	People Responsible	Timescales		Progress to date/Outcome
				Start Date	End Date	
10.1	Provide access to information on benefits and finance	Carers to be referred to HBC's Welfare Rights Team or Halton Citizen Advice Bureau for welfare benefit advice	All Agencies	On going	On going	Carers Centres continue to signpost carers to Welfare Rights Team
10.2	Carers provided with the opportunity to enter training or employment	Issues to be addressed via the Carers Assessment and appropriate advice given to support carers into employment or education Fund HPIJ to provide training and support	Carers Centres HBC Adult Learning Team	On going	On going	Briefings given to Adult Learning Team and Halton People into Jobs
10.3	Provide support working carers	All employers to identify working carers and made aware of the need to adopt carer friendly employment policies	All Agencies	On going	On going	Carer Development Team to identify carers employed by HBC
		Working Carers to receive advice and support to help remain in employment	Job Centre Plus Carer Development Team	On going	On going	Provided at Carers Centres on request

9.0 Comments and Complaints

Your comments, compliments and complaints are important as they help us to improve and develop the services we provide.

Sometimes decisions are made or things may happen that you are unhappy about or disagree with. If this happens we want you to tell us – but we also want you to tell us when you are pleased with the help you have received.

Sometimes it is not possible to resolve a complaint about a service. In these circumstances, when all stages of the procedure have been completed, an individual complainant should contact the Commissioner for Local Administration (York Office).

If you want to write, our Freepost address is: -

Complaints, Freepost (CS/3)
Customer Care Officer
Health and Community Directorate
Halton Borough council
Grosvenor House
Halton Lea
Runcorn
WA7 2ED

Mr Les Platt
Customer Care Officer
Children and Young People Directorate
Halton Borough Council
Grosvenor House
Halton Lea
Runcorn
WA7 2ED

Email:ssdcomplaint@halton.gov.uk

If you require more information about how to make a complaint, you can contact Customer Services Advisor Tel; 01928 704406 or visit Halton Direct Link, Halton Lea, Runcorn and Halton Direct Link, 7 Brook Street, Widnes

Appendix 1

Useful addresses and telephone numbers

Health & Community/Children and Young People Directorate Customer Services		01928 704406
Halton Borough Council Welfare Rights Team	Halton Direct Link 7 Brook Street, Widnes, WA8 6NE	0151 471 7448
Halton Crossroads Caring for Crossroads	18 Waterside Court, St Helens, WA9 1AU	01744 612499
Advocate	Kipling House, 2 Kipling Crescent, Widnes, WA8 7BT	0151 257 9663
Runcorn Carers Centre	62 Church Street, Runcorn, WA7 1LD	01928 580182
Halton Carers Forum	C/o Runcorn Carers Centre, 62 Church Street, Runcorn, WA7 1LD	01928 580182
Widnes Carers' Centre	C/o Age Concern Halton, 106 Albert Road, Widnes, WA8 6LG	0151 257 7767
Halton Young Carers Project	C/o HITS 84 Grangeway, Halton Lodge, Runcorn, WA7 5HZ	01928 564663
Halton Primary Care Trust	Victoria House, Holloway, Runcorn, WA7	01928 593672
Halton Information Exchange	Woodview CDC, Crow Wood Lane, Widnes, WA8 3L2	0151 424 4454
Halton Direct Link	7 Brook Street, Widnes, WA8 6NE	0151 907 8300

Age Concern Halton	44 Church Street, Runcorn, WA7	01928 590600
Halton Direct Link	Halton Lea, Runcorn, WA7 2ES	0151 907 8300
Halton Citizen Advice Bureau	Lugsdale Road, Widnes, WA8 6DJ	0845 1304055
5 Boroughs Partnership NHS Trust	Hollings Park House, Hollins Lane, Winwick, Warrington, WA2 8WA	01928 664000
Age Concern Halton	106 Albert Road, Widnes, WA8 6LG	0151 424 9000
Widnes & Runcorn Cancer Support Group	21-23 Alforde Street, Widnes, WA8 7TR	0151 423 5730
Barnardo's Wider Horizons Project	Grosvenor House, Halton Lea, Runcorn, WA7 2HF	01928 719031
MIND	Mental Health Resource, 30A Widnes Road, Widnes, WA8 6AD	0151 422 1714
Scope Family Link Scheme	Old Police Station, Mersey Road, Runcorn, WA7 1DF	01928 588516
Making Space	C/o Mental Health Resource, 30A Widnes Road, Widnes, Wa8 6AD	0151 422 1714
PSS Ltd	18 Seel Street, Liverpool, L1 4BE	0151 702 5555
Halton Happy Hearts	56 Oxford Road, Widnes, WA8 6DE	0151 420 5432
Alzheimer's Society	C/o Runcorn Carers Centre, 62 Church Street, Runcorn, WA7 1LD	01928 580182
Let's Go Club	46 Thirlmere Close, Frodsham, WA7 7LZ	01928 731165

Halton Shopmobility & Disability	87 Albert Road, Widnes, WA8	0151 424 8080
Halton Shopmobility & Disability	102 River Walk, Halton Lea, Runcorn, WA7 2BX	01928 717445
Mencap	Acorn Club, Laburnham Grove, Runcorn, WA7	01928 574867
Halton Healthy Living Programme	Suite 1E, Midwood House, Midwood Street, Widnes, WA8 6BH	0151 495 3293
Halton Autistic Families Support Group (HAFS)	Trinity House, 78-80 Victoria Road, Widnes, WA8 7RA	0151495 3540
Kings Cross Project	C/o Trinity Methodist Church, Peelhouse Lane, Widnes, WA8 6TJ	0151 420 4905
Halton Healthy Living Trust	C/o 1 Henley Court, Runcorn, WA7 5QL	01928 580987
Stroke Association	Halton General Hospital, Hospital Way, Runcorn, WA7 2DA	01928 790372
Halton Voluntary Action	Sefton House, Public Hall Street, Runcorn, WA7 1NG	01928 592405
The United Carers of Halton (TUCH)	C/o 11 Tennyson Road, Widnes, WA8 7DA	0151 424 8502
Halton Parkinson's Disease Support Group	23 Park Road, Runcorn, WA7 4SS	01928 580015

Appendix 2

Carers Consultation Feedback
3rd March 2008 – Halton Stadium

Recognition (1)

What Carers Say

"If there is no provision for the person being cared for the carer cannot go on trips."

- Carers need to be INVOLVED in plans made by professionals for the cared for person
- Doctors need to be persuaded to point carers in the right direction
- Should be put on people's medical records at their GP
- Work on raising carers' needs with health and social care staff and the community
- Look for hidden carers
- Needs communication with groups and regular meetings
- Ensure carers' needs are assessed and appropriate action taken quickly
- Receiving help and information from the Carers Centre
- When trips are organised for carers, if there is no provision for the person being cared for the CARER CANNOT GO
- Yet respite for carers is apparently closing
- Agencies need to communicate with each other and the carer
- Young carers – provide information at school, recognition for teachers and other staff. Use assemblies and inset days. Why not have a play about being a young carer?
- Elderly carers aged over 65 – perhaps a separate Focus Group is required to discuss older carers and how their needs could be met?
- There could be a national publicity campaign.
- Other ideas for identifying carers through:
    - GP surgeries
    - Asda
    - Hospitals
    - Carers' stand during Disability Day
    - Carers' Bus
    - Leaflet drop
    - Advert/information in paper
    - Road shows
    - Library
    - Websites

- Need to increase the availability of counselling services and support for carers
- Professionals working with carers need to understand how they can work together.

What do carers want from the new Strategy?

- More funding right across the board
- More relevant information at the right time
- More facilities with a central drop-in centre
- Consistency in assessment

What more could be done to support carers?

- More money may open up the right to choose what carers need and want

- Complimentary therapies and breaks – services that provide mental, emotional, physical and social uplift
- Awareness events
- Promote carers' groups
- Better awareness at school through video/play and literature
- Use libraries and shops to promote carers and give advice and guidance
- Use local press/TV/ Radio/ Internet
- Questionnaire across the borough

What might stand in the way?

- Lack of funding
- Pride, not wanting to ask
- Not knowing how to tap into what is available through lack of information
- Fear
- Lack of confidence in our own ability – e.g. to fill in forms
- Lack of trust of people in authority
- Dignity/family ties/assumptions
- Not realising "I am a carer"
- Benefits/income impacting on services
- Just want to be left alone
- Resources from agencies are limited

Information (2)

What Carers say

- Information is important, as many people do not realise they are carers
- Registered carers will receive more information than others
- Some GPs have information about carers, some haven't
- If there was a document with all the services on, coloured sections would designate different services for carers
- Information around discounts for carers
- First information should come from GPs
- Information for carers in surgeries needs to stand out, not leaflets hidden behind other leaflets
- There should be more information broadcasts for carers on television and radio
- Social services should be able to give carers the information they require or put them onto the right people
- Benefits helpline? Carers may not know where the first port of call is, or even know if they are entitled to Carer's Allowance
- Do databases cross-reference?
- There needs to be information when you lose a cared for person
- Carers Centres need to be able to point carers towards more specialised services, such as groups for disabled people
- Around Carers Centre their whereabouts, some publicity of the work they do

"If carers don't get the information we don't know what's there! Information is the key."

- The GP is responsible for referring people to where help is really needed – they should have a sheet of all the relevant organisations
- Getting the message across through supermarkets and pharmacies
- Everyone should have had a copy of the Carers Strategy.
- Only one person had read it, two had heard of it, and others were not aware.
- A lot of carers still not on database.
- Carers feel there is not enough information on benefits such as Carers Allowance.
- There is a need for Citizen Advocacy for carers.
- Widnes and Runcorn need a Carers Centre on both sides of the river which is a 'one stop shop'
- "If we don't get the information we don't know what's there. Information is the key."
- Outreach is needed
- We need to be proactive
- Staff need to be properly trained to help get the message across to carers.
- People should join up to the Carers Forum and try to get the right information.
- Some carers have never had a social worker
- Assessment should be done every 12 months to look at the carer's health needs as well as the person who has the service
- Information on benefits
- All information under one roof
- More money invested towards information
- To follow alongside the pathways with carers and their changing roles whatever they may be
- Pharmacists may be important in providing information
- Finding hidden carers so that they can be given the information they need#
- One database only please!
- Carers' Information Packs need to be more widely available in pharmacies and surgeries
- Why not distribute a carers' leaflet in the free newspaper?
- A family scene around the table: mum cooking with a caption above her head saying 'mum' and a child with a caption saying 'carer'…
- To take the age limit off the Carers' Allowance
- Why do carers have to jump through hoops to get their entitlement?
- Carers must be listened to by the council and their officers
- Carers need to get together and be a voice
- Carers' grant money has to be scrutinised in-depth
- Carers should not be made to feel grateful for services
- What information you get depends on what database you're on!

Emotional Support and support services (3)

What carers say

*What has been achieved**?***

- Complementary therapies and pamper sessions – achieved!
- Outreach groups
- Coping with stress sessions
- Carer assessments
- Direct Payments
- Carer Groups
- Carer Trips – achieved!

"Services need to LISTEN to the carer – at the end of the day they know the person they are caring for better than anybody else"

- Counselling sessions (these need to be publicised/advertised more)
- Carer Newsletter – achieved!
- Carer-designated building – achieved!
- Coordinated assessment package has been achieved
- More recognition of carers' emotional needs
- Continuation of therapies and pamper sessions
- Direct payments from Carer Break Budgets
- Carer Assessors in each team
- Implementation of Community Bridge Builders

What has worked well?

- Newsletter
- Day trips for carers
- Pamper sessions and complimentary therapies
- Direct Payments (for those who know about them)
- Therapies and pamper sessions
- Direct Payments for things needed rather than being told what we want
- Carers Assessments

What could have been done better?

- A lot of people don't about them
- Some coping with stress sessions
- Lifting & handling workshops – keeping the carer safe
- Carer assessment – need for lot more information
- Direct payments – need for lot more information
- Taster sessions for complimentary therapies – need to explain what each therapy is in straightforward terms
- More Carers Groups/ support groups around disabilities and health issue
- The new Carers Centre must be wheelchair-friendly, have plenty of disabled access, parking facilities, disabled toilets
- Life planning sessions – e.g. when people with learning disabilities move out of family home – and emotional support especially for older family carers.
- More partnership working between carers and professionals
- Crisis intervention – need to know who to contact
- First aid training is needed for carers – straightforward instructions
- Information on different aspects, should be able to get more information from GP
- Emergency service – if something happens to the person you care for and they need to go to hospital, people need someone to stay with other disabled family member or children
- Need a lot more services for young carers
- Information and how it's given
- Night services
- All carers need to be linked with a carer assessor
- Ongoing therapy and pamper sessions
- Communication
- Referrals to appropriate services
- More support when carers are ill.
- More time for carer's breaks – allocated out of carers breaks budget.
- More professional support – carers feel that social workers do not provide enough support
- Lack of information about available support
- Not being kept up to date

- Need to reach hidden carers
- Would like outreach – at GPs and community centres
- More newsletters and presentations to groups
- More involvement in assessment process
- More information about benefits – expert help

What do carers want from the new Strategy?

- More understanding – about the physical and mental conditions of the person being cared for and for carer themselves
- Services need to LISTEN to the carer – at the end of the day they know the person they are caring for better than anybody else
- Listen to and act on what the carer actually says and wants
- Continuity of care is essential, it is very stressful to keep repeating the same story to so many different people (professionals should look at the past history file prior to conducting new assessments)
- Log to be kept on each person so information is contained within, any assessments all need to refer to one set of notes
- A correct assessment by a social worker should be open for other healthcare professionals to read and a copy sent to the carer to keep to prevent duplication at any other meeting
- More joint assessments between health and social care teams to avoid duplication
- GP to make more of a stand to identify carers and their needs and treat their needs accordingly
- Health checks for carers (e.g. stress etc) and emotional support should be forthcoming
- Better communication
- We need a 24-hour contact number in case of crisis, even if it is somebody just to listen to the carer's thoughts and fears

What more could be done to support carers?

- INFORMATION INFORMATION INFORMATION the beginning middle and the end!
- Suggest comprehensive DVD about services available
- Tailor-made person-centred approaches to meet the needs of the individual and carer instead of just what is available
- Identified key worker to work with carers and have consistency
- More of what we have already got – information, training and support, more understanding from professionals, better communication
- More choice about the type of service they receive
- Support for former carers

What might stand in the way?

- Main problem is that carers do not always recognise themselves as carers
- What is the definition of a carer? We need a specific definition so that carers recognise themselves as carers
- Carers not feeling able to admit they cannot cope
- Don't feel as if somebody else could care for their relative, partner etc as well as they can themselves
- Lack of funding to offer enhanced support services for carers
- Non-accessible information
- Carers need to keep asking for what they want and if this is not available for this to be logged as a deficit in the service. This will help inform and direct future Carers Strategies

Assessment and assessing carers (4)

What carers say

What has been achieved?

- We have been successful in identifying hidden carers
- We have identified the need for support groups – now we need to support them
- We have achieved 600 carer assessments in 2007/2008

What has worked well?

- Self assessments – but these must be followed up

"We have achieved 600 carer assessments in 2007/2008."

What could be done better?

- Need to consider the carer when carrying out assessments for the cared for person
- Need more information leaflets at the assessment stage
- Would like assessments to lead onto more training opportunities to help carers cope on a day-to-day basis.
- Finding hidden carers. Are people afraid to ask?
- Promoting carers' services at GP surgeries, having information tables and having advertisements
- Need for better communication between agencies so all are aware of services, including carer assessments
- Need to overcome carers' fear of being dependent on other people
- Need for good diagnosis by GP of the cared for person – this can be key to accessing assessment and getting services
- One carer present was caring for two people and had no help whatsoever

What do carers want from the new Strategy?

- Better communication between agencies working with carers, so that all relevant information is offered at assessment
- Accountability – carers want to know who is accountable for each service
- A complaints procedure
- Not too much signposting so it does not appear to be 'passing the buck'
- Full publicity – forums, local TV, radio, papers, internet and chat rooms, GP surgeries, pharmacies, schools, libraries
- Timescale of 4-6 weeks maximum between referral and assessment with assured reviews annually
- For carers to be involved in all stages of the cared for person's review
- For GPs to be sent copies of reviews and/or care plans to promote carers' problems and to educate GPs
- For there to be an identified carers' assessor and a Carers Team of all assessors for consistency of approach and service and quality, trained staff all working together
- Need for out of hours support/ help-lines

What more could be done to support carers?

- Stigma/ pride issues tackled in publicity (e.g. £4 billion unclaimed benefits 2006-7)
- More information in newsletters to include practical articles about caring such as:
    - Different guest professionals to write an article once per month
    - New legislation
    - First aid 'tip of the month'

    - Points of safe handling etc
- Not everyone can go on training courses but some points should be included to educate everyone through the newsletter
- Communicate that carers' right to support is not begging!
- Pathway information for older carers – knowing what will happen to the person they care for long term
- Assessor to determine confidentiality preference over the phone before
- Through carer assessments identify training needs for the individual carer such as;
    - Coping strategies
    - To stop feeling guilty when you cannot do things
    - Awareness about carers' mental and physical well-being
    - Schizophrenia etc
    - Stress management
    - Medication and side effects
    - Covert medication within care plan

What might stand in the way?

- Dispersal of services
  Concerns that lack of finances/ carers' budget/ carers' grant and its effect on all service provision (assessment of needs, but no money to provide services)

Having a voice (5)

What carers say

What has been achieved?

- There is better representation and access to carers support officers and assessors
- Halton Carers Forum exists for you to pass on complaints and comments and requests
- Having a voice is about full participation and being actively involved in designing policy and services not just being informed of what they are going to be.
- We have more informed choices and we are encouraged to give feedback on the quality of service providers
- Mental health LIT
- Focus groups
- Support groups
- Some training has taken place
- Good involvement and decisions made by carers in support for allocation of carers grant
- Opportunities to express views

"There are barriers to having a voice – for example, there will be people who have not come along today because they have no one to look after the cared for person."

What has worked well?

- Involvement with links for health service feedback
- Being made aware of standards for services
- Better feedback mechanisms
- Carers Grant Allocation
- HVA newsletter

What could be done better?

- “There are barriers to having a voice – there will be people who have not come along today because they have no one to look after the cared for person.”
- Need for a well-resourced advocacy service for people who don’t know where to go and what their entitlement is
- Would like more surveys/questionnaires for carers – verbal or written
- We would like any help available
- Need for more training
- Need for better financial support
- Not enough carer involvement – it’s alright if you are already in a group
- Need for more focus on transport
- Planners should listen more to carers
- It sometimes feels as if the decision has already been made
- No feedback on performance of services

What do carers want from the new Strategy?
- More and better quality information
- Jargon-free, plain English
- More financial support
- Need to cover crisis as well as routine
- Need to be clear about how the Strategy covers out-of-hours and weekends

What more could be done to support carers?
- More clarity and expertise in the assessment of need
- Full resourced advocacy service with specialist knowledge
- Use the experience and expertise of carers and former carers
- Support to allow carers to have a voice and fully participate
- Strong Carers Forum and Carers Centre
- Empowered/ assertive
- Training and support for escorts
- Reduce uncertainty
- Keep promises
- Counselling for carers
- Financial support around areas such as transport – perhaps a Carers’ Bus Pass?
- Clarity about what carers are entitled to
- Support workshops (similar to Making Space 2006)
- Funding to keep support groups going
- GPs more aware of carer’ responsibilities and health
- Carers ‘buddy’ service
- More days like today!
- Carer involvement on assessment and care plan
- More supported housing
- Invest in today’s cares as that will make things better for carers of tomorrow
- More home visits/ support/ counselling
- ‘Can do’ attitude from the Council and PCT

What might stand in the way?
- Barriers such as bureaucracy/ red tape/ procedures used as excuses for poor service
- Criteria level set too high, more common sense/ compassion needed
- Negative attitudes to carers – not listening/acting, not responsive
- Money, money, money

- People can't be bothered (some)
- Attitude of professionals (some)
- Staff training
- Bureaucracy – departments not talking to each other
- To quote Captain Kirk, the Strategy needs to boldly go where no one has gone before

Provide a break (6)

What carers say

What has been achieved?

- Carers' breaks such as trips and pampering have been very enjoyable
- Carers are being offered a carer assessment
- Carers are being offered a break
- Someone is able to listen and offer advice and support
- Having your voice heard
- The Carers Information Pack quick guide

"Carers' breaks such as trips and pampering have been very enjoyable."

What has worked well?

- Direct payments seem to work well
- Services from the Carers Centres
- The efficiency of carers care team within Halton GPs, district nurses etc

What could be done better?

- Encourage take-up of carer assessments
- Clarify information and make it simpler
- Make direct payments to family members in the same household (carers feel more confident if a relative is giving care)
- What happens when a carer is tired or ill and no longer able to care? There is a need for specialist care whilst the carer has a break
- Utilise former carers – some are prepared to volunteer, e.g. at the Carers Centre
- Advocacy is needed
- Boundary difficulties need to be clearer – e.g. carer and cared for person living in different areas
- More information for carers in all age groups, for example from hospitals and GPs
- The carer's whole needs should be taken into account, which may involve support to the whole family to allow the carer to have a break
- Some carers are not aware they may be entitled to a carer assessment
- Carers' breaks – more than one allocation of funding should be applied for annually
- More short breaks – for example someone coming in for just one day
- Carers should have more choice and flexibility on how they spend the funding and should be able to use some of the funding to pay family members who the cared for person is familiar with

What do carers want from the new Strategy?

- Accessible to ALL carers
- Flexibility
- Social life

- Be aware carers' roles mean they can't always attend meetings
- Drop-in – place to meet and talk and have a cup of tea

What more could be done to support carers?

- Look holistically at the impact of caring (especially in the family)
- Something more for men/ partners/ husbands – the forgotten ones
- Think long term for carers who are concerned that as they get older who will continue to care?
- Consultation before the event/ issue changes
- Consider how carer and cared for might lead a 'normal life' with access to places in the same way as mainstream society
- More information and better publicity about breaks
- Surgeries should give information and guidance following initial visit to GP
- Better communication between all professional bodies – and passed out to carers and third party groups
- Coordinator to gather information, put together and distribute to GPs, hospitals etc
- More information on planning for the future
- It is important to know that someone is there to listen when you need them
- More flexibility of breaks and sitting services

What might stand in the way?

- Money/funding
- Growing population of older carers and limited resources
- Perception of caring (why not shadow a carer for the day?)
- Dysfunctional organisation/ structure – involve corporate businesses to advise/support and develop services
- Continuity of worker involvement – often have several workers involved through assessment and review

Support that helps carers care and maintain their own health (7)

What carers say

- Information is the key to all this
- GPs and health professionals should be able to provide more information and refer carers once they are identified – it should not be left to the carers to find out what's available
- The present strategy is not being implemented
- Carers should have an independent benefits check, e.g. through CAB
- If carers are not registered how do we give them support?
- Why not send out a letter to every household in Halton asking if there is a carer in the household (this could go out with the council newsletter)
- We need carers and cared for persons to have a chance to go on holiday together, as some carers won't want to leave the person they care for
- Not everyone has access to Crossroads (respite) so they can't go to the therapies on offer – the same goes for carers' support groups
- We need an emergency service to provide cover for carers when they are unwell.
- Important to relieve stress to maintain carers' health

"Carers need to keep asking for what they want and if this is not available for this to be logged as a deficit in the service. This will help inform and direct future Carers Strategies"

- A back-up service to aid in emergencies
- A list of volunteers who could come out at short notice
- More courses to train carers
- More alternative therapies
- Listeners who could discuss problems and point carers in the right direction for help
- Holidays with paid carers to take care of the sick person whilst the carer goes out alone
- Sort finances with expert help

Young Carers (8)

What Carers Say

- More resources for HITS
- Publicise the young carers' pack better, e.g. in schools
- Better awareness amongst professionals of what's available for young carers
- Are there meetings for young carers?
- Have a session with young carers and get their views – we are not qualified to answer on their behalf
- Very important that support is at hand for bereavement (the Butterfly Project is available)
- Identify very young carers and be aware of their situations
- Ask young carers what they want
- Good relationships with schools
- Not having to constantly campaign for publicity
- More information available at schools
- More funds for young carers
- Advertise in public places such as surgeries, baths, etc
- Provide young carers with carers' breaks and activities they want
- Newsletters monthly to schools and highlighted questionnaires asking, are you a carer?
- Stronger links with adult mental health services
- It would have been useful to have had more young carers involved with this consultation process

Parents of children with a disability (9)

What Carers Say

- There is a lack of information
- Battle for everything
- Carers' assessment – length of time this takes when this involves children, length of forms
- Transition between children and adults relating to benefits payments and services
- Respite breaks – for children with disabilities there are four beds in Runcorn and two in Widnes
- For children with mental health problems you have to go to Chester for an assessment and even that has limited resources
- There is a lack of social workers and continuity with the same worker
- Replace day centres that have been closed?
- Speed to offer a service for both parent and cared for child
- To meet with other carers as a social group at a community centre
- Internet chat room for the children
- Halton information exchange

- Improve profile of the caring side of social services

What Carers Want;

- Must have schools for children with disabilities with expertise and resources under one roof, with health expert on board
- Council agencies to become more involved with schools
- Direct payments – can it be confirmed that these can be paid to a family member who does not live with the cared for person?
- Support carers with specific forms of counselling service
- Council to incorporate educational views from health and work together more
- Parents to be invited to take part in current schools review
- The transition at ages 16-18 is often a limbo area, often the child is forgotten about and this needs addressing.
- Social services should not discharge cases because you may not have had any contact for months
- Promote social care (social services)
- To access individualised help
- All GP practices have generalised information for carers
- Ongoing support
- Finance might stand in the way
- Simplification of information

Financial support/carers in employment (10)

What carers say

- More publicity
- Funding to be less complex
- Halton Borough Council's Direct Link does not link fast enough
- No personal contact appears to be allowed with the Benefits Section, which drives stress levels up
- Carers Allowance is so little, yet carers save the country so much
- Carers want more benefits, not means-tested
- Carers are limited in the number of hours they can work
- Carers shouldn't be taxed – maybe even working carers should be taxed less
- Health professionals need to be informed about carers' benefits
- It is not a choice to care for someone, it is something one must do, and money can be missed out on
- More opportunities for working from home
- The state pension should not interfere with getting Carers Allowance
- Carers in work should be made aware of opportunities for flexible working through promotion and advertising
- Working of the benefit system is confusing and not explained
- More flexible respite helps working carers and can help carers return to work
- If you can only work part time you lose benefits

"Carers Allowance is so little, yet carers save the country so much."

What Carers want;

- More access to crisis care (without affecting respite beds etc) Short term support – e. g. someone to sit in whilst carer tends to shopping etc

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 10th June 2008

REPORTING OFFICER: Strategic Director – Health & Community

SUBJECT: Halton Learning Disabilities Partnership - Housing and Support Strategy 2008-2011 And Housing Allocations Policy

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present to Board the draft Housing and Support Strategy and Housing Allocations Policy for people with learning disabilities.

2.0 **RECOMMENDATION: That:**

i) Members note and comment on the Housing and Support Strategy 2008-2011

ii) Members note and comment on the Housing Allocations Policy

3.0 **SUPPORTING INFORMATION**

3.1 **Housing and Support Strategy 2008-2011**
This Strategy sets out the plans for delivering housing and support services for Adults with Learning Disabilities (ALD) known to Health and Social Care services in Halton. It covers the period 2008 to 2011, which reflects the timeframe of the Council's Draft Housing Strategy. It aims to influence mainstream housing policy in Halton so that people with learning disabilities have greater choice and are, where possible, in control of their housing and support needs.

3.2 The Strategy promotes a range of housing and support options. This term refers to any accommodation for or used by people with learning disabilities, where support is provided. It includes supported housing, residential care, adult placements and others, but does not refer to people living with their families.

3.3 This Strategy and Action Plan was developed over several months under the steer of the Adults with learning Disabilities Partnership Board Subgroup relating to Housing. Membership of this group includes Council officers from Commissioning, Supporting People, Housing Strategy and Planning, Health and Social Care staff from the learning disabilities team and Halton Speak Out.

3.4 Consultation was undertaken through the Council's Housing Needs Survey 2005 and learning disability stakeholder events with people with learning disabilities, carers and families, care and support providers and Registered Social Landlords (RSLs). Summaries of what people told us are in Appendices 2 and 3 of the document.

3.5 The following aims were developed after this consultation and the detail of how these will be delivered is contained in Section 3 of the strategy.

- Plan for the future
- Increase the range of Housing options available to give people the opportunity to live alone, with a partner or with friends
- Support people to reach their full potential
- Increase the opportunities for choice and control over where people live and who they live with
- Support people to be included and be aware of their legal and civil rights and duties

3.6 The Learning Disability Executive Commissioning Board (ECB) promotes this strategy and is responsible for ensuring that actions are taken forward.

3.7 **Housing Allocations Policy**

The allocation of tenancies for ALD has historically been co-ordinated by the lead Occupational Therapist in the ALD Specialist Community Team at The Bridges. The development of a Housing & Supporting People Co-ordinator post within the ALD team led to the review of the procedures for allocating tenancies and has culminated in the existing Policy and Procedure being revised.

3.8 The Policy aims to promote the efficient use of resources whilst recognising the individual's needs for timely support in transition to more independent living and to ensure the fair and equitable allocation of resources to individuals based on eligible need. To this end, service level indicators will be developed to determine priority levels of need and incorporated into the Service Level Indicator Policy. In essence, these will determine that where an individual is unable to access generic housing provision then only under FACS eligibility criteria where housing requirements meet a Critical or Substantial level of need will an individual aged 18 or over have their name placed on the waiting list for access to tenancies administered by the Specialist Community Team.

3.9 The allocation process itself will now be managed and co-ordinated by the Housing & Supporting People Co-ordinator, who took up post on 28th April 2008. The Co-ordinator will also manage the waiting list.

4.0 POLICY IMPLICATIONS

4.1 Housing and Support Strategy 2008-2011

A key objective of this strategy is to influence mainstream housing development within the Borough to ensure the housing needs of adults with learning disabilities are considered. Links with Planning Officers within Environment Services have been established to progress this.

4.2 Housing Allocations Policy

The Service Level Indicator Policy will be reviewed over the summer to incorporate indicators as outlined under Supporting Information. These will ensure the fair and equitable allocation of resources to individuals based on eligible need.

5.0 OTHER IMPLICATIONS

5.1 Halton is in the top quartile of Authorities for supporting adults with learning disabilities in their own home. The retraction of Supporting People funding requires existing resources to be targeted at those people with the most complex needs. People with learning disabilities and their families will be provided with information to help them explore all housing options and will be encouraged to take control of finding a home.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The strategy applies to young people with complex needs in transition to Adult Services.

6.2 Employment, Learning & Skills in Halton

None

6.3 A Healthy Halton

The links between poor housing conditions and poor health are well documented. Most people with learning disabilities live with their families and often only leave the family home as a result of crisis such as illness or death of the carer. This strategy will ensure that people are able to plan for their future accommodation needs and they and their carers will maintain their emotional well-being.

6.4 A Safer Halton

None

6.5 Halton's Urban Renewal

None

7.0 **RISK ANALYSIS**

7.1 None

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Equality Impact Assessment for both the strategy and the allocations policy are attached and will be subject to review by the Directorates Equalities Group.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

There are no background papers under the meaning of the Act.

EQUALITY IMPACT ASSESSMENT **SCREENING DOCUMENT**

Directorate	**Health and Community**	**Division**	**Service Planning and Commissioning**	**Person Responsible for Assessment**	Liz Gladwyn Joint commissioning manager – Adults with Disabilites
Name of the Policy/Strategy	Housing Strategy for ALD 2008-2011	**Date of Assessment**	30.4.08	**Is this a New or Existing Policy?**	Existing

1	What are the aims and objectives of the Policy / Strategy?	To promote a range of housing and support options which will enable to people to plan for the future and have choice and control over where they live and who they live.
2	What outcomes are wanted from the Policy / Strategy?	• People will be provided with full information about the housing options open to them. • People will be supported to reach their full potential • People will have choice and control over where they live. • Resources will be targeted at those people with the most complex needs • People will be supported to be included and aware of their civil rights and duties.
3	Who is intended to benefit from the Policy / Strategy, and how?	HBC, Halton PCT, service users, carers, Providers, Landlords
4	Who are the main stakeholders in the Policy / Strategy?	HBC, Halton PCT, service users, carers, Providers, Landlords
5	Who implements the Policy / Strategy and has responsibility for it?	The ALD Partnership Board through the Executive Commissioning Board and Housing Strategy sub-group
6	Are there any associated Policies / Strategies or objectives?	• ALD Joint Commissioning Strategy 2003-2008 Housing Allocations Policy
7	Could the Policy / Strategy have a differential impact (positive or negative) :	

		Yes	No	Evidence
a	On Racial Groups	X		The needs of all individuals will be assessed on an individual basis and therefore any needs arsing from race or cultural issues will be addressed through appropriate care and support.
b	Due to Gender	X		The needs of all individuals will be assessed on an individual basis and therefore any gender needs will be addressed appropriate through appropriate care and support.
c	Due to Disability	X		This strategy only applies to Adults (age 18+) and Older People with learning disabilities who meet FACS criteria.
d	Due to Sexual Orientation	X		The needs of all individuals will be assessed on an individual basis and therefore any needs arising from sexual orientation will be addressed through appropriate care and support.
e	Due to Age	X		The strategy will help support young people with complex needs and their families in transition from children's services, to plan for future accommodation.
f	Due to Religion	X		The needs of all individuals will be assessed on an individual basis and therefore any religious or cultural needs will be addressed through appropriate care and support.
8	Available statistical/qualitative information relevant to the Policy / Strategy and equality issues			A record of tenancies allocated is maintained; statistical information maintained by Contracts. Data on ethnicity, religion and sexual orientation should be collated as part of the monitoring process.
9	Could the Policy / Strategy affect relations between different groups in the Borough?			Yes. There is the potential for an adverse reaction to the accommodation of people with learning disabilities in the community.
10	Could the Policy / Strategy damage relations between groups in the Borough and the Authority?			Yes. There is the potential for an adverse reaction to the accommodation of people with learning disabilities in the community.

DECISION

Does the Policy / Strategy:	**Eliminate unlawful discrimination**	**Yes**	**X**	**No**	
	Promote equality of opportunity	**Yes**	**X**	**No**	
	Promote good relations between different groups in the community	**Yes**		**No**	**X**
Impact Assessment: High					
Agreed By		**Date**			
Actions to Be Taken:					

		Yes	**No**
1	Collect more evidence		
2	Conduct formal consultations		
3	Reconsider Policy / Strategy		
4	Resubmit Policy / Strategy		
5	Adopt Policy / Strategy		
6	Make monitoring arrangements		
7	Publish assessment results		

Additional Comments:

EQUALITY IMPACT ASSESSMENT **SCREENING DOCUMENT**

Directorate	**Social Care, Housing & Health**	**Division**	Adult Learning Disabilities	**Person Responsible for Assessment**	Davinder Gill Service Development Officer (Adults)
Name of the Policy/Strategy	Housing Allocations Policy for ALD	**Date of Assessment**	30.4.08	**Is this a New or Existing Policy?**	Existing

1	What are the aims and objectives of the Policy / Strategy?	To promote the efficient use of resources whilst recognising the individual's need for timely support in transition to more independent living and to ensure the fair and equitable allocation of resources to individuals based on eligible need.
2	What outcomes are wanted from the Policy / Strategy?	• People will be provided with full information about the options open to them. • The allocation of tenancies will be organised in a cost effective and person-centred way. • As smooth a transition as possible from family or other care to a more independent way of living will be achieved. • The efficient management of vacancies and allocation of tenancies.
3	Who is intended to benefit from the Policy / Strategy, and how?	HBC, Halton PCT, service users, carers, Providers, Landlords
4	Who are the main stakeholders in the Policy / Strategy?	HBC, Halton PCT, service users, carers, Providers, Landlords
5	Who implements the Policy / Strategy and has responsibility for it?	The Housing & Supporting People Co-ordinator based in the ALD Specialist Community Team.
6	Are there any associated Policies / Strategies or objectives?	• ALD Housing and Support Options Strategy • Housing Strategy

7	Could the Policy / Strategy have a differential impact (positive or negative) :			
		Yes	**No**	**Evidence**
a	On Racial Groups	X		The needs of all individuals will be assessed on an individual basis and therefore any needs arsing from race or cultural issues will be addressed in the allocation of the tenancy.
b	Due to Gender	X		The needs of all individuals will be assessed on an individual basis and therefore any gender needs will be addressed in the allocation of the tenancy.
c	Due to Disability	X		Supported housing tenancies covered by this Policy are only for people with learning disabilities.
d	Due to Sexual Orientation	X		The needs of all individuals will be assessed on an individual basis and therefore any needs arising from sexual orientation will be addressed in the allocation of the tenancy.
e	Due to Age	X		Tenancies are only allocated in the 18 – 65 years age range.
f	Due to Religion	X		The needs of all individuals will be assessed on an individual basis and therefore any religious or cultural needs will be addressed in the allocation of the tenancy.
8	Available statistical/qualitative information relevant to the Policy / Strategy and equality issues			A record of tenancies allocated is maintained; statistical information maintained by Contracts. Data on ethnicity, religion and sexual orientation should be collated as part of the monitoring process.
9	Could the Policy / Strategy affect relations between different groups in the Borough?			Yes. There is the potential for an adverse reaction to the accommodation of people with learning disabilities in the community.
10	Could the Policy / Strategy damage relations between groups in the Borough and the Authority?			Yes. There is the potential for an adverse reaction to the accommodation of people with learning disabilities in the community.

DECISION

Does the Policy / Strategy:	**Eliminate unlawful discrimination**	**Yes**	**X**	**No**	
	Promote equality of opportunity	**Yes**	**X**	**No**	
	Promote good relations between different groups in the community	**Yes**		**No**	**X**
Impact Assessment: High					
Agreed By		**Date**			
Actions to Be Taken:					

		Yes	**No**
1	Collect more evidence		
2	Conduct formal consultations		
3	Reconsider Policy / Strategy		
4	Resubmit Policy / Strategy		
5	Adopt Policy / Strategy		
6	Make monitoring arrangements		
7	Publish assessment results		

Additional Comments:

HALTON BOROUGH COUNCIL

Halton and St. Helens NHS Primary Care Trust

Health & Community Directorate

Halton Learning Disabilities Partnership

Housing and Support Strategy

2008-2011

DRAFT 010508

Outline of contents

Index to Charts

DRAFT 010508

Index to Tables

Index to Appendices

DRAFT 010508

Section 1: Introduction and Background: this Strategy sets out the plans for delivering housing and support services for Adults with Learning Disabilities known to Health and Social Care services in Halton. It covers the period April 2008 to March 2011. It aims to influence mainstream housing policy in Halton so that people with learning disabilities have greater choice and are, where possible, in control of their housing and support needs. The Learning Disability Executive Commissioning Board (ECB) promotes this strategy and is responsible for ensuring that actions are taken forward.

The Strategy promotes a range of housing and support options. This term refers to any accommodation for or used by people with learning disabilities, where support is provided. It includes supported housing, residential care, adult placements and others, but does not refer to people living with their families.

Vision, Values and aims: the Strategy promotes the belief that people with learning disabilities should have a good quality of life, living as valued members of the community in housing of their choice and able to choose support suitable to meet their needs. It is built on the following values:

- Independence – building people's skills and confidence to enable them to reach their full potential
- Choice – over where people live and who they live with
- Inclusion – maintaining existing and building new friendships, relationships and links with the community
- Rights –people making decisions about their own housing and support

These values reflect key national policy directives, including the Valuing People White Paper, "Access to Housing" in the Valuing People Now consultation document, and In Control, which specifies six actions which support people with learning disabilities to live as full citizens. These are described in Appendix 1.

Aims: the following aims were developed after consultation with housing providers, care and support providers, people with learning disabilities, carers and families.

- Plan for the future
- Increase the range of Housing options available to give people the opportunity to live alone, with a partner or with friends
- Support people to reach their full potential
- Increase the opportunities for choice and control over where people live and who they live with
- Support people to be included and be aware of their legal and civil rights and duties

Development of the Strategy: this Strategy and Action Plan was developed over several months under the steer of the Partnership Board Subgroup relating to Housing. Membership of this group includes Council officers from

Commissioning, Supporting People, Housing Strategy, Planning, Health and Social Care staff from the learning disabilities team and Halton Speak Out.

Consultation was undertaken through the Council's Housing Needs Survey 2005 and learning disability stakeholder events held in June 2006 and a refresh event in January 2008 with people with learning disabilities, carers and families, care and support providers and Registered Social Landlords (RSLs). Summaries of what people told us at these events are at Appendix 3.

The strategy has also gone through the Council's scrutiny process and an Equality Impact Assessment has also been undertaken.

National context: Appendix 1 summarises the policy documents that have influenced this strategy. The following themes and actions emerge from these documents:

- Giving people opportunities and choices to improve their quality of life and be included as equal members of society
- Helping people to maintain their independence by giving them greater choice and control over the way in which their support needs are met.
- Providing more services closer to home and improved access to community services.
- Provide high quality support to meet people's wishes for independence and greater control over their lives.
- Making greater use of Assistive Technology to support people at home
- Support more people with long term and complex needs to live more independently
- Increase use of individual budgets to enable greater control over decisions about the way people want to live their lives.
- Supporting people to live in ordinary housing in the local community.
- Provide better and more accessible information about housing and services
- Early planning for young people with complex needs to be responsive and meet their need appropriately.
- Most people with learning disabilities do not have their own home but continue to live with families.
- Where people live in tenancies ensure their rights as tenants are not overlooked.
- Joint working between the Department for Communities and Local Government and Department of Health to promote the inclusion of people with learning disabilities in mainstream housing.
- An increased focus on access to home ownership and assured tenancies

Local Context and Drivers

A number of local policy documents influence this strategy (see Appendix 1). The key driver in Halton is the Council's vision:

'Halton will be a thriving and vibrant Borough where people can learn and develop their skills; enjoy a good quality of life with good health; a high quality, modern urban environment; the opportunity for all to fulfil their potential;

greater wealth and equality; sustained by a thriving business community; and a safer, stronger and more attractive neighbourhood."

To make the best use of limited resources, Health and Social Care services will be targeted on the following groups of people:

Those with Profound and Multiple Learning Disabilities
Those with complex physical needs
Those young people with complex needs coming through Transition
Those who are living with older carers
Those placed out of this area who wish to return
Those ready to be discharged from secure services
Those whose behaviour challenges services.

DRAFT 010508

Section 2: Halton – The Current Position

Numbers of people with learning disability: in November 2007, Halton Borough Council knew of 426 adults (over 18) with learning disabilities who currently have a service from Community Health and Social Care or who may have received a service in the past. It is also known that there are 29 young people with severe or profound learning disabilities or autistic spectrum disorder who will reach school leaving age and may require support from adult services over the next three years.

The 2005 Housing Needs Survey found that there are 636 people age 16+ living in the Borough who have learning disabilities. This is 0.67% of the 2005 general population aged 16+.

"A Life Like No Other" suggests that 0.46% of the adult population age 20 or over use learning disability services in England. In Halton this figure is 0.45% which is in line with the national trend.

Age of Adults with learning disabilities in Halton

Table 1: Age and gender profile of adults with learning disabilities known to services in Halton

Age	Total	Male	Female
18-19	25	17	8
20-24	58	27	31
25-34	85	53	32
35-44	98	53	45
45-54	79	41	38
55-64	58	32	26
65-74	19	11	8
75+	4	1	3
Total	426	235	191

23 people known to services are over 65, and a further 19 people are between 60 and 64. As life expectancy increases, the number of older people with learning disability is likely to triple over the next ten years.

From the 2005 Housing Needs Survey (see below), the age profile of the 636 people identified within the Borough as having a learning disability is as follows:

16 – 24	81
25 – 44	384
45 – 59	30
60 – 74	99
75 +	42

Ethnicity of adults with learning disabilities in Halton: Table 2 shows that 97.9% of people are White British, with 2.1% from other ethnic backgrounds. This is slightly higher than the 2001 census data for the general population of Halton that records non-White British as 1.1%.

The number of people from ethnic minority groups is low and their cultural needs diverse which sets a challenge for services, as there are no large groups of people at which services can be targeted. There must not be barriers that stop people from Ethnic Communities accessing housing and other services and all services must be culturally sensitive.

Table 2: Ethnicity of adults with learning disabilities known to services in Halton

White/Black African 2 (0.5%)	Caribbean 1 (0.2)	Any other black background 1 (0.2)	Bangladeshi 2 (0.5%)	Gypsy Traveller 1 (0.2))
White British 417 (97.9%)	White Irish 1 (0.2%)	White other 1 (0.2%)		

Halton Borough Council Housing Needs Survey 2005 – findings for adults with a learning disability: full details of the outcomes of the Housing Needs Survey for people with Learning Disabilities in Halton are in Appendix 2.

The survey found that 636 adults with a learning disability live in Halton, in 617 households. 65% of these households comprise one or two people, and over half live in social rented accommodation. Of this total, 507 people needed care or support for such things as establishing social contact/activities, help with personal care and establishing personal safety/security. Almost 30% of people (148) were not receiving enough care or support.

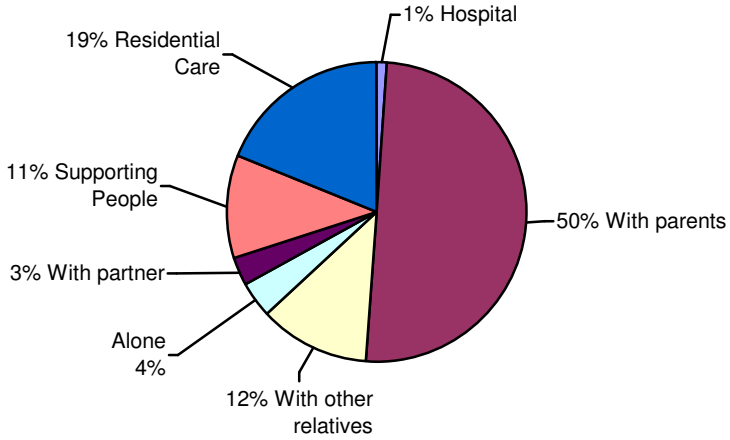
143 households with an adult with a learning disability expected to move in the next three years, with 41 indicating that the whole household would move within the Borough and 64 that only part of the household would move (the remainder who indicated a move did not respond to the further question). Another 99 households wanted to move but could not, mainly because of inability to afford moving costs, local education choices and family reasons.

Respondents were asked people to indicate the household's total income. Most chose not to answer this, including 47% of households containing an adult with a learning disability. Of those that did respond 90% (296) had annual incomes of less than £25,000 and 48% (158) had an annual household income of less than £10,000. 90% (556) of the households received Disability Allowance, with high proportions also receiving Income Support (402), Housing Benefit (310) and Council Tax Benefit (248).

DRAFT 010508

Where people live now – England: a 2003-04 survey on the lives of adults with learning disability included the following information on where people were living:

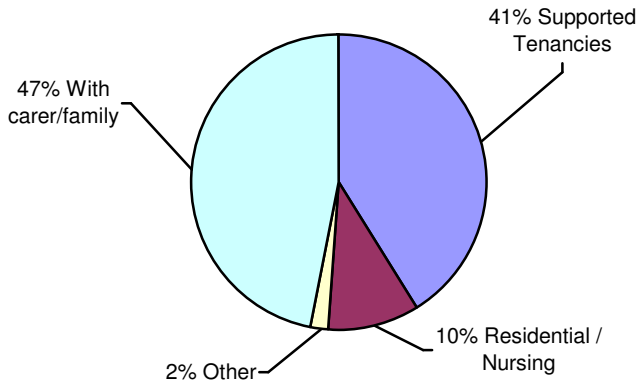
Chart 1: Where people with learning disabilities live in England



"Valuing People Now: From Progress to Transformation" confirms that nationally, more than half of people with learning disabilities continue to live with families, many into middle age and older. It recognises that for some this is what they want but others have not had a choice.

Where people live now – Halton: the Chart below shows where Halton people with learning disabilities currently live. This is an improvement on the national figures, because of success in supporting more people to move on to independent living in their own homes. The current number of people from Halton living in residential or nursing care is around half the national figure reported in 2003/04.

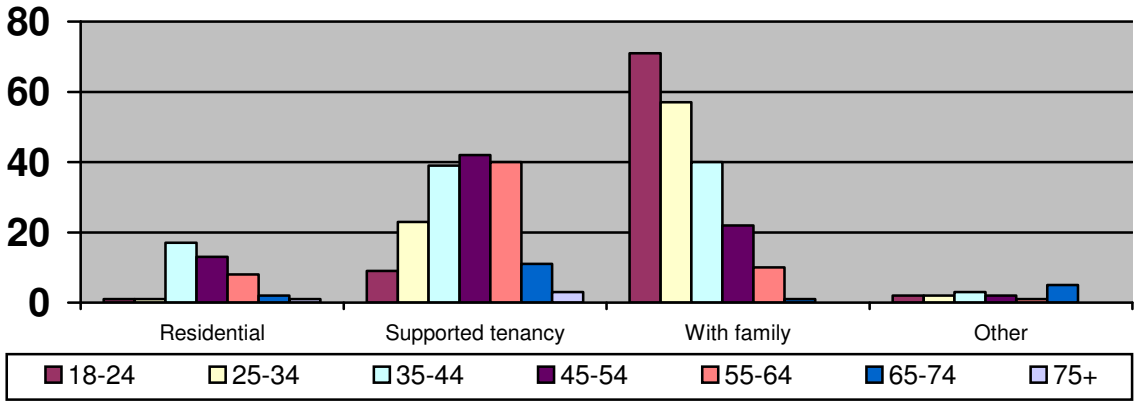
Chart 2: Where people with learning disabilities live in Halton (2007)



Note: other includes adult placement, homeowners and secure accommodation

201 people with learning disabilities known to services (47%) live with family. 173 people known to services have an assured tenancy either supported to live on their own or sharing with people with similar needs.

Chart 3: Where people with learning disabilities live in Halton by age (2007)



Halton People living outside the Borough: 21 Halton residents with Learning Disabilities live outside the Borough, where their needs are met by more specialised accommodation. This includes six people in tenancies, whose support needs could not be met locally. For those who wish to return, specialist support will need to be available to meet their needs. This is particularly the case for people on the autistic spectrum and those leaving medium secure services. Collaboration with St Helens and neighbouring authorities would enable a range of specialist provision in the area to be developed.

People living with older carers: 73 people with learning disabilities are themselves over 35, and if they choose to continue to remain with family then as they age and their carers become frailer, additional support may be needed. Carers over 60 have been prioritised for carers assessments and the individuals they care for are currently being offered person centred plans. 58 carers have had carers assessments, with the following age distribution:

Table 3: Carers who have requested an assessment of need by age

Carers Age	Numbers of carers
75+	5
70-74	10
60-69	17
50-59	26
40-49	12
30-39	3

People at risk of early onset (pre-senile) dementia: the average age for people with learning disabilities to develop this condition is 15 years less than the general population at 54. Onset can for some people, can occur in their 30's, particularly amongst those with a diagnosis of Downs Syndrome. Around

45 people over 35 currently receiving services have been identified with Downs Syndrome, but this is thought to be an underestimate.

Transition: the Transition process – planning care and support for younger people who will be reaching adulthood – begins at 14. A robust Joint Transition Strategy and Transition Protocol, involving all relevant agencies, supports this. From this process, we know that 29 young people with complex needs will reach 18 in the next three years. They may have more than one type of disability and there are a number who are also wheelchair users.

How many people may want to move in the next 5 years?: in November 2007, 50 people with learning disabilities were identified as wanting to move in the next 5 years. These were categorised into 3 priority groups (High, Medium, Low), determined by their needs, the degree of risk, the person's own timescales and organisational timescales. Table 4 identifies these people, according to their current accommodation and the priority level for their move.

Table 4: People known to services that want to move and level of priority

Current residence	High	Medium	Low
With family	3	13	17
Own tenancy		7	2
Residential/Nursing		6	
Secure accommodation	2		

Future Support Needs: Learning Disability Services in Halton face a number of pressure areas, including:

- Younger adults developing early onset (pre-senile) dementia and related problems.
- Increased survival rates for those with extremely complex health needs or autistic spectrum disorder in addition to their learning disability who are coming through transition. These people often need to live alone but require 24-hour support. This is inevitably high cost and is leading to budgetary pressures.
- More older carers who look after people with learning disabilities in the parental home.
- Increased numbers of older adults with learning disabilities living longer and suffering age related health problems.
- Rising numbers of people with complex and/or forensic needs placed outside Halton who need and wish to return.

Supporting People (SP): the SP Programme provides housing related support for over 1.2 million vulnerable people across England, including thousands of people with learning disabilities. It helps people live with greater independence at home, providing more choice about how they live. It can help prevent social exclusion and the need for institutional care. The budget is ring fenced for housing related support and welfare services (for excellent authorities); and care services cannot be met from this pot.

SP has promoted standards for housing related support services, delivered continuous improvement and shared best practice in a diverse market place of service providers. For the first time Local Authorities and key stakeholders must oversee and commission local supported housing services through the SP Service Review programme (see below), and ensure they are of good quality and value for money.

Locally, 170 people receive housing related support and welfare services through the SP programme.

Information Gaps: there are currently two gaps in our knowledge about the needs of people in Halton with learning disabilities - the numbers of young people and adults with Autistic Spectrum Disorder, and a full understanding of the needs of people with mobility issues in addition to their learning disability.

For people with Autistic Spectrum Disorder, we are working in 2008/09 with Children and Young People's Services and the National Autistic Society to identify this group and how their needs are being met, so as to develop appropriate local services. We are also committed to collecting more information around the numbers of people with mobility issues, to help determine the level of future need for adapted housing and how this might be met.

People's wishes: through a detailed consultation process with people with learning disabilities and their carers and families, we have obtained a detailed understanding of what they want from housing and support services. The detailed comments made by people can be found in Appendix 3.

It was clear that people who use services want to be able to make informed choices based on adequate information, and to be equipped with skills of independence, particularly around budgeting, transport and health. Services need to be tailored to meet their needs for support, including out of hours.

People want to live in a suitable property (which may include staying in their family home) in a familiar location where they have existing networks; they also want more influence over the choice of accommodation they live in and the way it is furnished and decorated. Some people prefer to live with friends.

Support staff, housing providers and professionals were also consulted. They generally felt that current allocation system was inflexible, and wanted a planning process which would support housing providers to have a realistic lead-in time to develop new services, and would allow Local Authorities and the SP Programme to meet national targets and set measurable local standards. They highlighted the need for honest and transparent plans, developed in full partnership with individuals themselves, which start in childhood and encompass the whole of their lives. They too highlighted the need for effective information.

DRAFT 010508

Current accommodation and support options available to people with learning disabilities in Halton: the text boxes indicate where we need to focus our attention to improve information and choices for people.

Residential/Nursing Care: although the numbers of people in residential and nursing care are low, many have lived there since the closures of long stay hospitals. In Halton, 4 residential homes offer 23 beds and 2 Nursing homes offering 12 beds solely for adults with learning disabilities. The homes tend to be small; the largest has only 8 beds. In addition, one large residential home within the Borough retains 1 bed and a large Nursing Home retains a further two beds for adults with learning disabilities.

For people who have lived in services for some time, providers will be encouraged to ensure they are given the same opportunities as everyone else to consider where and how their needs can be met in the future.

Recent reviews of individuals' needs have identified four people whose needs would be better met in a residential care setting registered to support people with learning disabilities. Existing capacity is full and providers will need to be encouraged to register with CSCI and develop staff skills to support people with learning disability. The immediate need is for two additional beds and medium term an additional two to four beds.

Supported Housing: the current range of supported housing in Halton is as follows:

- 58 units, in 19 group homes, in the Council supported tenancy network
- 108 units, in 42 group homes, with support provided through the independent/third sector.
- 23 people living on their own with support
- 1 person living in sheltered accommodation
- 3 Adult Placements

These figures include recent developments that have enabled 16 people to hold assured tenancies and be supported to live independently.

The traditional model of 24-hour supported tenancies within group homes does not suit all people and the ECB is committed to offering people more choice.

We will continue to work with local housing providers to commission new Supported housing provision in line with needs and wishes and the Council's duty to ensure that services are value for money.

Adult Placement: Halton's Adult Placement scheme is part of a menu of services currently focused on short-term support for individuals and carers. These services offer independence, rights and responsibilities with support in a family type setting, and many people prefer these placements.

The current long term placements referred to above are all managed through the independent sector and the ECB is looking to bring all of these under the umbrella of Halton Adult Placement Scheme, and to extend the current short break service to offer greater opportunities for permanent placement as needed. This may particularly suit those people currently living with family, where carers are becoming frailer.

Adult Placement opportunities will be further extended, particularly in the provision of longer-term placements.

General needs housing: people with learning disabilities should have the same choices as everyone else in the type of housing they live in. this Strategy aims to ensure that people are enabled to access general needs housing, both rented and owner-occupied.

General Sheltered Housing: Halton has approximately 600 sheltered housing units. Only one person with learning disabilities known to services currently lives in such a setting. Numbers of older people with mild learning disabilities living within sheltered housing schemes are not known.

This type of support can suit the needs of older adults with moderate learning disabilities who would benefit from community spirit and organised community activities. This can be complemented by an on site or on call warden service and the use of the Lifeline service in an emergency. Additional domiciliary support services can be arranged to meet specific needs.

Extra Care Sheltered Housing: the Borough has one extra-care sheltered housing scheme for older people at Dorset Gardens, with 37 one bedroom and 3 two bedroom self-contained flats. Care and support is provided flexibly to meet individuals' varying needs, enabling them to retain independence, control and privacy whilst maintaining their own tenancy. No older people with learning disabilities live at Dorset Gardens.

More of both type of sheltered housing in Halton is needed to meet the demands of an ageing population. This Strategy aims to ensure that the needs of older people with learning disabilities, including adults susceptible to early onset dementia, are considered in any future developments. The Borough has identified a need for 167 Extra Care units over the next five years and 11 of these will be available for adults with learning disabilities.

Rented Housing: Registered Social Landlord (RSL) housing: the Housing Needs Survey 2005 shows that 330 people, living in accommodation provided by RSLs, indicated they had a learning disability.

The Choice Based Lettings (CBL) system is soon to be introduced into Halton to replace the current system of allocating social rented housing. CBL ensures that choice and need are considered in allocating accommodation, with applicants having more say in where they live. Properties are advertised through various media and applicants can express an interest "bid". Bidders

with the highest need, based on points allocated when registering for the scheme, will be offered the property. Vulnerable people will be supported to bid. It will be important to monitor the effectiveness of this, to ensure that the process is inclusive for people with learning disabilities.

Rented Housing: Private rented housing: the Private Rented Sector has a central role in providing quality, affordable housing in Halton. The Council is keen to provide decent local landlords with the recognition and support they deserve. To support this, a voluntary Landlord Accreditation Scheme, developed in partnership with local landlords, has been launched. Members agree to a code of standards, detailing good management practices and property standards. Awareness of this scheme will be raised through information packs available to families and care and support providers who are considering private sector rented accommodation for people they support.

Home ownership: Home ownership is possible for people with learning disabilities, but it is not straightforward and requires substantial joint agency working, commitment on the part of the individual and takes time. Nationally, only 15% of people with a learning disability have a secure long-term tenancy or own their home ("Valuing People Now"), compared with over 70% of the general population who own their homes and 30% who rent. The government wants people with learning disabilities to benefit from home ownership, using initiatives including Home Ownership for people with Long Term Disabilities (HOLD) and the New Build Home Buy scheme (shared ownership).

HOLD is a low cost home ownership scheme run by RSLs. It is a type of shared ownership - people part buy a share they can afford and the RSL owns the rest, on which rent is payable. A larger share of the property can be purchased at a later date or it can be sold at anytime if the person wishes to move on. The individual is the owner, with the same rights and responsibilities as any other homeowner. The scheme offers the benefits and security of ownership but is cheaper than owning property outright

Home Buy allows people to buy a home whilst only contributing 75% of its cost; the rest is met by an interest free loan from a RSL. If the property is sold, the proceeds are split 75% to the individual and 25% to the RSL.

Discretionary trusts: discretionary trusts have been set up by four local families to ensure their loved one can remain in the family home. Whilst there is no legal duty on the local authority to provide support in these circumstances, we need to be aware of these trusts and work with individuals and families now to develop life skills and promote independence.

General needs housing options for people in Halton with learning disabilities will be promoted. To support this, an information pack will be developed, for use by the Community Learning Disabilities team, families and care and support providers in identifying suitable accommodation options for individuals.

Affordable Housing: people with learning disabilities have lower income and higher rates of unemployment than the general population, and are therefore more likely to rely on affordable housing. The Council's Housing Strategy 2005-2008 identified an adequate supply of affordable housing in the Borough, with no plans to use planning powers or resources to secure additional low cost housing. This strategy is currently being redrafted and will take account of the increase in house prices since 2005.

Adapted and accessible housing provision: the Council is committed to collecting more information about the needs of people with mobility issues in addition to their learning disability to help determine the level of need for adapted housing. The Council is also working with RSLs to record adapted housing in the Borough to enable need and supply to be better matched.

Information collected about mobility will be used to determine the number of units in any new supported housing provision which need to be ground floor and wheelchair accessible.

Links with local housing planners will be developed to influence new developments designed to the standards set by the "Lifetime Homes" and "Lifetime Neighbourhoods" Strategies.

Support provision for people with learning disabilities: currently, 193 adults receive housing related support commissioned by the Learning Disability Service. Of these, 166 people receive support within 61 group homes and 27 receive community support.

CSCI has recently issued guidance "Assessing whether a care service needs to be registered" to help providers identify the thresholds between registration as a care home or domiciliary care agency. Group homes may need to register as residential homes and work will be undertaken with providers to assess the resource implications and impact of this on people's rights.

Halton Supported Housing Network: this Council service currently provides care and support to 58 people in 19 group homes. Some people have additional physical or sensory disabilities or behaviour, which challenges services. The needs of people living in these homes are currently being reviewed. For some people, the service no longer meets their assessed needs. Some have reached their potential and can become more independent; for a small number of others, their health and care needs would now be better met in either residential or nursing care.

The Ashley Green bungalows are already meeting the needs of people with high support needs and these properties are particularly suited to this. The future vision for this service is one that will focus on specialist skills / safeguarding with improved operational practices and qualitative outcomes. This will also offer the possibility of accommodating people currently placed out of borough. CSCI guidance indicates this service may need to re-register as residential care homes in order to comply with the legal framework.

The capacity within the staff teams to develop an outreach service skilled in housing and welfare related support to people in their own homes is being explored.

External support providers: there are currently 11 independent sector providers delivering care and support to 135 people. 108 people live in 42 supported group homes, most of which offer 24-hour support.

Standards for Support Provision: each care and support provider is registered with the Commission for Social Care Inspection (CSCI). CSCI applies a national framework of standards to all care and support providers, and in addition local standards and targets are set and monitored by the joint SP and Council Contracts team. Service monitoring on ensures that rigorous Health and Safety Standards - including fire safety, policies and procedures and individual risk assessments - are applied in all care settings.

Supporting People Reviews: the SP Team and Community Learning Disability Team have jointly reviewed all external and in-house supported tenancies. This has provided detailed information about the type and levels of care and support being provided. Key actions have been highlighted and work continues with providers to implement these and monitor outcomes for individuals.

Key messages from these reviews and actions to be taken include:

- Providers must continually promote tenants' links to the local community, education, leisure and social activities appropriate to tenants' age and ability.

Providers must get better at supporting people to develop relationships and friendships. Working practices and staffing rotas may need to be more flexible. New joint contracting arrangements will monitor this.

- Risk management is always important. However, there is a tendency to over-protect, which has resulted in reduced opportunities for some people to perform daily living tasks.

- Service Providers and assessment services team must listen and respond to any tenant's needs and wishes to move to accommodation which would better meet their needs. The current culture of people remaining where they are either results in crisis due to health deterioration or a person becoming unnecessarily over-supported, deskilled and dependent on 24-hour support.

A process tool will be developed, in partnership with care and support providers, to assist providers with supporting people to move on when this is needed or desired.

Community Access Support: people can also receive support – known as community access support - if they are living in general needs housing. This can be provided to enable them to make friendships, develop skills and confidence and to live as an ordinary member of the community.

Other housing-related support provision: other services provide support to people living independently in general needs housing, to help them manage in their home. Briefly these are:

- **Assistive Technology/Tele-care:** adults with learning disabilities can make positive use of Assistive Technology. In 2007 ten people (with two more undergoing assessment) received a range of technologies, including seizure alerts, pagers and sensor movement pads. Assessments will now routinely consider how assistive technology could form part of a person's support package. It can also offer extra support to carers supporting a family member at home.

The use of assistive technology will be further examined to support the management of risk whilst enabling greater independence for the tenant.

- **Housing-related floating support services:** this is particularly importance to people with learning difficulties who may not be eligible for a service under the Fair Access to Care policy but may still require some support to help them manage in their home.

Floating support resources will be reviewed to determine what provision is available and ensure this offers quality, value for money services. these resources will be tailored to meet the needs of people that may currently have limited or no other resources available to them.

Resources: this Strategy promotes wider choice for people over their housing and support options. This must be done in the context of a full understanding of the resources available and the pressures on services. Resources need to be used efficiently and effectively to achieve the objectives of the Strategy and be realistic and fair to everyone needing a service.

Financial Resources: Learning Disability Services funding: in Halton, the Local Authority and Primary Care Trust contribute to a pooled budget to fund health and social care services for people with learning disabilities. In 2007/08 the total budget available was £12m.

There are increasing pressures on this budget from young people with complex needs coming into adult services at age 18. In previous years additional investment has been made into the pooled budget to meet these costs. Further investment at this level is unlikely in the future; identify efficiencies are therefore being identified to meet the needs of increasing numbers of people whilst improving the quality of available services.

Supporting People: as seen earlier, service reviews for people with learning disabilities have identified services being paid for which did not meet SP eligibility criteria. Work has been ongoing with providers to review people's support needs and how to best meet these whilst increasing independence.

SP funding for accommodation-based schemes from April 2008 will be £2.3m, a reduction from the April 2006 level of £4.5m. There will however be an additional £65,000 of short term funding available for the development of floating support services.

This Strategy will ensure that investment in floating support is used effectively and that innovative services are developed to support as many people as possible.

Direct Payments and Individual Budgets: these are a different way of arranging support and care, giving individuals and families more control over how support and care is provided. They are not additional sources of funding. Locally, direct payments have been used successfully for people with learning disabilities or their carers, who receive funds to employ personal assistants or purchase care directly from an agency.

Nationally, the In Control programme is promoting self directed support and individual budgets for adults with learning disabilities. The learning from pilot schemes will support the delivery of this programme in Halton.

A scheme of self directed support and enabling Individual Budgets will be set up in Halton over the next 12 months.

Independent Living Fund (ILF): the ILF helps to pay for support people with disabilities need to live independently at home. It is a Government Trust funded by the Department of Works and Pensions to help meet needs over and above those met by the Council. It can be used to employ a personal assistant, care agency or domestics to help with thing like personal care, cooking, shopping, cleaning, and also to help people go to social, leisure and educational activities.

Independent living in Halton for adults with learning disabilities will continue to be built on by an increase in the numbers of eligible people receiving ILF.

Learning Disability Development Fund (LDDF): the LDDF was introduced to support the implementation of the "Valuing People" agenda (2001). The amount of funding available nationally and locally has increased over the last six years. From April 2008 it will be paid directly to local authorities to support their role as lead commissioners for learning disability services.

Halton will receive the following amounts over the next three years:

2008/09	£150,000
2009/10	£149,000
2010/11	£148,000

The Department of Health's (DoH) key priorities for health and social care include the promotion of inclusion in mainstream housing initiatives, increased access to assured tenancies and home ownership, and provision of socially inclusive support. LDDF funding is intended to support to deliver the DoH's key priorities. It will be used locally to further develop advocacy services, person centred planning, transition from Children's to Adult services, employment and adult placement.

Human and Organisational Resources - Contracted Providers for care and support: all in-house and independent sector providers have been evaluated and are able to deliver services to the required quality standards. A Preferred Provider List is being considered, consisting of organisations that have been evaluated and are committed to working in partnership with health and social care to develop new and innovative services in Halton.

Providers of Supported Housing: There are a number of RSLs in Halton which are able to raise capital to develop new supported housing schemes by identifying appropriate locations and properties and undertaking adaptations to meet people's needs. This resource will continue to be accessed in order to offer independent living to those with the most complex needs.

Person Centred Planning Coordinator: this post works across all services to make sure staff receive training in person centred thinking to ensure that the way services are delivered is changing and we are putting people at the centre. There is also a bank of facilitators available to work with individuals who want a 'Person Centred Plan' of what they want now and in the future. The facilitator will bring together the person their family and friends, support staff and professionals to form a 'Circle of Support' to make the plan happen. For many people this will include getting their own home.

Housing and Supporting People Coordinator: the Housing and Supporting People Coordinator is a newly created post for 12 months that will work with the Specialist Community Team for Adults with Learning Disabilities. They will assume overall co-ordination responsibility for planning, monitoring and evaluating quality and outcomes to provide an overview of services for adults with learning disabilities living in supported tenancies in Halton or living in Adult Placements. They will also develop a strategic approach to ensuring that supporting living in Halton provides opportunities for service users to maximise their independence.

Section 3: Plans for the next three years

Earlier in this Strategy, the vision, values and aims for adults with learning disabilities living in Halton were set out. This section describes what our objectives are under each of the five aims. It also explains how the strategy will be put into action and progress and outcomes monitored to find out if it is making a difference.

Plan for the future: Planning for future housing needs and wishes will need to be structured and systematic, in full partnership with individuals, carers and families, service providers and key stakeholders. These plans will support the development of good quality housing services that avoid the need for crisis management of accommodation needs.

The objectives are to:

- Use resources efficiently and effectively
- Share information and skills between all partners to help improve service delivery and influence strategic and policy developments.
- Work with partners to evidence need and develop the right mix of housing and support.
- Plan with people and their carers to reduce the need for crisis management when dealing with housing issues.
- Establish the needs and wishes of people not known to services.

Increase the range of Housing options available to give people the opportunity to live alone, with a partner or with friends: new types of housing for people with a learning disability will be developed across a range of tenure including owned, social rented, private rented. We will increase the range of options for people to live independently and provide more specialist accommodation for people with complex needs.

The objectives are to:

- Through partnerships, influence housing policy development to ensure that the needs of adults with learning disabilities are included.
- Provide more specialist accommodation in Halton for people with complex or specific needs.
- Provide more of ground floor and wheelchair accessible accommodation for people with learning disabilities.
- Make more use of general needs housing for people with learning disabilities.

Support people to reach their full potential: individual budgets and direct payments will allow many people to manage their own levels of support according to their needs. Others will require high quality support that focuses on outcomes that enables them to achieve their potential.

Our objectives are to:

- Promote more use of assistive technology within support packages where appropriate.

- Support people to move to more appropriate accommodation as their needs change.

Support people to choose where they live and who they live with: where possible and appropriate, individuals will have more choice over where and who they live with and how they are supported. The use of accessible information and independent support and advocacy will be support this.

Our objectives are to:
- Increase opportunities for people to choose who they live with, where they live and the type of support they get.
- Increase the amount of accessible information about housing and support options.

Support people to be included and be aware of their legal and civil rights and duties
We will promote the use of and access to general housing and services and support people to build friendships, relationships and links with their local community. We will work with providers to ensure people with learning disabilities are aware of their rights as well as duties as tenants.

Our objectives are to:
- Encourage and support people to develop friendships and to access social activities at all times of the day and evening.
- Ensure that culturally sensitive services are provided
- Ensure general needs housing services are accessible and inclusive for people with learning disabilities and their carers.

How will the strategy be put into action?
A number of key actions have already been highlighted in the green boxes in Section 2 of the Strategy. These have been brought together in an Action Plan below. Each action will help us meet our objectives and achieve our aims and vision. The action plan also includes details of who is responsible for making sure it happens, the timescale for completion and the outcomes we desire.

The Learning Disability Partnership Board has the responsibility for ensuring that we achieve the objectives in this strategy and that it makes a difference to people's lives.

The Valuing People Housing Group will take responsibility to ensure that the actions in the plan happen and the lead person will provide regular updates on progress. An annual progress report will be taken to the Partnership board.

Appendix 4 shows how the Housing Group and Partnership Board will work together with other groups which have an influence on people's lives and a role in making our housing and accommodation plans happen.

Action Plan: 2008 - 2011

	Priorities	Action	Desirable outcome	Lead	Target Date
Plan for the future					
1	Implement the Joint Supporting People / Care contract on all contracts issued for supported accommodation	Issue new contracts April 2008 to existing services and use for all new joint service developments	Jointly agreed, clear measurable outcomes Value for money Quality service delivery Robust monitoring of services	Supporting People / Contracts Team	April 2008
2	Work jointly with providers to develop and share best practice in supported accommodation	Disseminate findings of Behavioural Solutions project to providers. Establish Beacon services and encourage other providers to adopt similar working practices Establish tenants forum led by self advocates and from this develop peer quality checking.	Individuals will lead a more contented lifestyle with support in a manner appropriate to their need.	Divisional Manager Assessment and Care Management Joint Commissioning Manager Joint Commissioning Manager	December 2008 December 2009 December 2008

	Priorities	Action	Desirable outcome	Lead	Target Date
3	Consider best use of investment in floating support	Develop new and innovative housing options. Explore current contract arrangements and consolidate if this offers value for money.	More people with low level support needs will be enabled to live in their own home	Joint Commissioning Manager and Housing Co-coordinator	March 2009
4	Review allocations policies and procedures for tenancy nominations managed by the ALD team	Ensure compliance with FACS criteria. Review priorities for accepting people onto waiting list.	Allocations will be transparent and fair with those with highest need being prioritised for limited resources.	Service Development Officer	December 2008
5	Reconfigure Halton Supported Housing Network and move on people whose needs can be better met elsewhere	Phased transfers of support to independent sector. Shift focus of service to support those with more complex needs	Shift of some service provision to independent sector Skilled staff team within network to focus on more specialist service provision	Divisional Manger Provider Services and Joint Commissioning Manager	July 2009
6	Work with partners to evidence need and develop the right mix of housing	Review existing and potential accessibility of housing managed by ALD services.	People will be living in homes that meet their physical needs	Housing Co-ordinator	March 2009

	Priorities	Action	Desirable outcome	Lead	Target Date
		Review waiting list to determine who requires adapted housing. Link into work on the register of adapted housing /choice based lettings to determine how people with LD will be prioritised	 Adapted housing will be prioritised for those who need it.	Housing Co-ordinator Joint Commissioning Manager	March 2009 March 2009
7	Determine how many people with learning disability are living in accommodation that is below standard	Work with RSL's and support agencies to identify suitable alternative properties to offer people.	More people with learning disabilities will live in quality housing in areas they choose.	Joint Commissioning Manager	July 2011
8	Review needs of people living outside of Halton with a view to supporting them to return	Determine who wishes to return and housing need. Develop plans for return of at least two people a year.	People returning to Halton will be living in suitable housing which better meets their support needs	Divisional Manager Assessment and Care Management/Joint Commissioning Manager	July 2011
9	Plan with people and their families to reduce need for crisis management in relation to housing	Offer people living with carers aged over 60 support to develop a housing plan should they wish to do so.	More people will have an opportunity to plan for their future housing and support needs	Principal Manager Assessment and Care Management	July 2011

	Priorities	Action	Desirable outcome	Lead	Target Date
		Explore how to best identify and monitor support needs and wishes of people not known to services.	Services will be more aware of and able to respond to need for immediate support	Divisional Manager Assessment and Care Management	July 2009
Increase the range of Housing options available to give people the opportunity to live alone, with a partner or with friends					
10	Identify potential partners who are able to influence housing policy developments for adults with learning disabilities.	Establish links with partners through the Housing Strategy Group	The Housing Strategy Group will have a stronger and wider influence within other Directorates and organisations.	Joint Commissioning Manager	December 2008
11	Identify and work with 3 people to become shared or outright homeowners	Produce and distribute information packs to providers and families Set up tasks group to agree actions and bring in support and expertise for families/individuals.	Increase the number of people with learning disabilities who are homeowners. Encourage others to pursue this if it's their wish.	Principal Manager Assessment and care Managers/Joint Commissioning Manager	July 2011
12	Provide more specialist accommodation in the Halton area for people with complex or specific needs	Evaluate findings of review of services for people on the Autistic spectrum with regard to accommodation.	Effective, quality support services will ensure stability for people and allay family concerns.	Joint Commissioning Manager	December 2008

	Priorities	Action	Desirable outcome	Lead	Target Date
		Ensure that for young people in transition any plans for independent living are communicated to the Housing Forum at an early stage	Identified need can be matched and appropriate services developed within realistic timescales.	Transition Co-ordinator/ Housing Co-ordinator	July 2011
		Prioritise ground floor and wheelchair accessible accommodation within new supported living scheme developments	Capacity to better match supply with need for this type of accommodation	Joint Commissioning Manager	July 2011
		Work with Commissioner of services for Older People to ensure needs of older people who also have learning disabilities are included in future sheltered and extra care developments	Needs of Older People with learning disabilities will be met appropriately whilst maintaining independence Reduce need for residential accommodation		
13	Make more use of ordinary tenancies and general needs housing for people with learning disabilities	Develop a resource pack for families and care and support providers to use when considering housing options for people they support.	Greater awareness and consideration of ordinary housing as an option for people with learning disabilities	Service Development Officer	April 2009

	Priorities	Action	Desirable outcome	Lead	Target Date
Support people to reach their full potential					
14	Promote use of assistive technology / tele-care within support packages where appropriate	Offer training to staff of SCT and Care and Support providers in role AT can play in supporting people	Greater independence for people whilst managing risk	Divisional Manager Assessment and Care Manager	December 2008
15	Support people to move to more appropriate accommodation as their needs change	Develop a process to assist providers in supporting people to move to more appropriate accommodation	More people will be living in housing that better meets their needs.	Service Development Officer	July 2009
		Ensure person centred plans/reviews are used to identify peoples needs/wished		Person centred planning co-ordinator	July 2011
		Explore need for transitional accommodation for people to try out independent living	Cost benefits analysis undertaken to inform decision on whether or not to proceed.	Joint Commissioning Manager	December 2008

	Priorities	Action	Desirable outcome	Lead	Target Date
Increase the opportunities for choice and control over where people live and who they live with					
16	Increase number of people receiving Independent Living Fund, Direct Payments and Individual Budgets	Awareness training for staff and information available to individuals and families to promote these as a way of enabling choice and control	More people have the resources for independent living	Divisional Manager Assessment and Care Management	July 2011
17	Work with partners to ensure people with learning disabilities are enabled to exercise choice and control	Establish link with project manager for choice based lettings to ensure process is inclusive for all vulnerable people.	People will be able to make an informed choice about where they live.	Divisional Manager Assessment and Care Management	July 2009
18	Following the increase in available options, carry out review to assess if people are being offered the opportunity to exercise choice over where/how they live.		The impact of this housing strategy can be evaluated and any need for further strategy or policy changes identified	Divisional Manager Assessment and Care Management	July 2011
19	Increase amount of accessible information about housing and support options	Evaluate what information and formats are already available and identify what needs to be developed to cover all options as well as access to advocacy and welfare benefits.	People will be able to make informed choices	Service Development Officer	December 2009

	Priorities	Action	Desirable outcome	Lead	Target Date
		Review information relating to housing options given to parents at transition		Service Development Officer/Transition co-ordinator	April 2009
Support people to be included and be aware of their legal and civil rights and duties					
20	Encourage and support people to be included – develop friendships and access social activities at all times of day and evening	Monitor through the new joint care and support contracts, providers roles in encouraging and supporting relationships and friendships and flexible shift patterns to support social activities Ensure support staff receive appropriate cultural awareness training	People will have more friends and increased links with their local community	Supporting People/Contracts Manager	July 2011

Appendix 1

National and Local Policy Drivers

Documents that have influenced this strategy are outlined below.

National Policy

Valuing People: A New Strategy for Learning Disability for the 21st Century (2001, Department of Health)

This document sets out the Government's plans for improving all aspects of the lives of people with learning disabilities their carers and families. It is based on the four key principles of :

- Rights
- Social inclusion
- Choice
- Independence

It told us that 'Housing can be the key to achieving social inclusion, but the number supported to live independently in the community, for example, remains small. Many have no real choice and receive little advice about possible housing options.'

The Story so far…. Valuing People: A New Strategy for Learning Disability for the 21st Century (2005, Valuing People Support Team)

This report was written by the national Director of Valuing People and set out the positive changes that had happened since the white paper in 2001/ It also highlighted areas for improvement and these have been picked up in the consultation document **Valuing people Now: From progress to Transformation (2007, Department of Health).** Four priorities are set for the next three years and one of these is Access to Housing. It says that within the overall policy of a range of housing options being available, local authorities should concentrate on promoting access to and increasing the numbers of people who live in their own homes or have assured tenancies in rented accommodation. The consultation closed in March 2008 and the final document is expected in summer 2008.

Our Health, Our Care, Our Say White Paper (2006, Department Of Health)

The white paper describes a vision and set of proposals to locate services in local communities closer to peoples homes and to improve the health and well being of the population.

A range or initiative and proposals will achieve the following strategic aims:

- Improve access to community services, especially in poorer areas
- Improve preventative services and earlier intervention
- Improve care for those with long-term conditions and more support for their carers

Move care out of acute hospitals to where people live.

Independence and Opportunity – Our strategy for Supporting People (2007, Department for Communities and Local Government)

The supporting people programme was created on 2003 and provides the means though which Government ensures that some of Society's most vulnerable people receive help and support to live independently. The strategy is based on four key themes:

- Keeping people that need services at the heart of the programme
- Enhancing partnership with the third sector
- Delivering in the new Local Government Landscape
- Increasing efficiency and reducing bureaucracy

Transition: young adults with complex needs (2006, Department of Health)
See below

Growing Up Matters – better transition planning for young people with complex needs (2007, Commission for Social Care Inspection)
This report by CSCI looked at the experiences of young people and their families as they moved from receiving support from Children's services to Adult services. From this report and the DOH document relating to young people with complex needs we know that good transition planning involves:

- Being individual to the needs and aspirations of the young person, for example work, housing, education, relationships
- Addressing aspects the young person finds important, for example, religion, culture, tradition, sexuality,
- Responsibility spread out over all groups starting at transition review following the young person's 14th birthday
- Statutory processes from transition need to be used consistently
- Adult and children's services need to work together to ensure that young people maximise their life chances.

In control
The National agenda from In Control promotes personalisation of services and that people with learning disabilities should be treated as full citizens. In order to make this happen people with learning difficulties need six different things:

Six Keys to Citizenship
1. Self-determination
We have self-determination when other people treat us as people who can speak for ourselves. If we have difficulty in speaking for ourselves then we can get help from other people to achieve self-determination.

2. Direction
We have direction when we know what we are doing, when we have a purpose or a plan for our lives. Although we can all get stuck or taken over by other people's ideas, there is a lot that can be done to help us get our own direction in life. Person Centred Planning tells us about how to get direction.

3. Money
We need money to be a citizen. Not just so we can buy what we need to live, but also so that we can control how we live and how others treat us. It is

especially important for people to control the money that is used to pay for their own support services, as this will affect every part of life.

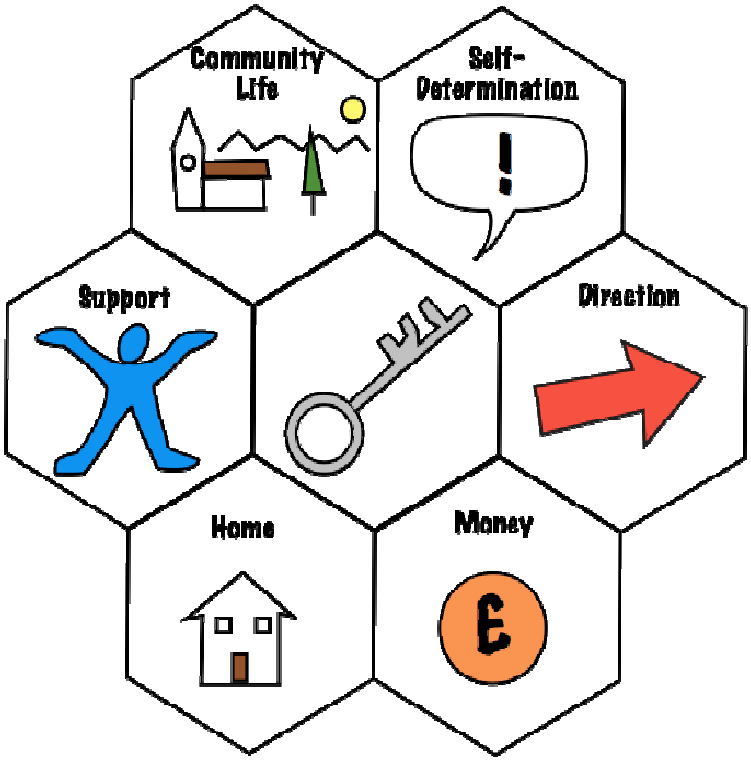
4. Home
We all need a home, a place that belongs to us and where we can belong. Much has been learnt about how we can all have a home, and disabled people are increasingly buying their own homes.

5. Support
We all need help, but if you have a significant learning difficulty this means that you will need ongoing and regular help. This does not mean you have to live a life controlled by other people. There are now many examples of people having help that is really helpful, flexible and individual.

6. Community Life
It is also very important that we play a part in our community. This means working, playing, learning or praying with our fellow citizens and making friends along the way.

These are summarised in the following diagram.

The 6 keys to Citizenship
(Source Keys to Citizenship by Simon Duffy 2006)



Other national policy documents that have influenced this housing strategy are:

Improving the Life Chances of Disabled People (2005, Cabinet Office)

Learning Difficulties and Ethnicity Framework for Action (2004, Department of Health and the Valuing People Support Team)

Better Services for People with Autistic Spectrum Disorder, (2006, Department of Health)

A Life Like No Other (2007, Healthcare Commission)

Local Policy

A Community Strategy for a Sustainable Halton 2006-2011: Making It Happen in Halton
This document sets out five strategic themes for the Borough, which will help to build a better future for Halton:

- A healthy Halton
- Halton's Urban Renewal
- Employment learning & skills in Halton
- Children & young people in Halton
- A safer Halton

The Council's vision has been developed to support these themes:

'Halton will be a thriving and vibrant Borough where people can learn and develop their skills; enjoy a good quality of life with good health; a high quality, modern urban environment; the opportunity for all to fulfil their potential; greater wealth and equality; sustained by a thriving business community; and a safer, stronger and more attractive neighbourhood.'

Halton Borough Council Housing Strategy 2005-2008
This strategy was developed by the Halton Housing Partnership, which has representation from both the Council and Housing Associations present in Halton. It sets out the priorities for action to achieve the vision for housing in Halton:
"To ensure that a range of good quality public and private sector housing is available both to meet the needs of the community and to attract new residents to the Borough."

Supporting People Strategy 2005 – 2010
Halton has produced a 5-year strategy, which was required of all (non-excellent) local authorities by March 2005. It is essential that the Adult Learning Disability Partnership Board continue to engage with the ongoing review and delivery of this strategy.

A key factor in the effective delivery of the five-year strategy will be providing updated information on current provision and the extent of future needs for housing related support for learning disabled people.

The Learning Disability Commissioning Strategy 2004-2009 (plus Mid term Review 2007)

These documents set out Halton's vision and values for Learning Disability Services. The vision is aligned to the national agenda from In control which states that people with learning disabilities should be treated as full citizens. It goes on to specify the six things that are needed to make this happen– these are called the Six Keys to Citizenship and a diagram illustrating this is contained in Appendix 1.

One of the six keys is **Home** – " We all need a home, a place that belongs to us and where we can belong. Much has been learnt about how we can all have a home and disabled people are increasingly buying their own homes."

Housing and Support Options strategy 2003-2008

This plan was developed by the Learning Disabilities Partnership Board in response to the Valuing People white paper (2001) requirement for all Partnership Boards to undertake a housing needs and demand study and outline plans for the future provision of housing and support. Much progress has been made against this plan and this is revisited in the Where are we Now section.

DRAFT 100408

Appendix 2

Extract from Halton Housing Needs Survey 2005

Adults with a Learning Disability

Background

The statistics presented in this report are calculated from the responses to the Housing Needs Survey 2005 and relate to households containing at least one adult (aged 16 or over) with a learning disability. Some 2,321 randomly selected households across the Borough participated in the survey. The statistics presented here have been weighted from the original responses according to tenure and location to represent the Borough wide position.

Number

The survey findings indicate that there are 636 adults with a learning disability (ALDs) living in Halton contained within 617 households. The age profile of ALDs is as follows:

16 – 24	81
25 – 44	384
45 – 59	30
60 – 74	99
75 +	42

The survey found that 65% of households containing an adult with a learning disability comprised one or two people, with the full breakdown as follows:

Number of people in ALD household

One – 155
Two – 244
Three – 102
Four – 94
Five - 22

Over half of ALD households live in social rented accommodation, with the full breakdown as follows:

Owner occupier (with a mortgage)	90
Owner occupier (no mortgage)	197
Housing Association rented accommodation	330

Respondents were asked to indicate whether the household member with the learning disability required care or support and, if so, whether sufficient care or support was being received. Four fifths of adults with a learning disability (equating to 507 people) required care or support with almost 30% of those (148 ALDs) not receiving sufficient care or support. Care or support was

required for a broad range of activities but mainly to establish social contact/activities, help with personal care and establishing personal safety/security.

Respondents were also asked to indicate whether they, or any part of the household, intended to move within the next 3 years. In total, 143 households containing an adult with a learning disability expected to move with 41 indicating that the whole household expected to move within the Borough and 64 that only part of the household would move (the remainder who indicated a move did not respond to the further question). In addition, 99 ALD households indicated that they would like to move but were unable to do so, with the main reasons given relating to inability to afford moving costs, local education choices and family reasons.

The survey requested that respondents indicate the total income of their household. A large proportion chose not to answer the question including 47% of households containing an adult with a learning disability. Of those that did respond 90% (296) had annual incomes of less than £25,000 and 48% (158) had an annual household income of less than £10,000. Respondents were also asked about whether the household received any benefits. 90% (556) of ALD households received Disability Allowance, with high proportions also receiving Income Support (402), Housing Benefit (310) and Council Tax Benefit (248).

DRAFT 100408

Appendix 3

At a stakeholders event held in June 2006 you told us the following in respect of housing:

From people who use services

- Ensure service users are supported with their accommodation and with benefits advice
- Increase use of Adult Placement Service
- Develop tenants committee
- Further develop the housing forum
- Develop closer links between home activities and daytime activities

In January 2008 you told us:

STAFF/SUPPORT & HOUSING PROVIDERS

- Early planning
  Partnership with childrens, developing 5 year plans at least ….
  For all life
- Honesty and transparency from day 1
- Lead in time – realism
- CBL not a solution to emergency situation
  Need to make certain people with LD have a loud voice in developing this
- LA will be measured on no's of LD in 'settled' accommodation – by Audit Commission
- Has LA engaged with all housing providers including Independent Providers
  We need to tell them who to include
- Audit of people in SL – are you happy with where you live
  Tenancies forum (?)
- P. C Reviews
- PR – information to families
  What housing means
- INFORMATION INFORMATION INFORMATION
- Crude coarse system –
  Not flexible enough

DRAFT 100408

SELF ADVOCATES

1) Things we want to change

- People are telling us what to do – we HAVE to move
- We can't choose who we will live with or where
- Stressed out – don't know what's happening "Bunch of nervous wrecks – snapping at each other" " Feels like our whole family is splitting" Frustrated and upset. Making people ill.
- Money – not being supported with budget and money
- Support with benefits/health appointments/ going out – staff don't drive/person can't walk.
- People would like to move in the future
- Staff not explaining things to us properly
- I want to stay in my house even when my dad is not around!
- Out of service help number. Support not around when needed and a stranger answers.
- Teenagers kicking fences down – no-one around to support/help at these times.

2) What house would you want? How would you want to live?

- With friends and people I trust
  With my pets
  Not a bedsit
- A bungalow
- A big house with my friends
  A shared house
- An area I know
  I want to be where I know, the people and area
- Other area – where I spend my time – a change to a place I like.
- To own my own house, but live with friends.
- To be independent but not FORCED to be
- Somewhere to 'settle' and stay. Don't make me move. Buy a house in Spain

DRAFT 100408

3) How could you get the house you want? - the house will be mine

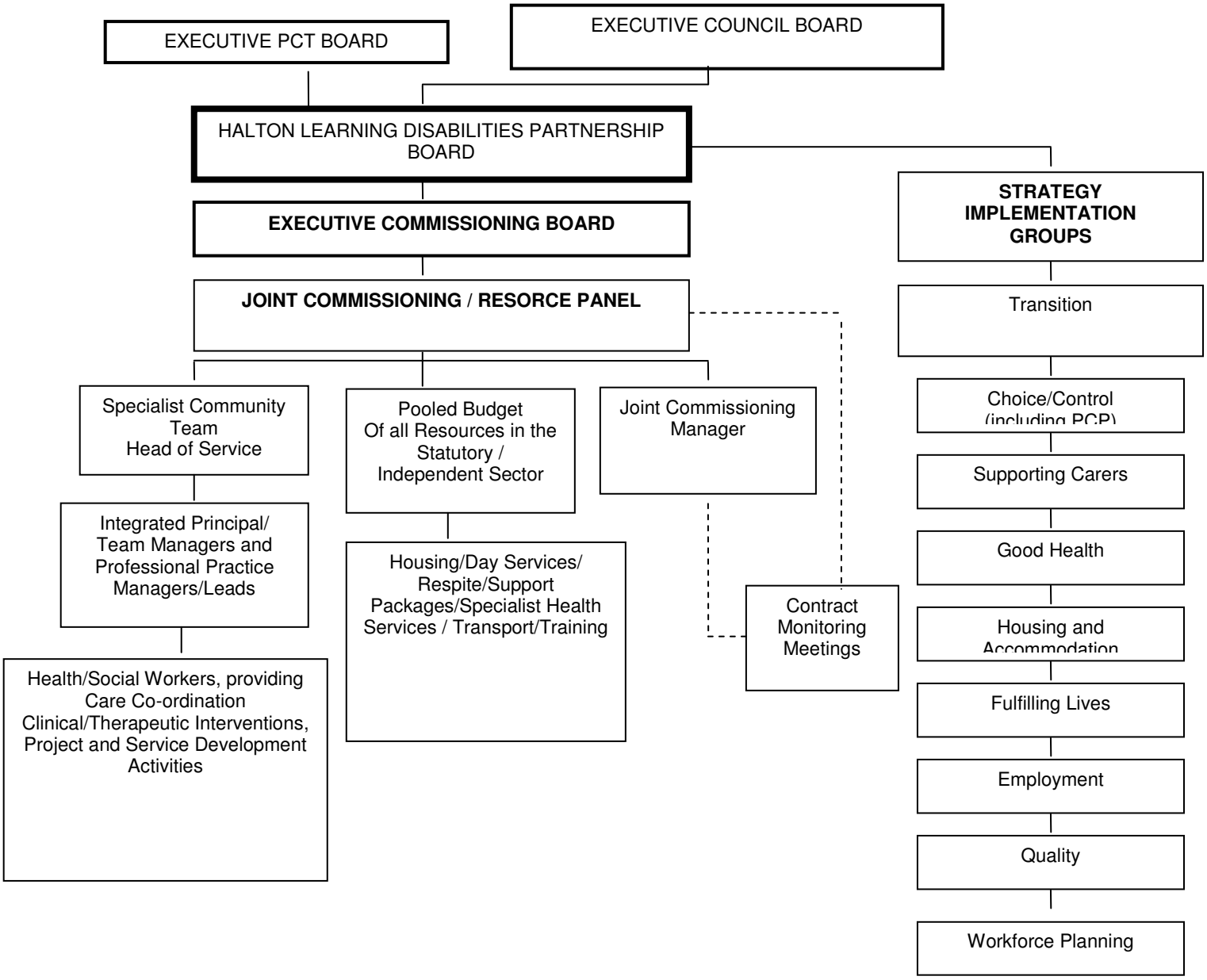
- Explain and tell us where we are going
- Give us a choice
- Talk to staff. Help to speak up for ourselves
- Get my house from my dad
- But my house – Bank for £ money
- Listen
- I would paint my house, blue, pink
- When I get my house I would have everything black. 'My choice' blue furniture for me as well
- Get me a nice couch and a nice double bed
- Lilac for me

Lilac bedroom

Get paint and furniture

DRAFT 100408

APPENDIX 4



HALTON BOROUGH COUNCIL

Health & Community Directorate

Housing Allocation Policy, Procedure and Practice

For Adults with Learning Disabilities

2008-11

Draft 2.5.08

CONTENTS

INFORMATION SHEET

Service areas	Adults with Learning Disabilities
Date effective from	June 2008
Responsible officer(s)	• Divisional Manager, Adults with Learning Disabilities Assessment & Care Management Services • Joint Commissioning Manager • Service Development Officer, Adults
Date of review(s)	June 2009
Status: • **Mandatory (all named staff must adhere to guidance)** • **Optional (procedures and practice can vary between teams)**	Mandatory
Target audience	All staff and managers in the above service area
Date of Committee decision	Directorate SMT 7.5.08 Healthy Halton PPB 10.6.08
Related document(s)	• Health & Community Directorate Housing Strategy
Superseded document(s)	None
File reference	

POLICY

Practice

1.1 INTRODUCTION

The choosing of a place of residence and the people with whom you may share that residence is a major life choice decision. Time, full information and support are essential in promoting as smooth a transition as possible from family or other care to a more independent way of living.

The provision of supported housing is an expensive and limited resource. We need to be sure that this resource is available to those who need it the most.

1.2 AIM OF THE POLICY

This Policy and Procedure aims to promote the efficient use of resources whilst recognising the individual's needs for timely support in transition to more independent living.

It also aims to ensure the fair and equitable allocation of resources to individuals based on eligible need.

1.3 PRINCIPLES

The following principles should be adhered to:

1. The starting point in identifying housing need shall be that the individual is able to access generic housing provision.

2. People will be provided with full information about the options open to them.

3. Where an individual is unable to access generic housing provision, then only under FACS eligibility criteria where housing requirements meet a Critical or Substantial level of need will a person aged 18 or over have their name placed on the Waiting List for access to tenancies administered by the Specialist Community Team.

4. Consideration for tenancies must have a sound theoretical and evidential basis and will be formally recorded through the Resource Panel.

5. Individuals considered for tenancies must meet supported living criteria. Individuals who do not meet the criteria will be considered for residential care.

6. People's right to exercise choice will be respected and they will not be disadvantaged in terms of future offers by refusing a tenancy in a property which has been deemed suitable for them.

Ref: Fair Access to Care Services Policy, Priority Levels for Assessment:

Critical/Substantial

- Pose/at risk of serious harm
- Adult abuse
- Imminent breakdown of care arrangements
- PACE interview
- ASW assessment

Moderate

- Increased/unmet care needs
- Possible breakdown of care arrangements
- Self-funder who has fallen below

POLICY

7. There will be no limit placed on the number of offers made to individuals. It must be acknowledged, however, that the number of offers possible will be limited by the properties and tenancies available.

8. The allocation of tenancies will be organised in a cost effective and person-centred way. People with additional physical disabilities will be prioritised for tenancies that have already been adapted to meet such needs.

9. The allocation process will be led by the Housing & Supporting People Co-ordinator in the Specialist Community Team in consultation with staff within the Team.

1.4 IDENTIFYING NEED

A 'Housing Waiting List Form' will be completed for every person who wishes to move to the accommodation covered by this Policy. The Housing Waiting List Form will be kept by the Housing & Supporting People Co-ordinator.

Where an individual is unable to access generic housing provision, then only under FACS eligibility criteria where housing requirements meet a Critical or Substantial level of need will a person aged 18 or over have their name placed on the Waiting List. The Housing & Supporting People Co-ordinator will manage the Waiting List.

The Waiting List and the priority categories will be validated every 6 months. This will be done by the Housing & Supporting People Co-ordinator who will send a letter and a copy of the Housing Waiting List Form to the individual and their carer to check whether any information on the Form needs to be changed.

Practice

financial threshold

Low

- Increasing frailty of carer
- Intermittent support needs
- Social isolation

PROCEDURE

Practice

2.1 ALLOCATION PROCESS

Social Care and Health staff will be aware through their contact with service users of potential or actual vacancies in properties. When a potential or actual vacancy is identified, the staff member should immediately inform the Housing & Supporting People Co-ordinator. RSLs will be made aware that the Housing & Supporting People Co-ordinator is the main point of contact regarding vacancies.

2.1.1 Role of the Housing & Supporting People Co-ordinator

On receipt of notification of a vacancy the Housing & Supporting People Co-ordinator will:

- Review the Waiting List and identify possible candidates for the vacancy through matching housing need/preferences to the available vacancy. The Co-ordinator may consult or involve whom they consider necessary in this decision. Such people may include the Transition Co-ordinator, health colleagues, social workers, day services staff and any other person who knows the possible candidates well.
- Clarify the availability of funding and levels of support needed by potential candidates.
- Inform the Specialist Community Team of the vacancy via the team meeting.
- Ensure a social worker is allocated to the possible candidates for the vacancy.
- Inform the Chair of the Resource Panel of the vacancy.
- Inform the landlord of the vacancy.
- Collect together relevant information about the property and its current tenants and provide this to the social workers/health workers involved with the potential candidates.
- Liaise with the supporting agency with regard to consulting with existing tenants about the type of person they would like to fill the tenancy.
- Liaise with the Independent Living Team for major adaptations (if applicable) or to the Specialist Community Team's Occupational Therapist for minor adaptations and equipment.
- Set a date for the Tenancy Decision Meeting, which should take place within 6 weeks of the notification of the vacancy.

If there is any disagreement about the selection of possible candidates, the decision should be referred to the Resource Panel for a final decision to be made.

If an individual is identified as a possible candidate for the vacancy who has not completed a Housing Waiting List Form and is not included on the Waiting List, the social worker should notify the Housing & Supporting People Co-ordinator immediately. This scenario would normally only occur in an emergency situation, eg,

PROCEDURE

Practice

if a carer should pass away.

2.1.2 Role of the Social Worker

When the social worker is informed by the Housing & Supporting People Co-ordinator that service user(s) have been identified as candidates for the vacancy, the social worker will:

- Inform the individual and their carers of the vacancy and provide them with a copy of the property portfolio and available information about the current tenants and staffing of the house.
- Draw up a plan with the individual, their carer and the provider agency to introduce the individual to the property and in the case of a shared tenancy assess their compatibility with the existing tenants.
- Provide a copy of the introduction/assessment plan to the Housing & Supporting People Co-ordinator, the agency and the individual/carer.

The individual's preferences should be considered and recorded on the Housing Waiting List Form. Wherever possible individuals should be matched with others with similar levels of need and interests.

2.1.3 Role of the Supporting Agency

On receipt of the information from the Housing & Supporting People Co-ordinator and in collaboration with the individual's social worker, the supporting agency will:

- Inform the landlord that assessments of potential tenants are being completed and request provision of a new tenancy agreement from the landlord within 10 working days.
- Inform the current tenants that assessments of potential tenants are being completed and make arrangements for their involvement in the process.
- Complete their assessment of the potential tenants.

The period of assessment should last no longer than 15 working days and may include:

- An introductory visit to the property.
- An introduction to the other tenants and staff.
- A visit to share a meal.
- An overnight stay.
- A meeting between named workers, the individual, the carer and house staff.
- An assessment of the need for any adaptations.
- Receiving feedback from the current tenants.

2.1.4 Tenancy Decision

At the end of the assessment period the Tenancy Decision will be made via a meeting with:

PROCEDURE

Practice

- The Housing & Supporting People Co-ordinator.
- The named social worker/health worker, to give feedback from the individual and their carers.
- The landlord/agency, to give feedback from the staff and the current tenants.

The Tenancy Decision Meeting will decide who is the most appropriate tenant for the vacancy. The meeting will also identify the most appropriate reserve tenant if there is more than one possible tenant.

If there is only one possible tenant identified it is possible to continue with the introduction to the tenancy providing:

- The landlord has been informed and the tenancy agreement has been signed.
- The Chair of the Resource Panel has been informed.

If there is more than one possible tenant equally eligible for the vacancy the final decision must be made by the Resource Panel on submission of the relevant documentation before the Moving In Process begins.

The new tenancy agreement should be signed within 8 weeks of notification of the vacancy.

2.2 MOVING IN PROCESS

Once the tenancy agreement has been signed the Moving In Process can begin. This should follow a timescale appropriate for the individual and the other tenants of the property. However, in the case of people moving from residential care or other supported housing the timescale will necessarily be short because of housing benefit payments.

The Moving In Process is an extension of the assessment process and if a tenancy is shared may include:

- Visits to share meals.
- Overnight stays of varying duration.
- Meetings between named workers, the individual, the carers and house staff.
- Participation in any house activities.

The relevant parties should agree the moving in date and make all the necessary arrangements.

The Housing & Supporting People Co-ordinator should notify Supporting People if the agreed candidate is being funded in this way.

PROCEDURE

Practice

2.3 MOVING IN ARRANGEMENTS

The social worker should:

- Co-ordinate the Housing Benefit Claim which must be made at the same time as the Tenancy Agreement is signed.
- Apply for a Community Care Grant.
- Ensure a financial agreement is in place for the management of finances and payment of household expenses and bills. (This agreement needs to be in place from the signing of the tenancy and will be applicable even if the individual has not fully moved in.)
- Inform the Department for Work and Pensions of the tenancy.
- Revise the person's support plan.
- Apply for the Independent Living Fund (if applicable).
- Inform the Appointee department of the tenancy (if applicable).
- Ensure notifications of tenancy are made to relevant professionals, eg, GP.
- Complete a SUISS form.

There should be regular contact with the individual in the tenancy and the individual's carers by the social worker until a Review takes place.

Colleagues should ensure there is effective communication within the service whilst the tenancy is being established and prior to the first Review.

2.4 REVIEW

A Review should take place 6 weeks after the person has moved into the tenancy.

Providers of day services for the individual should provide feedback to the Review of any significant observations during this initial period of residence.

Consultation with the individual and their carers should take place before the Review to ensure their views are properly recorded and considered.

2.5 MOVING OUT ARRANGEMENTS

Arrangements for ending the tenancy should be formally recorded on the tenancy agreement.

Tenants should give the appropriate period of notice as specified in the tenancy agreement unless circumstances prevent the giving of this notice period.

The Housing & Supporting People Co-ordinator may commence

PROCEDURE

Practice

the process of allocation of the vacancy on receiving this notification but the start of the assessment period needs to be sensitive to the circumstances of the vacancy becoming available and the current tenant's views as to whether visits to the property proceed before the tenancy is vacated.

For more information on Housing Allocations contact:

The Housing & Supporting People Co-ordinator
The Adults with Learning Disabilities Team
The Bridges Learning Centre
Crow Wood Health Park
Crow Wood Lane
Widnes
Cheshire
WA8 3LZ

Telephone: 0151 495 5300

HALTON BOROUGH COUNCIL

Halton and St Helens NHS
Primary Care Trust

HOUSING WAITING LIST FORM

CONFIDENTIAL

NAME: ……

DATE OF BIRTH: ……

ADDRESS: ……

CAREFIRST No: ……

SOCIAL WORKER: ……

NAMED HEALTH WORKER: ……

HOUSING CONSIDERATIONS & PREFERENCES ASSESSMENT

1. FACS ELIGIBILITY FROM ASSESSMENT

	CRITICAL	SUBSTANTIAL	MODERATE	LOW
Personal Care				
Carers Support Needs				
Finances				
Mobility				
Physical Health/ Medication/Communication				
Mental Health/Behavioural Management				
Relationships and Social Inclusion				
Activities, Employment and Learning				
Practical Aspects of Daily Living				

2. YOUR CURRENT LIVING ARRANGEMENTS

3. YOUR REASONS FOR NEEDING TO MOVE

4. **WHERE WOULD YOU PREFER TO LIVE?**

Runcorn	
Widnes	
Either	

5. **TIMESCALE (IN WHICH YOU NEED TO MOVE)**

6a. PHYSICAL ENVIRONMENT NEEDS (EG equipment and adaptations currently used or recommended)

6b. DO YOU NEED LEVEL ACCESS ACCOMMODATION?

Yes	
No	

7. **WHAT ARE YOUR COMMUNICATION AND SENSORY NEEDS?**

8. **WHAT SORT OF SUPPORT DO YOU NEED AT NIGHT AND WHY?**

9. **WHAT SUPPORT DO YOU NEED IN THE DAY – ie ARE YOU ABLE TO BE IN THE HOUSE ON YOUR OWN?**

HOUSING COMPATIBILITY ASSESSMENT

1. HOW WOULD THE PEOPLE WHO KNOW YOU BEST DESCRIBE YOU?

2. WHAT ANNOYS YOU (PARTICULARY ABOUT OTHER PEOPLE)

3. MY PREFERENCES REGARDING OTHER RESIDENTS ARE:

Male Only	
Female Only	
Mixed	
No Preference	

AGE:

People around the same age as me	
No preference	

4. MY INTERESTS AND HOBBIES ARE:

5. DO YOU HAVE ANY PETS? (If yes, please specify)

Yes	
No	

Date of Completion: …….

Signature: …….

Designation: ……

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 10th June 2008

REPORTING OFFICER: Strategic Director
Health & Community

SUBJECT: Choosing Health Work Topic Report

1.0 **PURPOSE OF REPORT**

1.1 To present to Healthy Halton Policy and Performance Board the Report on the Work Topic "Choosing Health"

2.0 **RECOMMENDATION**

Members are requested to:

Note and comment on the contents of the report.

3.0 **SUPPORTING INFORMATION**

Background

The Strategic Director, Health & Community secured agreement from the Healthy Halton Policy & Performance Board (HHPPB) on the 13th September 2005, that "Choosing Health" should be selected as a work topic.

A number of meetings have been held with members of the scrutiny topic team in order to scope the report, receive a presentation from the Director of Public Health and discuss the scrutiny review itself.

Production of this report has been delayed as the relevant data was only collected by the Halton & St Helens Primary Care Trust from April 2007. Given at least six months of data was needed to make this work topic viable, the work could only begin in earnest subsequently.

3.1 Health Improvement Policy Context

The attached report sought to assess the likely impact of Choosing Health on health inequalities in Halton. The importance of Choosing Health initiatives is clearly evident by the current emphasis placed on health improvement and prevention but there has also been a

clear government policy shift away from a whole population approach to reducing health inequalities. As a result of this policy shift, the review focussed on potential gains to date that Choosing Health might provide in addressing the health inequalities. This approach will best serve the needs of the Local Area Agreement as well as enhancing the golden thread of health improvement across all service plans.

As a consequence of the need to enhance the links between Choosing Health and LAAs and the need to embed health improvement within commissioning and service provision members of the Work Topic Group recognised the role of Halton Health Partnership in taking this work forward.

4.0 POLICY IMPLICATIONS

4.1 The LAA will need to be reviewed in the light of the proposed recommendations of the review.

Service development processes will need to be directed to enhancing the golden thread of health improvement.

5.0 FINANCIAL/RESOURCE IMPLICATIONS

5.1 It is not possible to specify at this stage whether there will be resource implications.

6.0 OTHER IMPLICATIONS

6.1 None.

7.0 RISK ANALYSIS

7.1 Achievement of the outcome based performance indicators will require service provision to be based around a bespoke approach to improving health and well being.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The approach recommended in this report seeks to enhance health and well-being commissioning and service provision for those most in need.

DRAFT REPORT OF THE

HEALTH SCRUTINY

TOPIC TEAM

ON CHOOSING HEALTH IN HALTON

Executive Summary

In recognition of the health issues prevalent in Halton, the Healthy Halton Policy and Performance Board requested a scrutiny review be conducted of Choosing Health initiatives. These initiatives arose from a government funded programme detailed in a White Paper titled 'Choosing Health Making Healthy Choices Easier'; published in 2004. The essence of this Department of Health document was to drive forward a 21st century approach to prevention and public health. The government identified the following overarching priorities:

- Reducing the numbers of people who smoke.
- Reducing obesity and improving diet.
- Increasing exercise.
- Encouraging and supporting sensible drinking.
- Improving sexual health.
- Improving mental health.

The Choosing Health initiatives reviewed in this report comprise of Halton & ST Helens Primary Care Trust's response to this White Paper. The purpose of this report is to detail the findings of this scrutiny topic which examines the contributions Choosing Health initiatives have made towards improving the health of people in Halton. A review of this nature was felt to be important given that it is believed the targeting of more deprived areas will be key to closing the gap health inequalities within Halton.

The analysis of the results found that 60% of the uptake of initiatives occurred in the top 50% of all Super Output Areas (SOAs) for all interventions. Furthermore, activity for specialist weight management is over 70% uptake and even higher for Health Trainers. In contrast, uptake of complementary therapies was more evenly distributed across all SOAs. This more even distribution can be largely explained by the latter relying on GP referrals, which can come from practices not necessarily found in the most deprived areas. An important consideration to bear in mind when reviewing these figures, is that it was never the intention for Choosing Health initiatives to be targeted at the most deprived communities.

In recognition of the best way to secure lasting improvements, is to place health inequalities within the mainstream of service delivery, thus ensuring that resources are targeted at disadvantaged areas and groups, this scrutiny topic has made the following recommendations:

Recommendation1: That SMT note the findings of the CH scrutiny review and progress to date.

Recommendation 2: That the report be submitted to Halton health Partnership

Recommendation 3: That the Healthy Halton Special Strategic Partnership be responsible for monitoring and evaluating progress to achieving the above recommendations. The SSP may wish to ask the performance sub-group to ensure these actions continue to be addressed in future commissioning.

CONTENTS

INTRODUCTION

AND

EVIDENCE

1 Purpose

The purpose of this report is to set out the findings of a scrutiny topic that examines the effectiveness and contribution 'Choosing Health' (CH) initiatives towards improving the health of people in Halton. CH is a Government funded initiative that supports projects designed to improve the overall health of the population.

2 Introduction

The Strategic Director, Health & Community reported to the Healthy Halton Policy & Performance Board (HHPPB) on the 13th September 2005 and secured agreement that "Choosing Health" should be selected as a scrutiny topic. The report noted the relevance of this topic given the fact Halton is a spearhead area where the gap in health inequalities within the borough, is disproportionately high.

Choosing Health finances have been protected by the PCT, and invested against the Choosing Health investment plan that has previously been shared with HBC. This funding supports a range of projects designed to meet the objectives set out in the plan. Where projects were delayed in starting, any potential underspend has been identified and reinvested in activities and programmes that contribute to Choosing Health outcomes. By focusing on Choosing Health the scrutiny process will be able to evaluate the impact of the Delivery Plan and significant funding for health promotion activities in Halton within the priority targets areas.

The delay mentioned above has also had a knock-on effect with respect to this scrutiny report. In essence, the relevant data has only been collected by the PCT from April 2007. Given at least six months of data was needed to make this scrutiny review viable, the process could only begin in earnest from October 2007.

3 What is health scrutiny?

The Health and Social Care Act 2001 introduced a new power for local authorities to review and scrutinise health issues and services in their area and make reports and recommendations to local NHS bodies on these matters. This new power came into effect on 1st January 2003.

Health scrutiny is part of Halton B C's overall overview and scrutiny (O&S) function the primary purpose of which is to hold the Council's decision-making Executive and certain key partners to account, and to review and develop policy – including carrying out Topic reviews such as this one. The ultimate aim of O&S is to bring about improvements for local people.

A PPB's work programme can be divided into 2 main categories:

- Regular, recurring business that takes place primarily at meetings of the PPB
- Topic-based overview and scrutiny more often progressed through task groups or "Topic teams".

4 Why we chose this area for review?

Improving Health is a key strategic priority for the Council. As a reflection of the challenges ahead, Halton has been offered an opportunity to improve the health of residents by being selected as a Spearhead Area to implement "Choosing Health". A review of the impact of "Choosing Health" in Halton provides a focus on meeting this priority.

Funding from the NHS has been identified to support this government initiative. Choosing Health was published as a White Paper late in 2004 and a Delivery Plan published in March 2005. Government documents place an emphasis on the NHS being responsible for health improvement as well as the treatment of illness.
National and international research demonstrates a significant relationship between these preventable illnesses and diseases with where people live and/or their socio-economic circumstances. This pattern of relationships highlights deprived communities being disproportionately affected. Given resources are scarce there is a strong case for interventions to be directed to areas most likely to address the high incidence of mortality and morbidity (i.e. deprived communities). Whilst the focus for this scrutiny review is the Choosing Health programme, it is not the explicit aim of this programme to target or reduce inequalities in health. The main aim of Choosing Health initiatives is to improve the health of the whole population through personalised approaches, informed choice and working together. As a consequence, it is not clear what impact this will have on decreasing health inequalities. Given that reducing inequalities is a key aim of the Local Area Agreement (LAA) it was felt to be an important area for analysis and review. Hence this report will serve to enhance the linkages between Choosing Health and the LAA and ensure lessons learned from Choosing Health are carried forward.

A number of meetings where held between December 2006 and March 2007. The first of these set the parameters for this scrutiny review and subsequent meetings highlighted areas of concern and key issues as well as receiving a presentation from the Director of Public Health, Halton & St Helens PCT. As a key witness to the Choosing Health scrutiny programme, members had the opportunity to discuss and question the PCT on progress in implementing Choosing Health. The information gathered at these meetings and the issues raised form the basis for this report.

5 Parameters for this scrutiny review

Aim of review

The focus for this review will be to assess the extent to which Choosing Health initiatives and projects have targeted areas of deprivation in Halton.

Scope

The parameters for evaluating Choosing Health initiatives will be as follows:

a) The extent to which Choosing Health monies have had a beneficial effect on the most marginalised and excluded groups and areas.
b) The extent to which initiatives have alleviated barriers and constraints to healthy choices and thus enhanced motivation, opportunities and support available to the individual.

c) To assess whether the projects are partnership based and hence make health everybody's business in order to facilitate health improvement initiatives are treated as part of a whole system.

6 National Context of Choosing Health

Whilst prevention of ill-health has been debated in government circles for sometime, the past five years has been characterised by a significant shift in policy in this area and more importantly the way in which various key policies interact. The origin of this policy shift can be traced back to the Wanless Review.

Derek Wanless' independent review of NHS spending 'Securing our Future: Taking a Long Term View' (2002) put forward a case for promoting health and well-being and tackling inequalities based on financial and economic arguments. He described a 'fully engaged' scenario, in which £30 billion in NHS expenditure could be saved. Wanless predicted that failure to implement such a strategy could cost the public a third more. In his report, Wanless made the following observations:

"People need to be supported more actively to make better decisions about their own health and welfare because there are widespread systematic failures that influence the decisions individuals currently make. These failures include a lack of full information, the difficulty individuals have in considering fully the wider social cost of particular behaviours, engrained social attitudes not conducive to individuals pursuing healthy lifestyles and addictions. There are also significant inequalities related to individuals' poor life styles and they tend to be related to socio-economic and sometimes ethnic differences."

Wanless' review instigated major public sector reform which continues unabated. The first key policy document, the Green Paper – 'Independence Well-Being And Choice', made clear the government's commitment to encouraging "a shift to prevention and integrated delivery across health and social care". This was followed by the White Paper - Our health, our care, our say (OHOCOS), which followed up on this commitment but also highlighted that:

"…where you live has a huge impact on your well-being and the care you receive. These health inequalities remain much too stark – across social class and income groups, between different parts of the country and within communities" (Department of Health, 2005).

As part of detailing what this approach might look like the White Paper used key phrases such as "taking greater control over their health" and "supported to remain independent wherever possible" (Department of Health, 2005). Clearly information would be a key element of the prevention agenda; and hence the White Paper emphasised the need for better, more accessible information available to the public and better sharing of information between Primary Care Trusts and Local Authorities. It also called for a stronger, better defined role for Directors of Public Health in their work with Local Authority Overview and Scrutiny Committees and in contributing to joint reviews of the health and well-being of their populations.

As part of taking forward a programme of prevention work, the White Paper, Choosing Health was published towards the end of 2004. Given this is a cross-Government

strategy, greater harmonisation of approaches to information for health and well-being across Government and between local agencies is one of the desired outcomes of this strategy. Whilst the attention and financial resources given over to prevention in recent years is unprecedented, one of the difficulties facing the prevention agenda and a legacy of previous activity is that the UK spend on prevention and public health has been relatively low compared to that of other advanced economies. The White Paper, OHOCOS made a commitment to addressing this shortfall thus creating an incentive for reform. With such a commitment also comes targets and these have been challenging. For example, the 2002 public service agreement included a target to reduce inequalities in health outcomes by 10% by the year 2010, as measured by infant mortality and life expectancy at birth.

7 Reducing Inequalities in Health

This scrutiny report seeks to explore the extent to which preventative initiatives have had a beneficial effect on areas of deprivation. Whilst it is recognised that this is not the aim of Choosing Health, it is a key requirement of the LAA. Targeting of deprived communities is considered important because failure to do so is likely to result in a widening of inequalities, especially given it is those who have the economic and/or social resources who are most likely to take up opportunities for improving their health and well-being. It should be emphasised that whilst this scrutiny review focuses on initiatives aimed at improving lifestyle choices in areas of poverty and deprivation it is not being suggested that one causes the other. In reality the causal factors are complex.

The importance of reducing inequalities in health is highlighted by the large number of research studies which show a powerful relationship between the gap in life expectancy and local measures of deprivation. In the North West in 2001- 2003, men and women living in the most deprived fifth of areas nationally can expect to live on average 6.8% and 5% respectively less than the average for England and Wales. In contrast, men and women living in the most affluent fifth of areas nationally can expect to live 3-4% longer than the average for the country.

The Choosing Health White Paper Making Healthier Choices Easier (2005) sets out the importance of ensuring that as the country strives to improve its health, a priority must be given to tackling health inequalities so that all groups in society benefit. The White Paper states that inequalities in health are not acceptable and sets out a fundamental aim to create a society where more people, particularly those in disadvantaged groups or areas, are encouraged and enabled to make healthier choices. Clearly, in order to close the gap, the Government must ensure that the most excluded groups and areas in society see faster improvements in health.

The challenge is how to make healthier choices easier choices, without widening health inequalities. This is because more affluent people:

- Usually live in a more hazard free environment, for example children growing up in more affluent areas are at less risk of accidents.
- Are likely to have more control over their lives, including work.
- Have access to wider choices and as a result find it easier to make lifestyle changes.
- Often use services more than those that need them most.

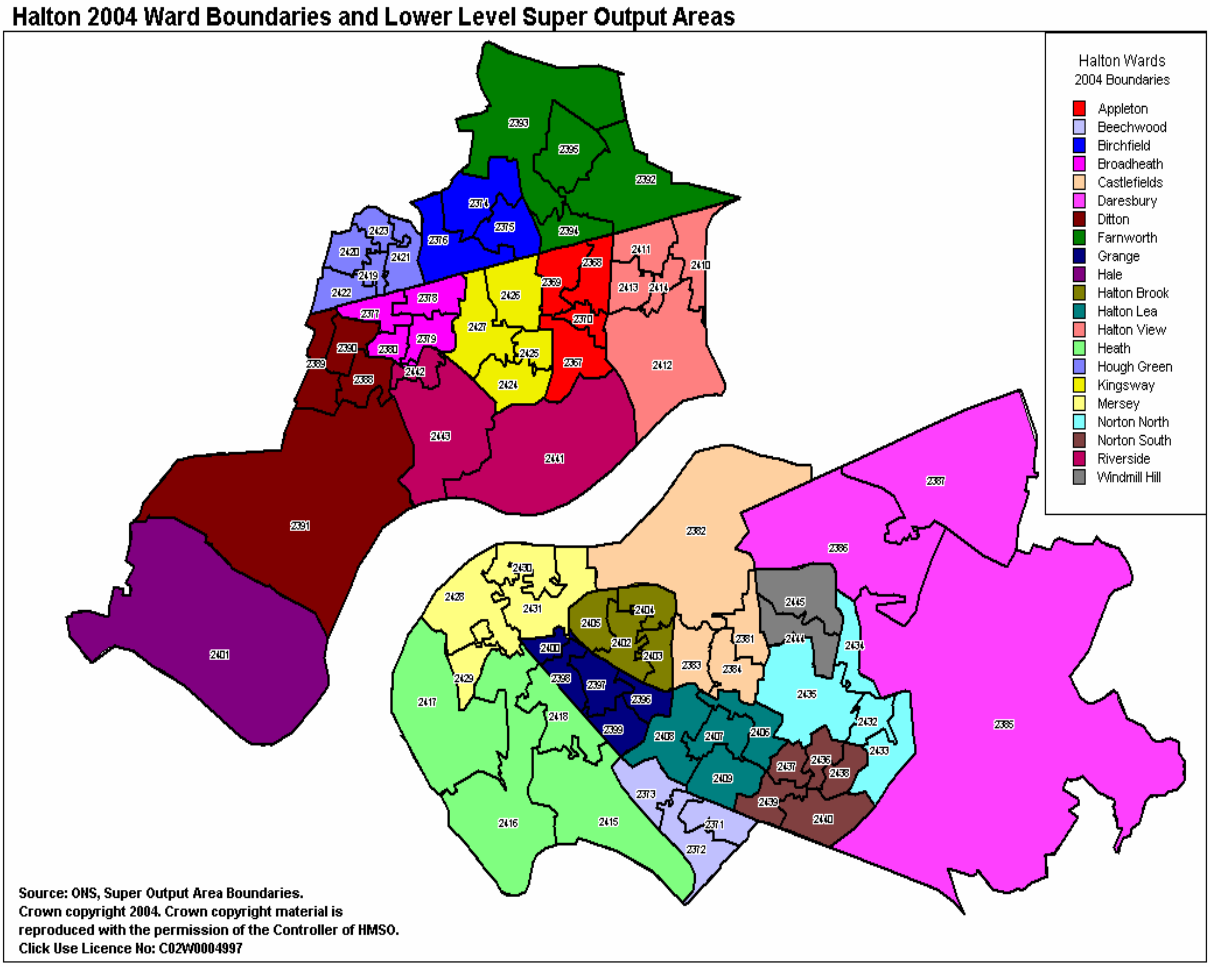
For these reasons, activities aimed at improving the health of the population are more likely to be taken on by more affluent people thereby widening the health inequalities gap. Furthermore, healthy choices are often more difficult for disadvantaged populations given:

- Limits are imposed by income as well as other factors such as education, housing, access to services, green space, employment etc.
- The effect of having less than those around you (relative poverty), a belief that your contribution to society is less valued or under valued and being socially excluded all impact on stress levels which in turn has physiological consequences.

8 Inequalities in Health within Halton

There are national targets to reduce health inequalities. Given the levels of deprivation in the borough they are particularly pertinent to Halton. Whilst maps are available to depict poverty and deprivation at the level of Super Output Area (SOA), unfortunately this information is lacking for the lifestyle choices targeted by the Choosing Health programme. For the map below, green areas have lowest or 'best' rates, and red areas highlight where rates are high, or of concern. As can be seen from the Map 1 below, Halton's most deprived areas are found in the wards of Kingsway, Riverside and Appleton in Widnes, and Castlefields, Halton Lea, and Windmill Hill in Runcorn. These areas are amongst the worst 5% in England. The pattern of health related deprivation within Halton follows a very similar pattern to the overall pattern of deprivation in that Kingsway and Riverside in Widnes, and Castlefields, Windmill Hill and Halton Brook in Runcorn, which suffer highest levels.

Map 1: To show 2004 Ward Boundaries and Lower Level Super Output Areas (SOAs)



The table 1 below highlights these areas in more detail, as these are greatest concern in terms of closing the inequalities in health gap.

Table 1: To show Index of Multiple Deprivation (IMD) within SOA & Ward against National Rank (where Halton 1 is most deprived)

Rank within Halton	SOA & Ward	National Rank where 1 is the most deprived.
1	EO1012424 Kingsway	193
2	EO1012381 Castlefields (South)	345
3	EO1012444 Windmill Hill (west)	380
4	EO1012445 Windmill Hill (east)	508
5	EO1012407 Halton Lea (east)	592
6	EO1012367 Appleton	640
7	EO1012408 Halton Lea (west)	1080
8	EO1012382 Castlefields (north)	1098
9	EO1012403 Halton Brook	1195
10	EO1012441 Riverside	1294

As has already been stated, there is a strong relationship between deprivation and health related problems. The conditions which account for the majority of premature mortality are, however, preventable. Research conducted by the World Health Organisation which demonstrated that 80% of all heart disease, 90% of type two diabetes and one third of cancers can be prevented by addressing the three key lifestyle issues smoking, diet and exercise. To further expand on this relationship, the table in Appendix 1 shows how obesity, smoking, diet and exercise have a significant impact on health. Given this strong relationship, PCTs are making strong efforts to adapt their services accordingly.

Halton & St. Helens PCT was a co-author to a 'Commissioning Strategy' which demonstrated the impact that adopted lifestyles could have:

- One third of all disease burden is attributable to tobacco, alcohol, high blood pressure, cholesterol and obesity.
- The cost of smoking and alcohol harm alone to the NHS is £3.1 billion per year. Applied to Halton, St Helens and Warrington populations this equates to £30.7m per year of potentially avoidable costs.
- In these three PCTs almost one quarter of all male deaths are due to smoking. (Commissioning Strategy, 2006).

It should be emphasised the NHS alone cannot have a sufficient impact on addressing the underlying causes of ill-health. In fact, Halton's Local Strategic Health Partnership has worked together to embed health and health inequalities in the overarching Halton Community Strategy 2006, the Local Area Agreement (LAA) 2007 and a number of jointly developed strategies. That said, the Choosing Health programme is a key element of their delivery responsibilities in this area. Within the Choosing Health Operational Plan 2007, which was agreed by the Halton Health Partnership, each health improvement service has a service plan and outputs against key targets are checked on a quarterly basis. The progress towards implementing this programme assessed below evaluates the effectiveness of support given to local people to lead healthier lives.

9 Progress to date

The Health SSP established a Performance sub group in January 2008. This group has a terms of reference that includes:

- To formulate a strategic vision, priorities and targets for health in Halton in the context of national and local priorities which actively promotes health improvement to address health inequalities and to address the needs of the local community. This will take into account the Community Strategy and Local Area Agreement, Choosing Health, Our Health Our Care, Our say, Every Child matters and shared commissioning arrangements.

- To ensure the development of a commissioning model and investment plan, an understanding of other local health needs, and any available evidence-base.

- To reduce health inequalities through targeted and focussed data and research-driven interventions to support improvement in the most deprived/needy geographical areas and amongst excluded groups within the community.

The draft local area agreement has a number of outcomes areas that compliment those identified in the Scrutiny review including:

- Halton residents will lives longer and healthier lives with a reduced gap in life expectancy.

- Inequalities in mental health and provision of mental health services reduced.

- Older people, vulnerable adults and carers receive the right support at the right time to live independently at home.

- Halton residents, particularly older people, vulnerable adults and carers, will have improved economic, physical and emotional well-being.

With respect to the Joint Strategic Needs Assessment, a thorough analysis has been conducted of health and social care needs to enable an evaluation of service provision and improve commissioning for the longer term. Following a public consultation in July, a final version will be available.

One of the target areas in this report, obesity, has been a key issue in the implementation of the Scrutiny of Healthy Eating report. The dual interventions on the part of the PCT and BC, has facilitated a joined up approach to tackling a complex area as well as maximising the potential for the adoption of healthier lifestyles.

10 Progress in implementing Choosing Health funded projects in Halton

Introduction

The implementation of Choosing Health in Halton has resulted in the following work programme commitments:

1. Action on Diet and Exercise for Obesity.
2. Alcohol interventions.
3. Tobacco Control.
4. Sexual Health services modernisation.
5. Health Trainers (Work in a more comprehensive fashion by providing targeted lifestyle advice towards individuals in areas of greatest need).

6. Workforce development
7. Physical health of seriously mentally ill patients.

Whilst the importance of certain lifestyle factors is recognised given their significant impact on mortality, lifestyle information is unfortunately not readily available at local level on a regular basis. The information of a local nature detailed in this report available has been gathered through either 2001 Health and Lifestyle Survey conducted by North Cheshire Health Authority or Halton Health and Lifestyle Survey 2006.

The easiest method of analysing Choosing Health activity would be to determine whether it is meeting the targets set by government. The PCT produces reports on regular basis and currently all programmes are on target. To assist in the implementation of the LAA, the scrutiny topic group has focussed on whether inequalities in health across Halton are being addressed. This exercise is being conducted in recognition of Choosing Health activities being for the whole of Halton not just the most deprived areas.

Action on Diet and Exercise for Obesity.

Halton's weight management service is a collaborative diet and exercise intervention programme to promote lifestyle behavioural change for weight management and management of long term conditions across the borough of Halton for all adults aged 18 and over. The weight management programme is a patient focused service which addresses some of Halton's Key health concerns by raising the awareness of the physical, psychological and social benefits of exercise for adults. The aims of the service are to prevent ill health, reduce health inequalities, help individuals develop confidence and create long term adherence to exercise, healthy eating, promoting lifestyle change and addresses social isolation.

A factor which has a significant impact on the uptake of activities is the fact that all referrals come from GPs. The above programmes are set up this way as a clinician must assess patient suitability for engagement but a net effect is that individuals are attached to different surgeries not necessarily where they live.

The tables below for Specialist Weight Management (SWM), Fresh Start and Recipe for Health show a similar pattern of 65%, 60% and 55% of activity falling within the first two quartiles. In addition whilst activity for SWM tends to be graduated with those in the affluent (bottom) quartile showing the least activity, activity for Fresh Start and Recipe for health tends to be more evenly distributed in the 3rd and bottom quartile.

Table 2: To show amount of diet, exercise and obesity related activity across the SOAs.

	Specialist Weight Management	**% of Total**
Top Quartile (Ranks 1-20)	259	40.65%
2nd Quartile (Ranks 21-40)	157	24.64%
3rd Quartile (Ranks 41-60)	137	21.50%
Bottom Quartile (Ranks 61-79)	84	13.21%
Total	637	100.00%

	FreshStart	**% of Total**
Top Quartile (Ranks 1-20)	132	32.59%
2nd Quartile (Ranks 21-40)	113	27.90%
3rd Quartile (Ranks 41-60)	77	19.01%
Bottom Quartile (Ranks 61-79)	83	20.50%
Total	405	100.00%

	Recipe for Health	**% of Total**
Top Quartile (Ranks 1-20)	515	30.63%
2nd Quartile (Ranks 21-40)	411	24.44%
3rd Quartile (Ranks 41-60)	413	24.56%
Bottom Quartile (Ranks 61-79)	342	20.37%
Total	1681	100.00%

A key question for the scrutiny process is the extent to which these interventions are impacting on lifestyles. In 2001 the Health and Lifestyle Survey was conducted by North Cheshire Health Authority (NCHA). The survey questionnaire asked respondents to state their weight and height. From this data, a measure of obesity could be derived. Those with a body mass index (BMI) of 25 or over may be considered overweight. A body mass index of 30 indicates obesity. Widnes had the highest proportion of overweight adults, at 53.4%, this compares with 50.8% in Runcorn. Overall, a far lower proportion of respondents indicated by their survey responses that they were obese, with a body mass index of over 30, 15.1% across Halton as a whole. As well as showing similar results the Halton Survey of 2006 demonstrates the trend is increasing quite substantially and that a higher proportion of males are overweight, (63% compared with 50% of females) with highest prevalence amongst males in the 40-64 age band (71%). These trends reflect national trends of increasing overweight individuals and compared to the national figures Halton is not above average for overweight adults.

Whilst the figures in the Halton 2006 Survey shows an improvement in that 46.6% of respondents indicated that they are inactive, this is still a high proportion of residents. Females were more likely to be inactive than men.

With respect to diet there has been a marked improvement. Almost 80% of Halton residents indicated in 2006 that they ate less than the recommended 5 portions of fruit and/or vegetables a day compared to 88% of residents in 2001. Whilst this suggests that the health promotion message about the benefits of fruit and vegetables may be getting through the current level of poor diet is still very high. The age group with the poorest diet is that of men in the 18-34 age group.

Ultimately it is the effect on the levels of coronary heart disease that matters which the above interventions seek to address. Cardiovascular disease, a key improving health target to reduce death from heart disease, stroke and related diseases, has reduced by 39% on the 1995-1997 baseline. This percentage decrease exceeds the percentage reduction experience across both the North West and England as a whole. The gap between mortality rates within Halton and England as a whole has narrowed from 29.5% in 1995-1997 to 23.7% in 2003-5.

Alcohol interventions.

Whilst the Healthy Living Programme (HLP) address alcohol issues through the Health Trainer and MOT checks, it is Health Promotion (HP) that leads on more targeted interventions. HP have made a number of successful interventions to improving the statistics related to alcohol consumption, as follows:

- A pilot initiative has resulted in a reduction in the waiting list from six months to four months. Figures have, however, increased slightly due to extensive marketing of the services within Ashley House.
- In order to improve early identification and treatment for those who attend or are admitted with alcohol problems/concerns, an Alcohol Intervention Specialist is being recruited to be based in the Minor Injuries Unit, Halton General Hospital.
- A wide range of courses have been set up to improve the early identification and treatment of alcohol problems and onward referral which have received a very positive uptake.
- Appropriate care pathways have been designed and implemented.
- Appointment of An Alcohol in the Workplace post who will review existing organisational strategies around alcohol in the workplace starting with PCT Strategy.
- A programme of integrated alcohol harm reduction education will now take place from November 2007.
- Focus Groups have taken place within both primary and secondary schools within a neighbourhood Management Area (Castlefields and Windmill Hill) to identify alcohol related training and support needs as well a range of activities to improve consistency, providing support to young people and training of school nurses.
- Ongoing communication/campaigns to be developed including the targeting young people 18-25.
- Improved communication between health agencies through the development of a directory of local alcohol services together with a portfolio of self-help materials.
- Development of a protocol of joint working between Mental Health and Alcohol services.
- Obesity and alcohol topic training event took place attended by 15 health professionals from a wide range of statutory, voluntary and community agencies with a further course planned.
- Developed a co-ordinated approach to the evaluation of health impact in relation to targeted intervention.

As with the previous section, it is the extent to which these interventions are impacting on lifestyles that is key. Survey respondents were asked four questions regarding their drinking habits. From these responses, it was possible to determine unsafe drinking levels. For men risk categories are defined as: 21 units or less per week ('low'), between 21 and 50 units ('medium'), and more than 50 units per week is deemed 'high' risk. For women the equivalent figures are: 14 units or less ('low'), between 14 and 35 units ('medium') and 35+ units per week 'high'.

Overall, 17.5% of Halton respondents indicated that they drank more units per week than considered safe under these guidelines. This represents an increase on the 2001 figure of 15.7%. Whilst a greater proportion of males drink to unsafe levels, (22.5% compared with 12.4% of females) the proportion of women drinking unsafely has increased considerably from the 6.9% figure reported in 2001, whereas the proportion of

males drinking unsafely has decreased from 24.8% in 2001. Highest rates amongst males are in the 18-39 age-band, and in the 40-64 age-band amongst females.

As may be expected, the younger age group reports highest rates of binge drinking, with 54.1% of males, and 33.2% of females aged 18-39 reporting that they drank more than the recommended number of units per day in the last week. Binge drinking is more prevalent in Widnes, 36.5%, compared with 28.7% in Runcorn.

Tobacco Control

HBC was successful in bidding for a Communities for Health grant to set up smoking cessation sessions with a funding allocation of £100k. The Roy Castle Foundation has been commissioned to run the sessions, which started in June 2007. Post establishment of the infrastructure including recruitment and training of staff and the setting up of groups, there are now successful groups at the following venues:

- Upton Community Centre
- Windmill Hill Surgery
- Castlefields Community Centre
- Palacefields Community Centre
- Windmill Hill Play Centre
- Halton Direct Link
- Murdishaw Community Centre
- Ditton Community Centre
- Halton Direct Link (Runcorn)
- Halton Direct Link (Widnes)

There have been 162 referrals to the service and so far 118 have set quitting dates. Only 2 attendees have relapsed. The project will be reviewed in January by Halton & St Helens PCT and the report made available to HBC.

HP have made a number of successful interventions, as follows:

- All patients offered stop smoking advice & support in all 17 GP Practices in Halton. Approx 20% of patients smoke.
- Specialist service accepts referrals from Health Visitors after their brief intervention.
- 18 Hospital dentists trained in stop smoking activity - Staff trained, resourced and supported; Intermediate Service established.
- Maternity staff trained and working with pregnant mums and their partners as well as referring to Smoking Cessation Specialist Midwife.
- 1 pregnancy and smoking specialist - Person in post; now finalising Guidelines for the Provision of NRT to Pregnant Women.

With respect to the effects such interventions are having the 2001 North Cheshire Health Authority survey showed that the prevalence of smoking amongst Halton residents to be 29.2%. Rates were higher amongst Runcorn residents 31% compared to 27% in Widnes. A slightly higher proportion of females smoked within Halton (29.9%), compared to 28.5% of males. The more recent Halton Lifestyle survey showed prevalence has fallen. In 2001 smoking prevalence was estimated to be 29.2%, in 2006

the survey showed a prevalence of 25.6%; not markedly higher than the national average of 24%.

Finally, Halton successfully implemented the new legislation on smoking in public places through a combined approach in terms of joint funding and workshops for businesses. Both the borough council and the PCT have smoking policies in place. The PCT and the borough council offer free smoking cessation services for staff and local residents through local GPs and specialist smoking cessation services. Halton has consistently reached it's DoH smoking cessation target. As outlined above Halton is now drilling down to decrease smoking prevalence in areas of high deprivation and smoking prevalence via community smoking cessation staff jointly funded by the council and PCT.

Whilst the attempts to reduce smoking prevalence are cause for a degree of optimism, ultimately it is the effect on cancer rates which matters. The link between smoking and cancer is self-evident and smoking related cancers account for the majority of all cancers. Cancer rates for Halton show a 9.7% reduction on the 1995-1997 baseline however, in 2004 rates increased sharply and remained high in 2005, meaning the rate for the current three year period is higher than in previous years, and the gap between Halton and England as a whole has increased since the baseline. In conclusion, this upward trend is related to the long lead in time for lung cancer. The Early Cancer Detection Strategy being put in place should help reduce mortality rates.

Sexual Health Services

In terms of the modernisation of sexual health services, PCTs will be assessed against the 'Recommended standards for sexual health services' which also ask key questions of PCTs. The standards are endorsed by the Department of Health and 'describe what people should be able to expect from a sexual health service'. In the their 'Annual Health Check Public Health Performance Report' the PCT provided answers to these as listed below:

- Does the PCT have in place a strategy to encourage sexual health service uptake, including specific actions to reach population groups who are less well served by, or find it more difficult to access, existing provision?
- Does the PCT have in place a process (e.g. regular audits) to ensure that consistent information about local sexual health service provision is readily available for staff and members of the public, to enable people to access the services they need (ie the most appropriate method of contraception, which could be the pill, condoms, long-acting methods or other methods)?
- Does the PCT have in place a process (e.g. regular audits) to ensure that people have access to clear, accurate and up-to-date contraceptive information and advice?
- Do all PCT-provided or commissioned contraceptive services either provide, or signpost where people can access, free condoms?
- Does the PCT have in place a process (e.g. regular audits) for assessing competencies and training needs for general practitioners providing contraceptive services?

Details of the PCT's response can be found in Appendix 4.

Given the recency of this modernisation process the potential impact on the sexual health of the Halton population is impossible to measure. Recently gathered information shows that this area is cause for concern. For example, the Annual Health Check for 2006/2007 showed underachievement in reducing the under 18 conception rate by 50% by 2010 (from the 1998 baseline), as part of a broader strategy to improve Sexual Health.

The latest information from Department of Health has shown that nationally the percentage of people seen with 48 hours is only 9% below the offered figure. In Halton and St Helens Genito-Urinary Medicine departments this is substantially lower. There is now a push to collect information on appointments offered but not seen within 48 hours to understand our patient's needs. Both GUM departments will be implementing software upgrades to capture this information which will be a future focus for GUM access.

Finally, teenage conceptions figures for the PCT show a stark position with Halton 18% above national baseline and St Helens 15% below baseline. Locally both Halton and St Helens councils alongside the PCTs are collating information locally to try and get a clearer and more up to date picture of the current position and needs. The data analysis is being collated through November 2007and so a full report of the local information will be provided for the January 2008 Board.

Comprehensive Interventions (i.e. Reach for the Stars, Health Trainers & Recharge Reach for the Stars).

Reach for the Stars' provides the over 50s with the chance to improve the health and quality of their lives by encouraging and facilitating the uptake of social and educational activities in the community. Aimed mainly at the socially isolated older person living in any Halton ward, but open to anyone over 50, the service helps to build confidence and self-esteem providing support to help reintegrate clients into the community. The project enables older people to work as volunteers in three ways: to buddy other older people into education and social activities, to work as peer health mentors or to sign post other older people to services. It attempts to inspire clients to learn new skills, meet new people and be healthier, happier and live longer. *Reach for the Stars* was shortlisted for the prestigious Health & Social Care Awards in 2007 under the Dignity and Care of Older People category.

As demonstrated in the table below 74% of activity takes place in the top two quartiles. The balance of the activity is distributed evenly across the bottom two quartiles.

Table 3 to show activity related to Reach for the Stars against SOA.

Rank (1 is most deprived)	**RftS**	**% of Total**
Top Quartile (Ranks 1-20)	194	31.44%
2nd Quartile (Ranks 21-40)	263	42.62%
3rd Quartile (Ranks 41-60)	76	12.31%
Bottom Quartile (Ranks 61-79)	84	13.63%
Total	617	100.00%

The Health Trainer service launched in April 07 and receives referrals from a variety of sources including self-referrals. The service is for people who would like to adopt

healthier lifestyles around the key *Choosing Health* topic areas as follows, smoking cessation, physical activity and healthy eating, sensible drinking, mental health, sexual health and builds on the legacy of Reach for the Stars to include social and educational activities. Fully trained Health Trainers are a practical resource to link people into local opportunities to achieve their personal health goals. Health Trainers are based in the community procuring referrals as well as responding to referrals made by GP practices. The Health Trainer Programme is staffed by local people and offers personalised advice. This programme started in 2006 with Health Trainer leads attaching themselves to the Neighbourhood Management Areas.

Health Trainer activity, as with Reach for Stars again shows high levels in the top and 2nd quartiles at 75%. In addition there is a more significant tapering off of activity with those people living in the affluent areas showing very low uptake.

Table to show activity related to Health Trainers against SOA.

	Health Trainers	**% of Total**
Top Quartile (Ranks 1-20)	142	44.24%
2nd Quartile (Ranks 21-40)	100	31.20%
3rd Quartile (Ranks 41-60)	59	18.38%
Bottom Quartile (Ranks 61-79)	20	6.18%
Total	321	100.00%

Recharge provides a relaxed, supportive environment for carers and people with/recovering from serious health conditions to participate in arts, gentle exercise, healthy eating and complementary therapies. These activities provide a model for healthy choice and have been designed specifically for people with ongoing serious health conditions e.g. cardio-pulmonary, MS, COPD, Cancer and others. Many of the people who attend are older, isolated and have problems with confidence and/or mental health difficulties. The activities provide opportunities to both sample healthy options and provide ongoing support. These sessions also provide a connection with others and a sense of community. Recharge provides opportunities for people post- rehab to ensure they remain active and integrated.

Recharge activity is similar to that of Health Trainer and Reach for the Stars in that the vast majority of residents who access this service are from more deprived areas. There is, however, an important difference in that a higher proportion of residents access this service from affluent parts of the neighbourhood.

Table to show activity related to Recharge against SOA.

	Recharge	**% of Total**
Top Quartile (Ranks 1-20)	132	29.37%
2nd Quartile (Ranks 21-40)	149	33.40%
3rd Quartile (Ranks 41-60)	74	16.59%
Bottom Quartile (Ranks 61-79)	91	20.64%
Total	446	100.00%

Given the comprehensive nature of these two projects, outcomes are best determined through measures such as self-esteem, sense of well-being, confidence etc. It is still possible, however, to see numerous measurable benefits to Choosing Health targets. An

example of the latter is reflected in Health Trainer research which clearly demonstrates physical and mental health benefits (e.g. in a 2 month period out of 24 people educated about cancer recognition 3 people recognised with non malignant lumps, 2 with cancer and 1 currently investigated).

Workforce development

Health Trainers are a new public heath workforce for England. The national competencies for HTs were set by Skills for Health and the British Psychological Society. Each NHS HT has been awarded with a specifically designed City and Guilds VRQ level 3. Professional supervision for this new workforce comes from Health Psychologists public health trainers or community development specialists. In addition retaining full competency is ensured by links to clinical governance (NICE Guidance). The professional registration of Health Trainers is being proposed within "Trust The Regulation Of Health Care Professionals (DH 2007)

People with mental health problems

There are now 2 Serious Mental Illness nurses in place to work with mental health patients in Halton on their physical health.

From a more preventative perspective, the HLP has established complementary therapy projects as part of improving a sense of well-being. The Complementary Therapy referral pathway is via a medical professional for clinical governance needs. However the parameters have expanded this year to include long-term conditions and mental health with cross referral pathways within the psychological team. The criteria for referral are individuals with or recovering from long-term conditions, mild to moderate mental health difficulties and more serious mental health problems. In comparison to the interventions described so far, complementary therapies show a more even distribution across the borough.

Table 4: To show level of mental health improvement activities against SOA.

	Complementary Therapies	**% of Total**
Top Quartile (Ranks 1-20)	314	23.34%
2nd Quartile (Ranks 21-40)	325	24.16%
3rd Quartile (Ranks 41-60)	354	26.31%
Bottom Quartile (Ranks 61-79)	352	26.19%
Total	1345	100.00%

The recently agreed Mental Health Promotion & Social Inclusion Strategy & Framework for Action 2007, has put in place a 4-year action plan, the key strategic priorities being as follows:

In Year 1 -

- To build strong partnership working between all stakeholders.
- To promote a joint sense of ownership of the key 'health promoting' priorities for each setting, as listed in the 'Framework for Action'.
- For Champions to forge links with agencies working across relevant key settings, and to evaluate 'collective progress' in delivering health promoting activities

independently of one another, in accordance with the goals laid out in the 'Framework for Action', using a stocktaking process.
- For Standard One Leads to facilitate spring and autumn stock takes with stakeholders, and to demonstrate continued progress in attaining goals as laid out in the 'Framework for Action'.

In Year 2; 3 & 4 -

- For stakeholder organisations to devise a year on year action plan to focus efforts to attain goals laid out in the 'Framework for Action'.
- For stakeholder organisations to pick up action(s) as agreed in the year on year action plan, and to evidence satisfactory progress towards attaining the action(s) at year-end. For stakeholder organisations to agree allocation of joint funding for promotion activities, and for this funding allocation to increase each year until year 4.
- At the end of year 2 - the Standard One Leads will review the strategy, to determine how effective the strategy is proving to be in terms of attaining goals laid out in the 'Framework for Action'.

The need for this strategic approach and the importance of interventions in this area is demonstrated by the mental health statistics for Halton as the follows:

- Halton has a high incidence of mental health problems when compared against similar LAs, regionally and across England and Wales.
- Hospitalised Prevalence of mental illness is far higher in Halton than that of Warrington, St Helens and Knowsley.
- As with other mortality and morbidity data there is a strong correlation between hospitalised mental illness and deprivation, with the prevalence of hospitalised mental illness increasing in areas of high deprivation.
- Approximately nine out of ten adults with mental health problems, and one quarter with severe mental health problems receive all their support from primary care. The most common mental health problems presenting in Primary Care are depression, eating disorders and anxiety disorders and therefore preventable.
- Although things are improving Halton still only provides less than 1 hour of counselling per week per 1000 people in the population rather than the recommended 4 ½ hours per week.

FINDINGS

AND

RECOMMENDATIONS

11 Analysis and evaluation

As part of informing the implementation of the LAA, the intention of this scrutiny review is to assess the extent to which Choosing Health are targeting areas of deprivation and to identify areas for learning. It has been suggested that unless activities are specifically targeted to those living in poorer areas then the affluent sections of the population are more likely to take advantage of these opportunities.

Fortunately evidence arising from the data suggests that in the vast majority of cases the uptake has been from people living in more deprived areas. Analysis of the results shows that current intervention activity level is at 60% in the top 2 quartiles across all interventions. Furthermore, activity for the specialist weight management is over 70% and even higher for Health Trainers. It is the complementary therapies which are lower the average of 60% as here the uptake is more equally distributed. This is because complementary therapies rely on GP referrals which can come from practices not necessarily in those top 2 quartiles.

As had been implied above, in comparing the uptake across different programmes important differences arise. For example, the Health Trainer activity is highly graduated with very few people participating from affluent areas of the borough and to a lesser extent this also applies to Recharge. The same cannot be said for the other initiatives with significant proportions of the population from less deprived areas accessing health improvement interventions. Whilst it is recognised that Choosing Health has purposely been made available to the whole of the population, in keeping with DH guidance, it would still be useful to explore this differential uptake. The importance of targeting future initiatives is underpinned by recent local indicators which show a widening in health inequalities. Hence, such further analysis would help in targeting other health improvement initiatives; including the targeting of initiatives to communities of interest whose health inequalities are not necessarily determined by socio-economic factors.

Ensuring initiatives are effectively targeted is not simply a matter of geography. There is a wealth of evidence to suggest it is the quality of the interactions between individuals, communities and their social and economic contexts that determine health status. This supports an approach which adopts a life course approach and hence acknowledges the importance of the cumulative effects and risks, connections being explored between social, environment and economic and the net effects these can have through psycho-social factors like stress.

In keeping with this research, the most recent government report from the Social Exclusion Unit states that in a consultation the unit found one fifth of respondents argued mental health services should have a social approach to mental health rather than a medical one. Halton has many projects which offer socially focused solutions. These include work in the statutory and voluntary sector on projects such as Good Neighbour, Time for Me, The Carers Sanctuary, Arts for Health and Reach for the Stars.

The case for ensuring the approach utilised in such projects being applied to all health improvement initiatives is highlighted by the work of Mawle who challenges the ‘personal choice’ perspective. In contrast to ‘choice’ being the key issue for improving public health he argues that there are wider range of determinants outside individual control which have an impact on health and well-being (Mawle, 2005). The significance of this point has not been lost on the government who acknowledge in the OHOCOS that it is harder for disadvantaged sections of the population to make healthy choices.

As part of addressing and responding positively to this context, interventions need to address these wider determinants in order to create better conditions for disadvantaged people and reduce the barriers to individual behaviour change. Such wider determinants should include aspects of social status and social position as well as the following:

- Involvement and valuing of the involvement of people from disadvantaged groups in identifying solutions and planning services through building on positive aspects of the local community.
- Supporting individual and community empowerment in the provision of all services, especially for disadvantaged people.
- Provide services that are holistic and centre on solutions as users perceive them.

Whilst the success of this approach is clearly evident in existing health improvement interventions, the lessons of these successes need to be carried through to the LAA.

12 Conclusion

Whilst there has been a plethora of national initiatives targeted at reducing health inequalities, there is increasing recognition that the best way of securing lasting improvements is to place health inequalities within the mainstream of service delivery, ensuring that resources are targeted at disadvantaged areas and groups. Such a strategic approach will require bold action on behalf of the PCTs. Support from partner organisations will be critical too. We know that the NHS alone cannot have a sufficient impact on addressing the underlying causes of ill-health. We must therefore find ways to build on the current work with partner organisations, particularly local authorities, so that together we can support local people to lead healthier lives.

In conclusion, with respect to the parameters set for evaluating Choosing Health initiatives, in the light of the information provided in this report it is possible to make the following recommendations:

Recommendation1: That SMT note the findings of the CH scrutiny review and progress to date.

Recommendation 2: That the report be submitted to Halton health Partnership

Recommendation 3: That the Healthy Halton Special Strategic Partnership be responsible for monitoring and evaluating progress to achieving the above recommendations. The SSP may wish to ask the performance sub-group to ensure these actions continue to be addressed in future commissioning.

APPENDIX 1

(Extracted from Halton & St Helens & Warrington PCT's Commissioning Strategy)

Lifestyle factors probably account for most premature deaths from coronary heart disease or strokes, as well as about half the years of life lost from premature cancer deaths.					
	Heart disease	Cancers	Respiratory disease	Diabetes	Musculo-skeletal conditions
Diet/obesity	Diet explains at least half of coronary heart disease (CHD) deaths (high cholesterol alone accounts for about 26% of CHD deaths).	Obesity and physical activity result in about 10% of all cancers. Dietary factors account for 25% of years of life lost due to cancer.	Being overweight or obese is a risk factor for obstructive sleep apnoea.	Being overweight or obese increases the risk of type 2 diabetes (relative risk of 42.1 for men and 93.2 for women for BMI >/= 35).	Obesity is a risk factor for degenerative joint disease.
Smoking	More than half (57%) the deaths from ischaemic heart disease in adults aged 35-54 are due to smoking. Smoking accounts for 10% of years of life lost due to CHD.	30% of years of life lost from cancer are due to smoking. Almost all deaths from cancer of the lung (85%) or oesophagus (70%) are due to smoking.	Almost all deaths from chronic obstructive lung disease are due to smoking. Smoking in parents contributes a 50% increased risk of childhood asthma.		3-4 times risk of degenerative disc disease. Double risk of rheumatoid arthritis in women.

Physical activity	Physical inactivity approximately doubles the risk of dying from coronary heart disease. Only 37% of men and 25% of women in the UK take adequate amounts of exercise.	Physical activity has a protective effect for colon cancer (most active people have a 40-50% lower chance of colon cancer than the least active. Reduced risk of breast cancer in post-menopausal women (30% reduction in risk).		Lowers the risk of developing type 2 diabetes by increasing insulin sensitivity.	Reduces falls by 20% and also protects against osteoporosis.

Alcohol	Heavy drinkers have a higher mortality from coronary heart disease (moderate drinking may be protective). It was estimated that in 1996 there were approximately 75,000 years of life prematurely lost due to alcohol consumption. Binge drinking is associated with greater risk of death from myocardial infarction (heart attack).	Heavy drinking increases the risk of upper gastro-intestinal cancers, and probably of breast and colorectal cancers.			

APPENDIX 2

Annual Health Check Public Health Performance Report

November 2007

1 Introduction

The Annual Health Check for 2006/2007 showed underachievement of targets for

- Reducing the under 18 conception rate by 50% by 2010 (from the 1998 baseline), as part of a broader strategy to improve Sexual Health and

- Substantially reduce mortality rates by 2010 from heart disease and stroke and related diseases by at least 40% in people under 75, with a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole.

This report aims to give some context to the data and provides text to explain reasons for any perceived under or over performance. The report will concentrate on the sexual health broader strategy, the element of the heart disease and stroke mortality target that the PCT failed upon and the new Obesity target to comply with NICE 43 guidance.

A table summarising performance for 2006/2007 and performance to date is attached.

Target: Reducing the under 18 conception rate by 50% by 2010 (from the 1998 baseline), as part of a broader strategy to improve Sexual Health and specifically the performance indicators of:

2 Access to GUM Clinics – broader strategy to improve sexual health

The PCT target for GUM is to ensure that 100% of people contacting GUM services are offered an appointment with 48 hours and this needs to be achieved by March 2008.

A PCT resident base LDP plan for 2007/08 shows that up to August 2007 that 98.7% of our residents were offered an appointment with 48 hours this was against a planned target of 72%. The proportion seen with 48 hours dropped to 79% against a plan of 67%. This data gives the PCT a more accurate and up to date monitoring of the throughput in GUM and access to GUM services than the Health Protection Audit which was carried out quarterly throughout one week.

Table 1: August 2007 UNIFY data for access to GUM

GUM department/Resident data	Percentage offered an appointment with 48 hours	Percentage seen with 48 hours
Halton GUM	99.1%	73.5%
St Helens GUM	99.4%	78.5%
Halton and St Helens Residents	98.7%	79%
LDP plan	72.2%	67.2%

GUM access times have therefore improved since last year in both the clinics in Halton and St Helens when our year-end 2006/2007 figure was only 63%.

The latest information from Department of Health has shown that nationally the percentage of people seen with 48 hours is only 9% below the offered figure. In Halton and St Helens GUM departments this is substantially lower. There is now a push to collect information on appointments offered but not seen within 48 hours to understand our patient's needs. Both GUM departments will be implementing software upgrades to capture this information which will be a future focus for GUM access.

2 Access to reproductive health services

Ensuring wide and appropriate access to reproductive health services for the sexually active population is vital to the successful delivery of any local strategies to improve sexual health, and will in turn help to deliver national objectives for improved sexual health.

In November 2004, the Government published the white paper 'Choosing Health: Making Healthy Choices Easier'. The white paper highlights that the provision of contraception is an essential health care service and plays a pivotal role in protecting against both unplanned pregnancies and sexually transmitted infections (STIs). Both 'The national strategy for sexual health and HIV commissioning toolkit' (Jan 2003) and the Department of Health commissioned and endorsed 'Recommended standards for sexual health services' (March 2005) also highlight the importance of provision of open access services that offer the full range of contraceptive methods.

Chlamydia is the most common sexually transmitted infection (STI) and there is evidence that up to one in 10 young people aged under-25 may be infected. It often has no symptoms, but if left untreated can lead to pelvic inflammatory disease, ectopic pregnancy and infertility. Chlamydia is very easily treated.

The national chlamydia screening programme (NCSP) has a community focus and concentrates on opportunistic screening of asymptomatic sexually active men and women under the age of 25 who would not normally access, or be offered a chlamydia test, and focuses on screening in non-traditional sites (youth services, military bases, universities, contraception services, primary care).

3 Construction:

This is a two-part composite indicator, each part carrying equal weight. Results for parts one and two will be combined to give a single overall score.

4 Part one - access to contraception:

PCTs will be assessed based on their responses to the following questions, linked to the 'Recommended standards for sexual health services. The standards are endorsed by the Department of Health and 'describe what people should be able to expect from a sexual health service' (ref 'Recommended standards for sexual health services' p6):

1) Does the PCT have in place a strategy, (sufficiently recent to take account of the 'Recommended standards for sexual health services' document published in March 2005,) to encourage sexual health service uptake, including specific

actions to reach population groups who are less well served by, or find it more difficult to access, existing provision? (ref 'Recommended standards for sexual health services', standard 4 and standard 4, paragraph 21)

The current strategy is managed by HBC. The PCT has a draft strategy that is being developed and is planned for completeion by April 2008. The strategy has been influenced by a health needs assessment which is nearing completion. Information on service users is currently being collected and will help to influence the strategy further.

2) Does the PCT have in place a process (e.g. regular audits) to ensure that consistent information about local sexual health service provision is readily available for staff and members of the public, to enable people to access the services they need (ie the most appropriate method of contraception, which could be the pill, condoms, long-acting methods or other methods)? (ref 'Recommended standards for sexual health services', standard 4, paragraph 22

A review of sexual health information resources will take place between January and March and recommendations for development of sexual health information

3) Does the PCT have in place a process (e.g. regular audits) to ensure that people have access to clear, accurate and up-to-date contraceptive information and advice including:

- Discussion of evidence for the relative effectiveness of available methods, how they work, how to use them, risks and benefits, any common side-effects, and return to fertility after discontinuing use
- Clear accurate and up-to-date information leaflets for each method of contraception, to supplement verbal advice
- A range of leaflet formats, such as written, pictorial and audio, and versions which are culturally appropriate and in relevant languages for the local population
- (ref 'Recommended standards for sexual health services', standard 7, paragraph 7 and standard 7, paragraph 8)

A review of leaflets was undertaken last year and the services provided information using nationally recognised leaflets produced by Family Planning Association. This again needs to be reviewed to ensure that the information is available in the correct format for our population. The data from the health needs assessment on user views will help to inform improvements. This will be unbdertaken as part of the audit planned for point 2.

4) Do all PCT-provided or commissioned contraceptive services either provide, or signpost where people can access, free condoms?
(ref 'Recommended standards for sexual health services', standard 7, paragraph 12)

Condoms are available through contraceptive services as well as GP practices signed up through health promotion and through young peoples services via teenage pregnancy C-Card scheme.

5) Does the PCT have in place a process (e.g. regular audits) for assessing competencies and training needs for general practitioners providing contraceptive services:

- that ensures that access to the full range of contraceptive methods are offered?
- that defines minimum training standards for all practitioners providing (general) contraceptive services within the PCT patch?
- that includes a strategy to define, assess and support training requirements for long-acting reversible contraceptive methods? [ref 'Recommended standards for sexual health services', standard 7]

The PCT as part of the health needs assessment is undertaking an audit of sexual health skills and training within GP practice. This will inform future practice and training requirements as well as setting minimum standards.

5 Part two - Chlamydia screening:

The delivery of Chlamydia Screening for Halton and St Helens was part of a tender process which was completed in April 2007 and was awarded to Terrance Higgins Trust and signed off by the Board in June 2007.

Staff were appointed and began operating towards the end of July. After 6 weeks co-ordination and development the first screens took place in September in time for the college fresher fairs. By the end of September after 3 weeks of screening 181 young people had been screened for chlamydia. This is 0.5% of the 15 to 24 population.

Despite this being an excellent start Terrance Higgins Trust (THT) need to develop a robust plan to ensure that the PCT hits the target to screen 5736 youg people by March 2008.

In order to achieve this target THT would need to ensure that 232 young people are screened per week over the next 6 months. As commissioners of the service the PCT has set up quarterly performance monitoring meetings and have requested an action plan from THT to describe how they plan to meet the target. We have also had some interest from general practice in supporting the screening programme and will be working through an enhanced scheme for GPs to contribute to this target.

Teenage conceptions figures for the PCT show a stark position with Halton 18% above baseline and St Helens 15% below baseline. Locally both Halton and St Helens councils alongside the PCTs are collating information locally to try and get a clearer and more up to date picture of the current position and needs. The data analysis will be collated through November and so a full report of the local information will be provided for the January Board.

Target: Substantially reduce mortality rates by 2010 from heart disease and stroke and related diseases by at least 40% in people under 75, with a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole and specifically the performance indicators of:

6 Practice Based Registers

This is the only part of the heart disease indicator that the PCT has failed on. In terms of progress to reduce mortality from heart disease the PCT has made good progress. Cardiovascular disease, a key improving health target to reduce death from heart disease, stroke and related diseases, has reduced by 39% on the1995-1997 baseline.

This percentage decrease exceeds the percentage reduction experience across both the North West and England as a whole. The gap between mortality rates within Halton and England as a whole has narrowed from 29.5% in 1995-1997 to 23.7% in 2003-5.
The establishment of registers of at risk patients in all practices is a standard in the National Service Framework for Coronary Heart Disease: 'general practitioners and primary health care teams should identify all people at significant risk of cardiovascular disease, but who have not yet developed symptoms and offer them appropriate advice and treatment to reduce their risks'. The local reviews by the Commission for Health Improvement (CHI) and Healthcare Commission have found implementation to be patchy. Primary care teams will be better able to offer systematic care to all patients to maximise their quality of life, to minimise their incidence of disease, and to predict future service requirements if they have an effective means of identifying (and intervening with) patients at risk - registers are the means by which these patients will be identified.

Effective disease prevention in at risk patients will make an important contribution to the overall public service agreement (PSA) mortality target. In previous years risk registers have been based on identifying patients with a greater than 30% risk of CHD over the next ten years. Recent guidance from the National Institute for Health and Clinical Excellence (NICE) and from the Joint British Societies suggests the threshold for at risk patients should be a 10-year cardiovascular (CVD) risk of 20% or greater (which equates to a 10-year CHD risk of 15% or greater). The expectation, therefore, is that plans and performance in 2007/2008 will have moved to the 20% CVD risk model.

7 PCT position

The Annual Health-check target is for all practices to have PCT validated registers of patients at risk of CHD by March 2008. As of March 2007 the planned figure was 29. However, the actual number of practices was 21. Therefore the aim is for all 51 practices to be actively managing CHD at-risk registers by March 2008.

The development of the registers have been facilitated in St Helens via an enhanced scheme, this has not been the case in Halton. Therefore, following the formation of the new PCT, the St Helens scheme was reviewed by the commissioning team and demonstrated a significant improvement to baseline in the numbers of patients being identified and managed as a result of the scheme implementation. Subsequently, the review informed the decision to roll out across all practices. The enhanced scheme report was also fed into the PCT enhanced scheme review which was undertaken.

The review informed the development of a business case and this is due to go to Management Executive on the 10th December and following this to the LMC. If approved, all practices will be invited to participate in the scheme.

Target: Tackle the underlying determinants of ill health and health inequalities by halting the year on year rise in obesity among children under 11 by 2010 (from the 2002/2004 baseline) in the context of a broader strategy to tackle obesity in the population as a whole and specifically the performance indicator of:

Obesity: compliance with NICE Guidance 43
Obesity is responsible for more than 9,000 premature deaths per year in England. Obesity is also associated with many illnesses and is directly related to increased mortality and lower life expectancy. Prevalence of obesity has trebled since the 1980s,

and well over half of all adults are either overweight or obese, the Department of Health suggest almost 24 million adults. This indicator focuses on the broader strategy to tackle obesity. As a key priority of the white paper 'Choosing health: making healthier choices easier' (Department of Health, 2004), tackling obesity is a national priority. Obesity in adults is an important risk factor for a number of chronic diseases such as heart disease, stroke, some cancers, and type 2 diabetes. In addition, obese people are more likely to suffer from a number of psychological problems such as low self-image and confidence, social stigma, reduced mobility and a poorer quality of life. It is estimated that obesity already costs the NHS directly around £1 billion a year and the UK economy a further £2.3 to £2.6 billion in indirect costs. It has been estimated that, if the present trend continues, by 2010 the annual cost to the economy would be £3.6 billion a year (National Audit Office, Healthcare Commission and Audit Commission, 2006)

In December 2006, NICE published national guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children in England and Wales. This guidance aims to stem the rising prevalence of obesity and diseases associated with it; increase the effectiveness of interventions to prevent overweight and obesity and improve the care provided to adults and children with obesity. The guidance states that the clinical management of obesity cannot be viewed in isolation from the environment in which people live and thus all NHS provider services have a role to play in halting the rise of obesity.

The workplace may have an impact on a person's ability to maintain a healthy weight both directly, and by providing healthy eating choices and opportunities for physical activity, and indirectly, through the overall culture of the organisation. Taking action may result in significant benefit for employers as well as employees (NICE 2006).

8 Construction

Trusts will be assessed on the plans they have in place to meet key recommendations applicable to NHS trusts set out in NICE clinical guideline 43: 'Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children' as at 31st March 2008.

Trusts will be assessed based on their response to the following question:

In line with NICE clinical guideline 43, ref 1.1.2.2 and 1.1.6.2, does the trust, in their role as an employer, have plans in place for the development of public health policies to prevent and manage obesity, which follows existing guidance and the local obesity strategy?

In deciding whether to respond yes or no to the above question, trusts may find it helpful to consider the audit criteria published by NICE with the clinical guidance number 43 in December 2006. The objective of the audit is to assist health services to determine whether they are implementing the guidance.

9 PCT Position

A review of NICE guidance 43 has been undertaken and an action plan developed to ensure that the PCT meets it's responsibilities in relation to this obesity guidance. The recommendations within the NICE guidance focus on the PCT as an advocate employer for healthy workforce in relation to obesity. This includes ensuring prevention

of obesity is a priority strategically, that policies are in place within the workplace to prevent and manage obesity and promote physical activity. The action plan identifies clear responsibility for the development of programmes and policies to ensure the PCT is compliant with the guidance.

The development of the workplace Active Workforce Programme funded through Sport England programme has allowed the PCT to work with partner organisations to improve uptake of physical activity within the workplace and therefore means that the PCT is already meeting part of the NICE guidance. The programme includes lifestyle health checks, activity sessions, pedometer challenges, health information, instructor qualifications and infrared stair monitors.

10 Public Health Performance Report on Cancer Inequalities, Early Detection and Prevention Strategy

Cancer Inequalities Early Detection and Prevention Strategy and Action Plan
Why a cancer inequalities strategy?

- Approximately 40% of cancer deaths are preventable
- Cancer rates are higher than the rest of England (death rates in MCCN are 14.7% higher than England for men and 14.3% higher for women)
- Local survival rates are broadly comparable to national rates
- Bladder cancer is becoming more common
- Lung cancer, one of the most unequal cancers, is rising among women
- For colorectal cancer, local women are more likely to present with late-stage disease, and have lower chances of survival than women the rest of England
- Melanoma is increasing and affluent people tend to survive longer

The PCT is part of a cancer network project that began in April 2007, to reduce cancer inequalities, improve early detection of cancer and enhance survival. The Cancer Task Force endorsed this project at its meeting on October 17th. The project has identified six key cancers where inequalities are most marked. These are Lung, Bowel, Bladder, Skin, Cervix, and Breast Cancer. An important workshop is being held this month to agree a detailed two-year plan to address them in the eight PCTs. The plan will include:

- what can be done to make the most of current good work such as the new bowel cancer screening programme and the lobby for sun bed controls;
- specific recommendations for NHS commissioners on how to improve performance in other screening programmes;
- clear plans for the effective use of social marketing approaches to encourage early detection and awareness of the possibility of cure for cancer
- assessment of the most effective balance between actions to prevent cancer and those that will lead to earlier diagnosis.

The two year action plan will be launched at a North West event in January 2008, with the national cancer czar, Mike Richards, present.

Halton and St Helens PCT host one of two Healthy Community Collaborative sites where local work is being done to reduce cancer inequalities and improve early detection of cancer. A new Cancer Screening Oversight Group has also been formed serving Halton and St Helens with Warrington and Knowsley PCTs. This group will make sure that we reduce inequalities in screening coverage and implement the bowel screening programme successfully. For the first time, the number of people never screened will be used as a performance measure.

APPENDIX 3

Appreciative Inquiry?

Department of Health, Choosing Health.

Department of Health, (2005) Independence well being and choice. London: HMSO.

Department of Health, (2005) Our health, our care, our say. London: HMSO.

Halton Borough Council, (2006). Halton Health and Lifestyle Survey

Halton Primary Care Trust, St Helens Primary Care Trust & Warrington Primary Care Trust, (2006). Commissioning Strategy 2006/7 – 2013/14. Version 11 – 24th January 2006

Mawle, A. (2005) Choosing Health – or losing health? Public Health Policy. Health Matters Issue 59.

North Cheshire Health Authority (2001) Health and Lifestyle Survey

Wanless, D. (2002) 'Securing our Future: Taking a Long Term View'. HM Treasury.

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 10 June 2008

REPORTING OFFICER Strategic Director, Health and Community

SUBJECT: Services for younger adults with dementia

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Topic review was chosen to enable a review the commissioning and service provision in Halton for younger adults (age under 65) who develop dementia, so as to establish an agreed approach and model across all key stakeholders.

2.0 RECOMMENDATION: That the terms of reference for the topic be agreed

3.0 SUPPORTING INFORMATION

3.1 Why was this topic chosen?

In recent years there has been a noticeable increase in the number of younger adults in Halton requiring social care supports because they have developed some form of dementia, and particularly in dementias related to alcohol use. In general the prognosis for this group of people has not been good and they have required a considerable level of care and support. There are no specialist services for this group of people in Halton, no work has been done locally to map the extent of future need and currently there is no consistent commissioning approach to this condition. In addition there are no specific support networks for families and carers of people affected by these conditions.

This topic has a specific focus on the health needs of the local population and will therefore contribute significantly towards meeting the Council's key strategic priorities.

3.2 Key outputs and outcomes sought:

- A full and detailed analysis of the current extent of the development of dementia amongst younger adults in Halton
- An understanding of the extent of future need in Halton, informed by local, national and international research
- To establish whether there are any preventive or early intervention approaches that could reduce the burden and impact of these conditions on local residents

- An analysis of national best practice and the extent to which this can be delivered locally
- An agreed commissioning plan across all key stakeholders for this group of people
- The development of support networks for carers and families of people affected by these conditions

3.3 Which of Halton's 5 strategic priorities are addressed by this topic, and the key objectives and improvement targets it will help to achieve:

A Healthy Halton:

Key Objective A: to understand fully the causes of ill health in Halton and act together to improve the overall health and well-being of local people

Key Objective D: to reduce the burden of disease in Halton by concentrating on lowering the rates of cancer and heart disease, mental ill health and diabetes and addressing the health needs of older people.

Nature of expected/desired PPB input:

Member-led review of the needs of younger adults with dementia.

Preferred Mode of operation:

- Analysis of the extent of local need, involving all key stakeholders
- Review of local current provision for younger people with dementia
- Benchmarking with comparator local authorities and known areas of good practice
- Field visits to areas of best practice

REPORT: Healthy Halton Policy and Performance Board

DATE: 10 June 2007

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: Healthy Halton PPB 2007/8 Annual Report

WARDS: Boroughwide

1.0 PURPOSE AND CONTENT OF REPORT

1.1 This report presents a draft Annual Report of the activities of the Healthy Halton PPB during 2007/8 for comment/amendment. Subject to endorsement by the PPB, the Annual Report will go forward with the Annual Reports of other PPBs to a forthcoming meeting of the full Council for adoption.

2.0 RECOMMENDED: That

(1) the PPB consider, comment upon and if necessary agree amendments to, the attached Annual Report of the PPB's activities in 2007/8; and

(2) the PPB endorse the attached/amended Annual Report for the purpose of its adoption at a forthcoming meeting of the full Council.

3.0 SUPPORTING INFORMATION

3.1 Annex comprising the draft Healthy Halton PPB Annual Report for 2007/8.

4.0 POLICY IMPLICATIONS

4.1 None arising from this report itself.

5.0 OTHER IMPLICATIONS

5.1 None arising from this report itself.

6.0 BACKGROUND PAPERS

6.1 2007/8 departmental service plans

Cllr Ellen Cargill
Chairman

ANNUAL REPORT
HEALTHY HALTON POLICY AND PERFORMANCE BOARD
APRIL 2007 – MARCH 2008

As Chair of the Healthy Halton Policy and Performance Board I would like to thank all the members of the Board for the continued hard work as they have looked in detail at many of the challenges facing Halton particularly in relation to Health and Social Care.

Once again we have had a busy and challenging year, particularly in relation to work with Health Partners. A number of important consultations were undertaken during this year particularly proposals and options for the future use of Halton Hospital Campus.

I would like to thank Audrey Williamson Operations Director for her support over the past 12 months

MEMBERSHIP AND RESPONSIBILITIES

During 2007/08 the Board comprised eleven Councillors – Councillors Ellen Cargill, K. Loftus, R. Gilligan, T. Higginson, M. Horabin, C Inch, M. Lloyd-Jones, J. Lowe, K. Marlow, G. C. Swift, and P. Wallace . The primary function is to focus on the work of the Council (and its Partners) in seeking to improve health in the Borough and to scrutinise progress against the Corporate Plan in relation to the Healthy Halton priority.

REVIEW OF THE YEAR

The Board met five times in 2007/08 with full agendas for each meeting. The Board received reports and presentations on a wide range of Health and Social Care issues. These included:

Carers Services
The importance of the role and needs of Carers was again recognised this year. The Board received a report outlining plans to transfer the Carers Centres from the Council to the Voluntary Sector, which will allow the recognised expertise of the Princess Royal Trust for Carers to enhance services and funding for Halton Carers.

Safeguarding Adults
As in previous years the Board received the annual report of Halton's Multi-agency Adults Safeguarding Committee. The Council retains the lead for this important area of work and continues to establish strong partnership arrangements with agencies including Cheshire Police and Halton & St Helens Primary Care Trust.

Complaints and Compliments
The Board plays an important role in receiving the Annual Report from the Health and Community Directorate on Complaints and Compliments. It recognizes and supports the importance of learning from complaints to improve services.

Mental Health Promotion Strategy
The Strategy which was lead by Halton and St Helens Primary Care Trust was presented to the Board and warmly supported. Good mental health and well-being are increasingly recognized as important in Halton and requiring a Multi-Agency co-coordinated response.

Better Care Sustainable Services
Last years annual report noted the proposals for North Cheshire Hospital Trust for a new model of Service delivery. At that time the Board requested further updates on the development of these proposals. In September 07 the board was pleased to receive a further report and presentation from the Chief Executive of the North Cheshire Trust. It was clear that planned changes were being implemented e.g. Elective Surgery was taking place at the Halton site. The Board will continue to receive reports in the following year.

Halton Health Campus
Changes in Halton Hospital has led to spare capacity on the Campus. Presentation by Halton and St Helens Primary Care Trust on future options let to agreement that it was important that wider consultation with all members of the council. Strategic Project Board has been established and includes the chair of Healthy Halton Policy and Performance Board. A clear process has now been agreed to progress future options.

	Annual Health Checks This year the Board has again fully contributed to the health checks for North Cheshire Hospital Trust, 5 Boroughs Partnership Trust and Halton and St Helens Primary Care Trust. To ensure that members were fully appraised of each Trust position when measured against the Health Check Standards an additional meeting was arranged prior to the Board Meeting in March. Each Trust gave a detailed presentation with sufficient time for a full debate and discussion on areas of significance. The Board noted for example the improvements in compliance in the standards by the Hospital Trust. Health Care Commission notes the importance of the contribution of OPs Scrutinies Committees to Health Checks and while the Health Checks demand additional time from Members the work is valuable and informative. **WORK TOPICS** In addition to the Board meetings, Members received the following report: ▪ The Redesign of Day Services for Adults with Learning Disabilities It was noted that overall good progress had been made delivering Day Services in the Community. An Action Plan to further improve Services has been agreed and is being implemented. ▪ Two Work Topics were agreed for 2007/08 Health of Carers - As previously stated the needs of Carers in particular Health needs continue to be a priority for Halton. The report from the work topic will be presented in the forthcoming year and has explored ways of ensuring that Carers health needs are recognised at the earliest possible stage.

- Services for People with Physical and Sensory Disabilities

  Halton Council has contractual arrangements with a small number of Agencies to provide specialised services. These services have been scrutinised by members to examine their effectiveness. The final report will be presented in the forthcoming year.

PERFORMANCE ISSUES

Healthy Halton Policy and Performance Board has received quarterly monitoring reports on Social Care performance. Performance has continued to remain strong with the following:

- The establishment of a shared Emergency Duty Service with St Helens that commenced in October 2007.
- No delays in hospital discharge due to Social Care since fines for delays were introduced 4 years ago.
- Establishment of a Joint Transition Strategy for Young People with Complex Needs.
- Increase in preventive service for example the establishment of a new Women's Centre
- Agreement on Lead Commissioning Arrangements with Halton and St Helens Primary Care Trust.
- Increase Social Care capacity in Mental Health Services through the appointment of Social Workers in Assertive Outreach and Crisis Resolution Teams.

WORK PROGRAMME 2008/09

Healthy Halton Policy & Performance Board has agreed Two (2) work topics for 2008/09

- Services for People with Early Onset Dementia
  While numbers remain small this is an increasing issue and will benefit from an in depth review.

- Joint Working with Safer Halton Policy and Performance Board and Arrangements to Safeguard Vulnerable Adults

In recognition of the priority this area of work must be given the Two (2) Policy Boards will work together on this work topic

Councillor Ellen Cargill
Chairman, ***Healthy Halton*** Policy and Performance Board

REPORT TO: Healthy Halton PPB

DATE: 10th June, 2008

REPORTING OFFICER: Chief Executive

SUBJECT: Performance Management Reports
Quarter 4 to year end 31st March 2008

WARDS: Boroughwide

1. PURPOSE OF REPORT

1.1 To consider and raise any questions or points of clarification in respect of the 4th quarter year-end performance management reports on progress against service plan objectives and performance targets, performance trends/comparisons, factors affecting the services etc. for:

- Older People's Services
- Adults of Working Age
- Health & Partnerships

2. RECOMMENDED: That the Policy and Performance Board

1) Receive the 4th quarter performance management reports;

2) Consider the progress and performance information and raise any questions or points for clarification; and

3) Highlight any areas of interest and/or concern where further information is to be reported at a future meeting of the Policy and Performance Board.

3. SUPPORTING INFORMATION

3.1 The departmental service plans provide a clear statement on what the services are planning to achieve and to show how they contribute to the Council's strategic priorities. The service plans are central to the Council's performance management arrangements and the Policy and Performance Board has a key role in monitoring performance and strengthening accountability.

3.2 The quarterly reports are on the Information Bulletin to reduce the amount of paperwork sent out with the agendas and to allow Members access to the reports as soon as they have become available.
It also provides Members with an opportunity to give advance notice of any questions, points or requests for further information that will be raised to ensure the appropriate Officers are available at the PPB meeting.

4. POLICY AND OTHER IMPLICATIONS

4.1 There are no policy implications associated with this report.

5. RISK ANALYSIS

5.1 Not applicable.

6. EQUALITY AND DIVERSITY ISSUES

6.1 Not applicable.

7. LIST OF BACKGROUND PAPERS UNDER SECTIONS 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer

QUARTERLY MONITORING REPORT

DIRECTORATE: **Health & Community**

SERVICE: **Older People's Services**

PERIOD: **Quarter 4 to year-end 31 March 2008**

1.0 INTRODUCTION

This quarterly monitoring report covers the Older People's Services Department fourth quarter period up to year end 31 March 2008. It describes key developments and progress against all objectives and performance indicators for the service.

Given that there are a considerable number of year-end transactions still to take place a Financial Statement for the period, which will be made available in due course, has not been included within this report in order to avoid providing information that would be subject to further change and amendment.

The way in which traffic lights symbols have been used to reflect progress to date is explained within Appendix 7

2.0 KEY DEVELOPMENTS

Single Point Of Access to intermediate care pilot has been evaluated, business plan will be presented to PCT management board in April 2008

Day service project lead agreed and will be picked up by John Hatton Leisure & Community Services Manager, across community centres, day services and community day care. Oak Meadow day centre is being reviewed as part of the review of Oak Meadow, linking to the overall review and redesign of day services across Halton. Sure start in Older Age is now fully operational, with self-assessment access to the general public. Evaluation of the service has commenced.

Mental Capacity Act 2007: this continues to be implemented through the Steering Group which now meets on a bi-monthly basis. Detailed flowcharts have been developed for use by front line staff in implementing the Act, and staff roles and responsibilities for the new Deprivation of Liberty safeguards are being identified. The local development of the Mental Health Act 2007 will also be considered as part of this group.

Emergency Duty Team: as before, this service continues to operate successfully. The EDT Partnership Board is the accountable body for

both St Helens and Halton Borough Councils. It meets every month to oversee progress and manage governance. An operational subgroup has been established which also meets every month; consisting of both operational and support staff from both Councils, this group is responsible for managing service delivery issues as they arise.

Carers Assessments: the substantial improvements in the way carers assessments are undertaken, and the resulting improvement in reported performance, have continued to be delivered successfully. As reported in the previous Quarter, 2007/08 is the "dry run" for the LPSA target of 600 carers receiving a service as a result of an assessment. By 31st March 2008, the figure for this target had reached 885 carers receiving services – substantially over the target. In addition, the national performance indicator for services received by carers was also more than 50% over its target, putting Halton in the top band for this indicator.

Bridge Building: a process has now been identified for the mainstreaming (initially funded temporarily from grants) of this service in 2008/09. An additional Bridge Building post is to be established to meet the needs of people from Black and Minority Ethnic groups.

The newly qualified Occupational Therapists recruited to the Independent Living Team have undergone training and are building experience in assessing complex cases. This is beginning to have a favourable impact on performance of the service providing more timely assessments of service user needs.

The proposal for the evaluation of the self-assessment scheme for equipment has been received and accepted. The national evaluation being undertaken by Personal Social Services Research Unit is now complete and work to evaluate the service locally will begin in the next quarter.

3.0 EMERGING ISSUES

The Domiciliary Care Strategy is near completion, the strategy takes into account long term demand, the local and regional market and best practise models/innovation in the field of domiciliary care. Consultation is underway with service users, carers, providers and wider stakeholders.

The Continuing Health Care National Guidance has been in place since 1st October 2007. A joint PCT/LA strategy group has been established and considerable progress has been made to develop local pathways in light of the new guidance. A report was presented to SMT in March 2008 outlining the agreement reached between PCT and LA. Joint training for staff across the whole system is being delivered. Halton is also leading the local authority regional group.

Winter pressures additional beds at the Halton Hospital site have been

agreed to continue until an agreement has been reached on the redevelopment of the unit to provide Intermediate care beds.

A business plan for the development of Intermediate Care has been completed, jointly with the PCT. New developments include the unit on the Halton site and increased assessment capacity including improved 24/7 access.

Mental Health Act 2007: this is now due to be fully implemented in October 2008, although minor aspects are coming into force at the end of April 2008. A Steering Group has been established, including all service areas and the PCT, and will be meeting from April 2008. This group will be responsible for delivering the changes required within the council; in addition, the Council is represented on a group led by the 5BoroughsPartnership which aims to ensure that new procedures are harmonised across all localities.

Deprivation of Liberty Safeguards: these continue to be developed under the remit of the Mental Capacity Act Steering Group. An action plan is to be developed to ensure this is fully implemented by April 2009.

The project plan to pilot a retail outlet at the Independent Living Centre will be presented to the Halton Integrated Community Equipment Service Partnership Board meeting in April and implementation plans finalised.

Growth funding to maintain the Adult Placement Service this year and expand the service in 2009-10 has been agreed. The manager of the service retired 31/3/08 and a replacement has been appointed to ensure the service continues to be developed.

4.0 PROGRESS AGAINST KEY OBJECTIVES / MILESTONES

Total	**40**		**32**		**0**		**8**

Of the forty milestones for the service, thirty-two have been achieved by their target date. Eight milestones have not been achieved at the year-end point. For further details, please refer to Appendix 1.

4.1 PROGRESS AGAINST OTHER OBJECTIVES / MILESTONES

There are no other objectives for the service. Twenty-one milestones within the key objectives are designated 'non-key'. Those milestones are reported in Appendix 1 and are designated by the use of *italic* text.

5.0 SERVICE REVIEW

CSED, the Care Services Efficiency and Delivery project (part of national programme to improve back office and social work assessment) interim report identifies the key issues across council areas to improve service (i.e. IT, customer contact, finance). The final report on potential long-term efficiencies will be complete in April 2008, this report will recommend the development of a modernisation board to continue to improve efficiency and service delivery to Halton residents.

Review of Oak Meadow is on target for completion in April 2008.

3 new social work posts will be established in the adult hospital team (currently out to advert). These posts will work across both sites and in the community on continuing health care assessments and reviews, and to arrange care on behalf of the PCT, 2 of these posts will be funded by the PCT to ensure continuing health care access to services. Further work is underway to develop the in-house home care service.

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Total	**9**		**7**		**0**		**2**

Of the nine key performance indicators for the service, seven have hit target at the year-end point. Two indicators have not achieved target (PAF D54 – delivery of equipment and adaptations within 7 working days, and PAF E82, assessments leading to a service). For further details, please refer to Appendix 2.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	**14**		**5**		**0**		**6**

Of the fourteen other performance indicators for the service, five have hit target at the year-end point. PAF B12 & B17 – Unit cost indicators cannot be reported until closure of accounts in June/July 2008. Data for PAF D41 measuring delayed transfers of care is provided by the PCT and has not yet been received. Six indicators have not achieved target at year end. For further details, please refer to Appendix 3.

7.0 PROGRESS AGAINST LPSA TARGETS

Both elements of the LPSA target for which this service has responsibility have shown significant improvement over the year. For further details, please refer to Appendix 4

8.0 RISK CONTROL MEASURES

During the production of the 2007-08 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.

Where a Key Service Objective has been assessed and found to have associated 'High' risk, progress against the application of risk treatment measures is to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4. For further details, refer to Appendix 5

9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2006/07 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated high priority, are to be reported in the quarterly monitoring report in quarters 2 and 4. For further details, refer to Appendix 6

10.0 APPENDICES

Appendix 1- Progress against Key Objectives/ Milestones
Appendix 2- Progress against Key Performance Indicators
Appendix 3- Progress against Other Performance Indicators
Appendix 4- Progress against LPSA targets
Appendix 5- Progress against Risk Control measures (Q2 & 4)
Appendix 6- Progress against high priority equality actions (Q2 & 4)
Appendix 7- Explanation of traffic light symbols

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
OPS1	Plan and commission / redesign services to meet the needs of the local population	*Ensure service supports development of Halton domiciliary care commissioning strategy with at least one DM level representative for the steering group by October 2007 to ensure that the strategy is owned operationally as it develops. (AOF 6)*		Draft Domiciliary Care strategy produced. Key findings discussed with providers at Provider forum in March 08. To be submitted to SMT for approval in May 08.
		Ensure service supports development of the new specification for nursing and residential care beds for older people in Halton completed with at least one DM level representative for the steering group by September 2007 to ensure that the contract can be re-let. (AOF 4)		Focus for 2007 has been on delivery of the Domiciliary Care strategy. Target for the completion of the work on the Residential Care strategy has been revised to September 2008. Service spec and ITT docs completed –invitation to quote advertised in Feb 08.
		Monitor implementation of Community Bridge Building Service as part of the Day Services Strategy and evaluate by March 2008 (AOF 6)		Agreement has been reached to recruit a Bridge Builder to work specifically with users at Bridgewater to proactively assist them to move on and become involved in activities in the community.
		Future role of Bridgewater & Oakmeadow identified within overall Day Services Review by July 2007 to ensure that we make best of all the community facilities available to the Council. (AOF 22)		The Bridge Builder Service continues to be actively involved at Bridgewater Day Centre and staff to develop an overall strategy for day services will be identified.

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
		Priorities identified for improved accessibility by physically disabled people to community centres and other buildings by June 2007. (AOF 37)		Report sent to Culture, Leisure and Sport Division for further action.
		Tender completed and contract awarded for one EMI respite bed by June 2007 to ensure that EMI respite is available in Halton. (AOF 4)		Tender completed. Two tenders received. Neither tender met requirements. The Commissioning Manager to reconsider future need.
		Increase capacity for Adult Placement Service to 24 carers by September 2007 to ensure that this service option is available as an option to those who could benefit from it. (AOF 4 / AOF 40)		Two further carers were approved in February and further applications will be considered at a Panel meeting in May.
		Day care and short term beds provision at Oakmeadow reviewed by July 2007 to ensure that we have right number of beds for level of need. (AOF 6)		Review complete. Options appraisal completed, implementation plan on target for completion April 2008.
		Identify housing needs for particularly vulnerable older people October by September 2007 to ensure we commission the right amount of extra care as and when opportunities arise. (AOF 30)		Target not met by Sept 07. However, consultants were appointed in Feb 08 to develop an extra care housing strategy taking into account the current supply of housing for older people and the projected future need- target completion date June 08.-

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
		Accessible Homes Register established by September 2007 to ensure adapted homes are able to be managed across the borough and can be matched quickly against individuals. (AOF 4)		Two users have been successfully matched and moved into suitable properties. The estimated saving to the Registered Social Landlords to date is £60k. Funding to continue to develop the service for a further 12 months has been secured.
		Home Care services reviewed and redesigned to ensure improved value for money by November 2007 (links to completion domiciliary commissioning strategy). (AOF 6)		Job evaluation completed, SMT report presented on the further development of home care.
		Report back on learning for Halton from CSED improving care management efficiency project by October 2007, report to identify opportunities to learn from best practice. (AOF 40)		Report presented to SMT in January, final report ready for SMT in April.
		System established for quality assurance for all in-house services by September 2007 to ensure we continually monitor and get feedback from services that is used to improve those services. (AOF 30)		This was completed by September 2007 in line with target. Quality assurance systems are in place for Adult Placement Service.

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
		Review of Equipment and HICES completed November 2007 to improve timeliness and delivery of equipment (AOF 4)		The service will be relocated in the new financial year, with commitment to a short-term lease only, to allow flexibility to consider alternative systems of provision depending on the outcome of the Government's Transforming Community Equipment Services initiative.
		Implement the Payments and Expenses Policy and Procedure for service users and carers to encourage and recognise their participation in service development initiatives by June 2007 (AOF 7)		Payments continue to be made to 4 Adult Placement Service panel members for each attendance at the approval panel.
		Identify Approaches within VATF programme to develop services that promote physical activities in older age, including a men's health project. (AOF 2)		Mens Health co-ordinator in post and the Mens Health clinics have been over subscribed in each quarter. Falls clinic and exercise programme continue to support older people at risk of falling. The Recharge group has grown in membership to 75 older people regularly attending and the Sure Start to Later Life programme is now open to the public and has supported 91 older people since November. All of these projects have successfully agreed new funding sources for 2008/09

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
OPS2	To work in partnership and strengthen governance and joint working arrangements	*Draw up delivery plan for Local Area Agreement by May 2007 (AOF 31)*		During quarter 4 the Halton Health Partnership agreed to set up a multi-agency performance group that will commission and monitor funding through the new Working Neighbourhood Fund. In addition the group will take a wider view and develop a consistent approach to the delivery plan for the Local Area Agreement. The performance group will report directly to the Halton Health Partnership
		Agree delivery plan for Local Area Agreement with partners by July 2007 (AOF 31)		The performance sub-group of the Halton Health Partnership is a multi-agency group that has agreed the process for setting up a delivery plan for the Local Area Agreement and the Working Neighbourhood Fund.

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
		Contribute to the implementation of the development of 'Change for the Better', the 5BP's new model of care for older peoples mental health services, which aims to reduce reliance on in-patient beds and develop services based on recovery and social inclusion, by March 2008. (AOF 31 / AOF 6)		New model of care implemented by 5BPT, reliance on bed based services reduced.
		Agree a process for the review therapy provision across Halton with PCT by March 2008 to ensure that the level of need for therapy input can be met. (AOF 31)		PCT has made the commitment to undertake the review in 08/09. Currently awaiting the appointment of a Head of Community Services Commissioning to enable the capacity to scope out the review and proceed. Scope of review and review action plan to be completed by September 08.
		Launch directory of services for older people by June 2008 to provide single easily accessible source of information on service is available to older people and staff. (AOF 7)		Directory has been available in electronic format since quarter 1. Directory of Services is currently being printed; distribution will take place from April.
		Launch ageing well strategy by June 2008 to ensure that Halton has a single approach to aging within a consistent framework and intentions. (AOF 2 & AOF 7)		Advancing Well strategy complete and launched. Now being implemented

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
		Redesign RARS and IC pathways and processes to take into account the new PCT and commissioning priorities i.e. more focus on preventing hosp admission, by December 2007. (AOF 6)		Business plan completed, including Gold Standard, performance management framework and new developments. Report will be presented to PCT board in April.
		Joint commissioning strategy developed for intermediate care by December 07 (AOF 33)		Review completed by December 2007 and Strategy in place.
		Representation of Practice Based Commissioning Bodies identified and agreed by June 2007 (AOF 33)		Peter Barron agreed as vice chair of Runcorn PBC. Widnes Board not meeting at present in same way, but Peter Barron will attend once established formally.
		Joint policy, Pathway and training for Moving and Handling in place to improve coordination of services that support moving and handling by August 2007. (AOF 33)		Policy in place. Meeting with partner agencies arranged to plan implementation of the Moving and Handling Policy. Analysis of use of external provider ongoing.
		Identify options for future HICES/Equipment with other local authorities and PCTs. By November 2007 to improve efficiency and reduce duplication. (AOF 38)		Outcome of Government's Transforming Community Equipment Services initiative not yet published. Plans to develop a pilot retail outlet at Independent Living Service being considered.

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
		SAP rolled out to older peoples community social work teams by October 2007 in line with government policy. (AOF 31)		Successful training sessions held on 30th January (over 100 attended) to familiarise staff with new processes and documentation, targeting staff involved with stage 3 in preparation of official launch in February 2008. Stage 3 of phased implementation involving OPR/OPW/RARS/ AHT/ District Nursing and Community Matrons using paper-based EASYCare toolkit and folders commenced on 4th February. Ongoing issues, monitoring, feedback and review linked into existing Sub-Groups. Progress on procurement to rent an electronic system for SAP is now on hold until the decisions on the outcome of a strategic review of social care systems has been completed by Corporate IT, which also includes consideration of other options available for E-SAP. Implementation has experienced some initial difficulties surrounding the use of tools and specialist assessments, in particular with the involvement of Community Nursing. PCT commissioners requested to seek resolution to identified issues and affirm the partnership agreements as the foundation for the ongoing standardised approach to SAP / CAF implementation.

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
		Agree and implement Joint Medication Policy with PCT by December 2007. (AOF 30)		Work being finalised on policies for Bridgewater and Adult Placement Service. The development of a Joint Medication Policy will be explored with the PCT during 2008/9.
		Complete Adaptations Review by October 2007 to ensure improved system and processes for adaptations. (AOF 33)		Changes to processes being implemented. New staff structure in place and service located in refurbished accommodation. Further work to improve practice underway.
		Review social work provision within OPMH Team by January 2008 (dependent on future arrangements with 5B). (AOF 33)		Halton Older People's Local Implementation Team has appointed a specialist mental consultant to progress the implementation of the OP MH strategy. Part of this work involves a full capacity and demand review to ascertain whether reconfiguration of social work capacity between the adult and older people's teams is required. Consultant commenced work in April 08 – capacity review is now underway. Expect outcome by September 08. The timescale has slipped due to the person who was appointed in 2007 to the post leaving the council's employment.

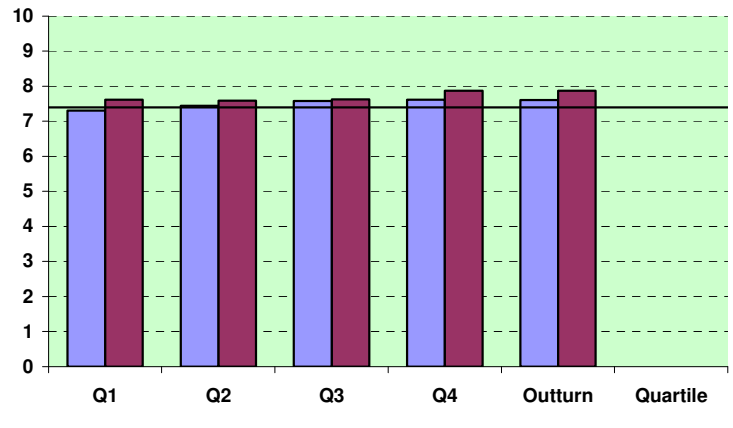
Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
		Participate in the Urgent Care Pathway redesign work due to complete end of May 2007 to ensure social care perspective on how that journey can be improved and resourced. (AOF 30)		Completed.
OPS3	Ensure services are needs-led and outcome focussed and keep service users and carers, and those from hard to reach groups (including the black and minority ethnic community), at the centre of services	*Build on the success of both Carers Centres by developing new services for carers, eg, training course, extending complimentary therapies, to ensure Carers receive the help and support they need by March 2008. (AOF 30)*		Carers continue to be provided with an extensive range of services by the Carers Centres. A range of new services have been developed including a bespoke employment scheme run by Halton People into Jobs.
		Meet the Carers LPSA target to ensure carers receive the help, support and services they need by March 2009		The LPSA target has been significantly exceeded.
		Create new sub-group of older people LIT and delegate carers grant to that group to manage by April 2007 to ensure better co-ordination and range of services for older carers and carers of older people. (AOF 32)		Completed. Sub Group continues to ensure carers grant allocation is used effectively to support the needs of older peoples carers.

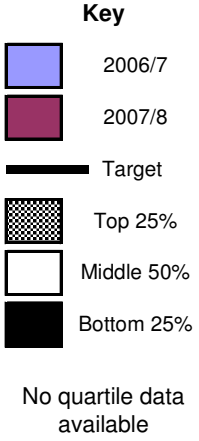
Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
		A new services/initiative developed with Halton & St Helen's PCT to identify carers via GP practices, hospitals and clinics, by December 2007 and ensure that older carers and carers of older people are identified. (AOF 4 / AOF 41) *Work with Halton & St Helen's PCT to improve the physical health of carers by Sept 2007 (AOF 4 / AOF 33)*		The Enhanced Service for Carers within GP Practices has been launched by the PCT The Health of Carers is a work topic for Healthy Halton Policy and Performance Board and the Directorate has been working with the PCT on this. The final report will be presented to the Board in June 2008.
		Increase the number of carers provided with assessments leading to provision of service to ensure Carers needs are met by March 2008 (AOF 30)		An extensive programme of service change took place in 2007/08 to deliver this objective, which reflects not only a national performance indicator but also a Halton LPSA target. In 2004/5, it was evidenced that 195 carers had received a service following assessment; by the latest year end, this stood at 885 people. This placed Halton in the highest band for the performance indicator.
		Work with Cheshire Halton & Warrington Racial Equality Council to increase carers services to the BME community by June 2007 (AOF 33)		Work continues with CHWREC regarding the promotion of carer services delivered by the Carers Centres etc to the BME community

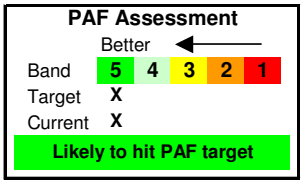
Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
		Implement new model for carers Centres to increase access to additional funding by March 2009 (AOF 32)		New Model agreed by Executive Board on 21.2.08. Work progressing to implement model during 2008/9.
		Working group developed with other LAs with similar BME population by December 2007 (AOF 32)		So far no interest from other local authorities on this. If this to progress it probably needs to be serviced by HBC, which at present we are looking for a resource to do.

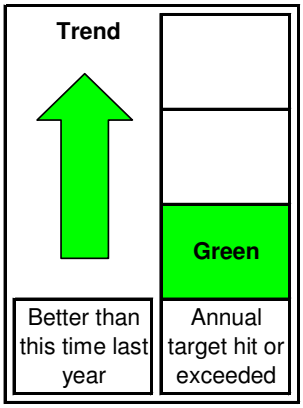
OPPSIPAF C29

Adults with physical disabilities helped to live at home







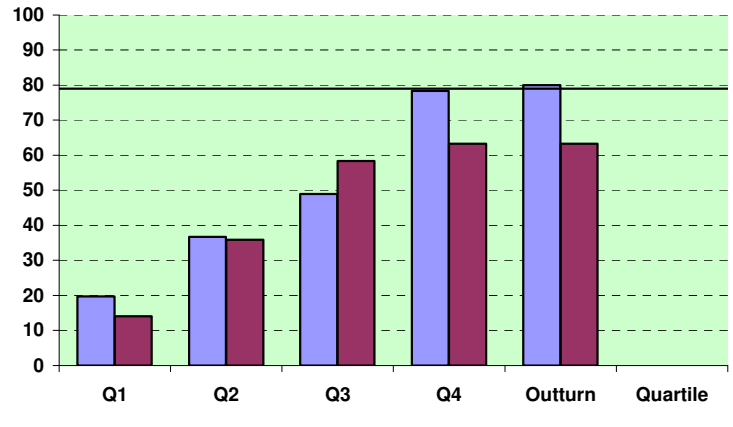


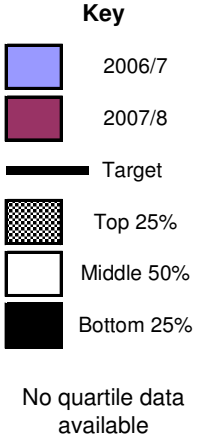
Commentary

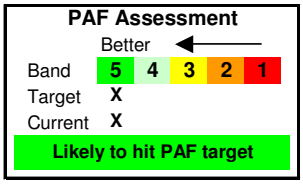
This figure is an estimate as final year end figure not yet available. The estimate indicates an improvement throughout the year, and target has been exceeded.

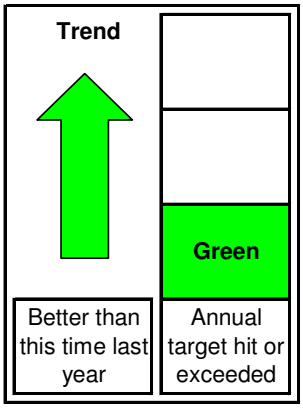
OPPSIPAF C72

Admissions of supported residents aged 65+ to permanent residential/nursing care (per 10,000 population)







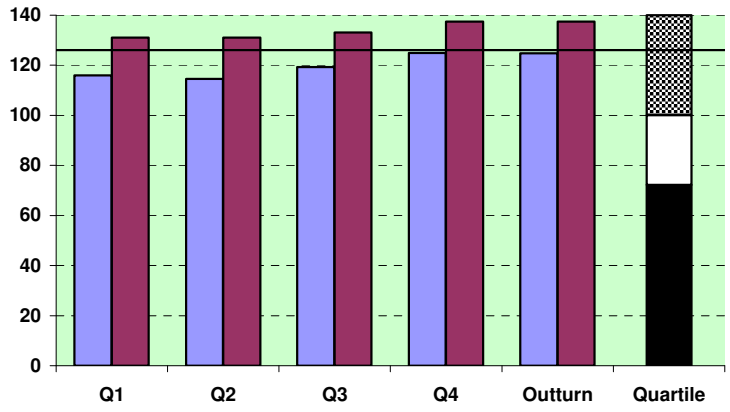


Commentary

63.22 clients per 10000 population have been admitted to permanent residential/nursing care during 2007/8. This figure is well within the target indicating good performance. Current performance will be awarded a PAF Band 5.

BVPI 54

Over 65s helped to live at home per 1000 population



Higher figures represent better performance

Key

- 2006/7
- 2007/8
- Target
- Top 25%
- Middle 50%
- Bottom 25%

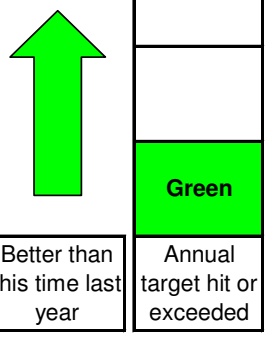
PAF Assessment

Better

Band	5	4	3	2	1
Target	X				
Current	X				

Likely to hit PAF target

Trend

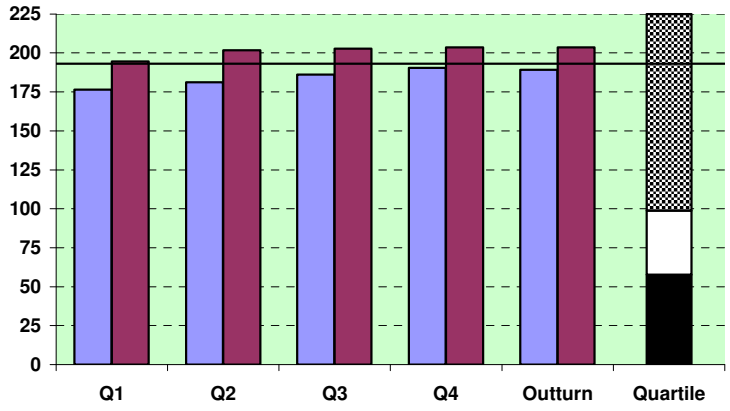


Commentary

This figure is an estimate as final year end figure not yet available. The estimate indicates that performance has improved throughout the year, and the target has been exceeded

BVPI 201

Number of adults and older people receiving direct payments



Higher figures represent better performance

Key

- 2006/7
- 2007/8
- Target
- Top 25%
- Middle 50%
- Bottom 25%

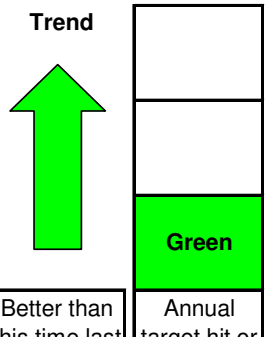
PAF Assessment

Better

Band	5	4	3	2	1
Target	X				
Current	X				

Likely to hit PAF target

Trend

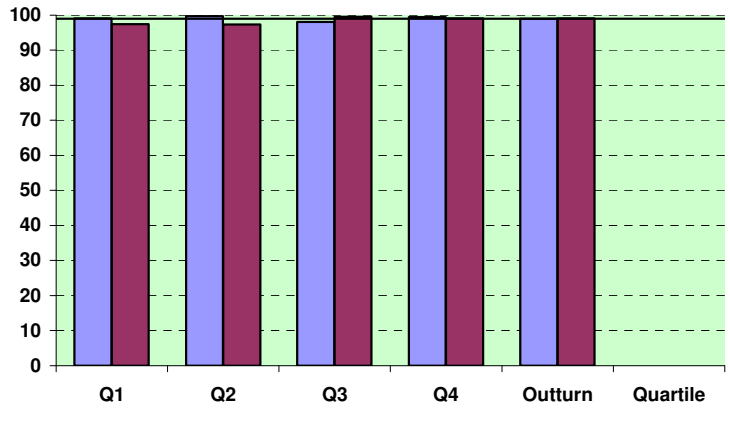


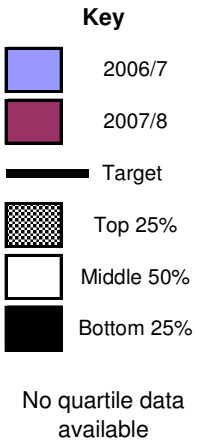
Commentary

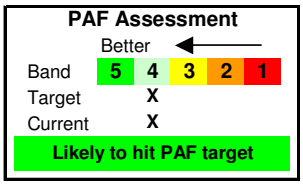
Figure provided is an estimate as final year end figure not yet known. Based on this, take up of direct payments continues to improve.

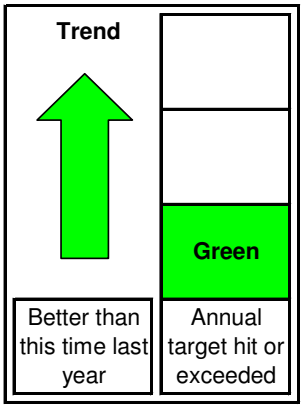
OPPSIPAF D39

Percentage of people receiving a statement of their needs and how they will be met.







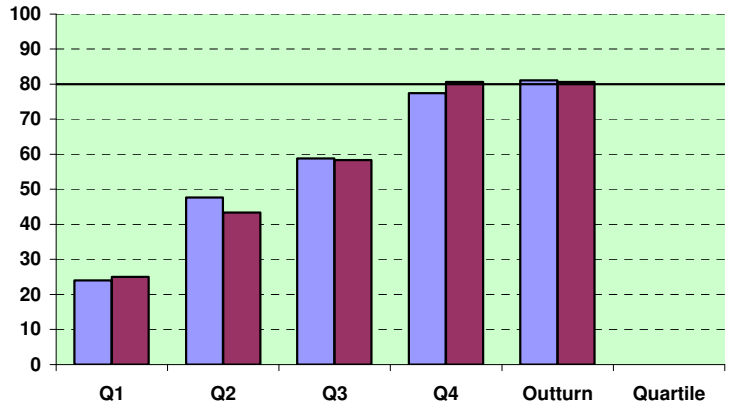


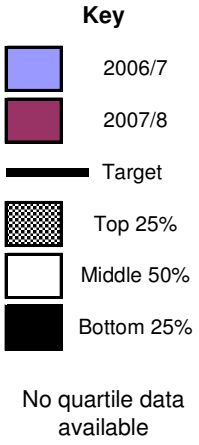
Commentary

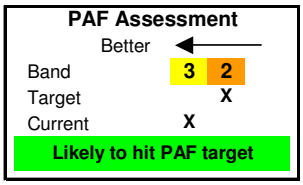
This figure is an estimate as final year end figure not yet available. The estimate indicates that performance has improved slightly over last year (+ 0.06%), and that the target has been achieved.

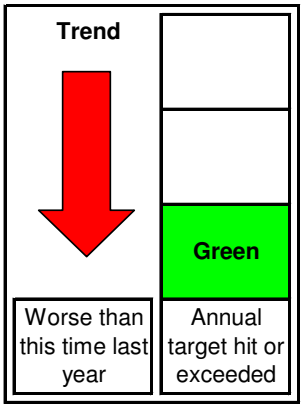
OPPSIPAF D40

Clients receiving a review as a %age of adult clients receiving a service







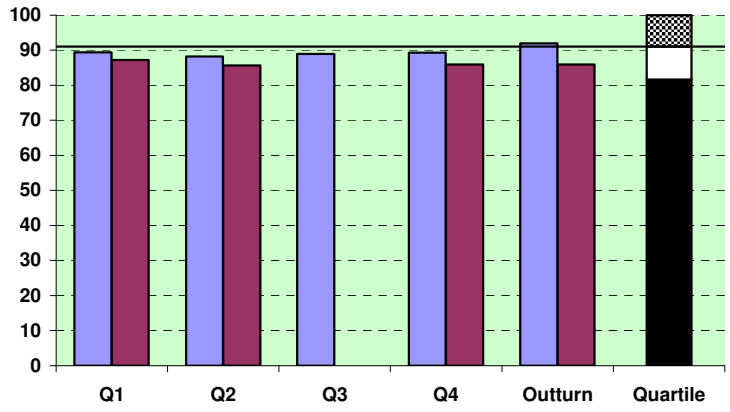


Commentary

This figure is an estimate as final year end figure not yet available. The estimate indicates that performance has dipped very slightly over the year (- 0.38%), but the target has been achieved

BVPI 56

Percentage of items of equipment delivered within 7 working days



Higher figures represent better performance

Key

2006/7
2007/8
Target
Top 25%
Middle 50%
Bottom 25%

PAF Assessment

Better

Band	5	4	3	2	1
Target	X				
Current	X				

Likely to hit PAF target

Trend

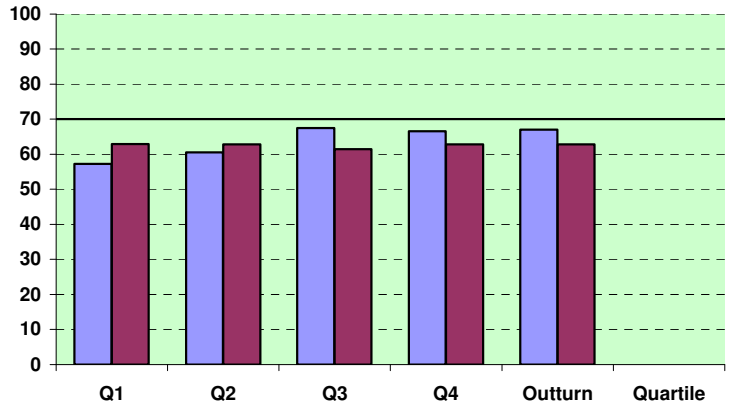
Worse than this time last year	Red
Annual target missed	

Commentary

All data has not yet been received to enable an accurate year-end calculation. Final year-end figure will be available by the end of May 2008.

OPPSIPAF E82

Assessments of adults and older people leading to provision of a service



Key

2006/7
2007/8
Target
Top 25%
Middle 50%
Bottom 25%

No quartile data available

PAF Assessment

Better

Band	5	4	3	2
Target	X			
Current				X

Unlikely to hit PAF target

Trend

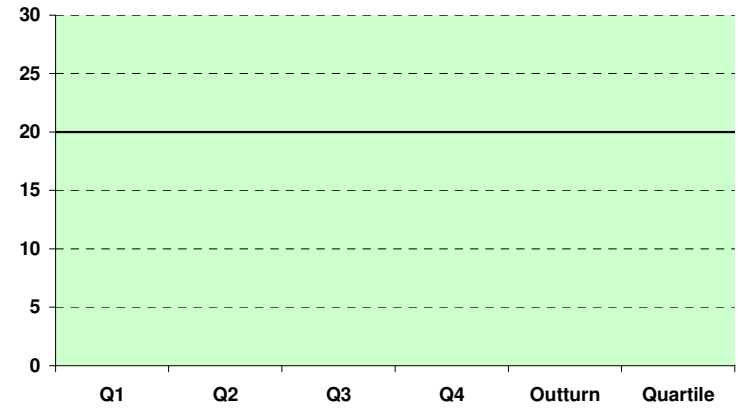
Worse than this time last year	Red
Annual target missed	

Commentary

The 2007/8 target may still be achieved as final year-end figure is dependent upon a sampling exercise/file check which is not yet complete. Final year-end figure will be known by the end of May 2008.

OPPSIPLI 4

No. of days reimbursement as a result of delayed discharge of older people



Key

2006/7

2007/8

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Same as this time last year

Green

Annual target hit or exceeded

Commentary

There have been no re-imbursable delays during Quarter 4

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 4	Progress	*PAF band Target*	*PAF band Actual*	*PAF Progress*	Commentary
	Service Delivery Indicators								
PAF C28/ BVPI 53/	Households (all adults) receiving intensive homecare (per 1000 population aged 65 or over) *Key Threshold >8*	11.14	12	11.43		4	3		This figure is based on a sample week of service users receiving homecare in September, therefore it cannot be improved by actions taken each month. Although the target figure of 12 was not met this year, progress has been made to achieve this. Despite not reaching the target the success of other services do contribute to this. For example, Direct Payments and Supporting People cannot be counted towards this indicator and a very successful intermediate care service means residents in Halton do not need to receive intensive levels of Homecare over a long period of time.
PAF C62/	No. of carers receiving a specific carers service as a %age of clients receiving community based services	10.2	11.5	19.07E		4	5		Figure provided is an estimate as final year end figures not yet available.
	Quality of Service Indicators								
PAF D37/	Availability of single rooms for adults & older people entering permanent residential / nursing care	100	100	100		5	5		All individuals are allocated single rooms.
PAF D41/	No. of delayed transfers of care (all ages) per 100,000 population aged 65 or over	29	27	NYA	Refer to comment	4	NYA	Refer to comment	Data not yet available from PCT. Will be reported as soon as it becomes available
PAF D55/ BVPI 195/	Acceptable waiting times for assessment *Key Threshold >60%*	83.5	83	84.59E		3	3		Figure provided is an estimate as final year end figures not yet available.

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 4	Progress	*PAF band Target*	*PAF band Actual*	*PAF Progress*	Commentary
PAF D56/ BVPI 196/	Acceptable waiting times for care packages *Key Threshold >60%*	92.6	93	89.74E		5	4		The 2007/8 target may still be achieved as final year-end figure is dependent upon a sampling exercise/file check which is not yet complete. Final year-end figure will be known by the end of May 2008.
	Fair Access Indicators								
PAF E47/ SA11	Ethnicity of older people receiving assessment	0.73	1.10	0.35E		3	2		The final year-end figure is dependent upon a sampling exercise/file check which is not yet complete. Final year-end figure will be known by the end of May 2008. However, this indicator is subject to great fluctuation given the small numbers of non-white clients and in the general population.
PAF E48/ SA11	Ethnicity of older people receiving services following assessment	1.43	1.00	0.00E		3	2		The final year-end figure is dependent upon a sampling exercise/file check whicl is not yet complete. Final year-end figure will be known by the end of May 2008. However, this indicator is subject to great fluctuation given the small numbers of non-white clients and in the general population.
OP LPI 2/ SA8 & 10	% of older people being supported to live at home intensively, as a proportion of all those supported intensively at home or in residential care	32.5%	27%	33.22E		*N/A – not a PAF indicator*			Figure provided is an estimate as final year end figure not yet available
OP LPI 3/ SA11	Percentage of adults assessed in year where ethnicity is not stated *Key Threshold <10%*	0.5	0.2	0.34E		*N/A – not a PAF indicator*			The 2007/8 target may still be achieved as final year-end figure is dependent upon a sampling exercise/file check which is not yet complete. Final year-end figure will be known by the end of May 2008.

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 4	Progress	*PAF band Target*	*PAF band Actual*	*PAF Progress*	Commentary
OP LPI 5/ SA11	Percentage of adults with one or more services in year where ethnicity is not stated *Key Threshold <10%*	0.2	0.2	0.08E		*N/A – not a PAF indicator*			Figure provided is an estimate as final year end figures not yet available.
	Cost & Efficiency Indicators								
PAF B11/ SA3	Intensive home care as a percentage of intensive home care and residential care	28	28	25.96E		5	4		The estimated figure is 25.96. Part of this calculation is based on the sample week of service users receiving homecare in September and therefore, this part of the calculation cannot be improved. However, the number of weeks spent in residential and nursing care will be updated once final year end figures are known.
PAF B12/ SA11	Cost of intensive social care for adults and older people	£471	£410	NYA	Refer to comment	NYA			Actual unit cost not available until closure of accounts in June/July 2008.
PAF B17/ SA11	Unit cost of home care for adults and older people	£14.80	£15.20	NYA	Refer to comment	NYA			Actual unit cost not available until closure of accounts in June/July 2008.

LPSA Ref.	Indicator	Baseline	Target	Perform 06/07	Perform 07/08	Traffic light	Commentary
8	**Improved care for long term conditions and support for carers.** **1.** Number of unplanned emergency bed days (Halton PCT registered population)	**58,649** (04/05)	**-6% to 55,130** (31/03/09)	**51,977**	**47,569**		Actual data available shown as admissions between April 2007 and February 2008. March 2008 figure is estimated. The projected 07-08 year end figure of emergency bed days for the over 65's is 47,569 – significantly exceeding the LPSA target.
	2. Number of carers receiving a specific carer service from Halton Borough Council and its partners, after receiving a carer's assessment or review	**195** (last six months of 04/05)	**600** (31/03/09)	**419**	**823**		Detailed work continues with assessment teams within the directorate to ensure that increased numbers of carers receive an assessment which leads to the provision of a service. Monthly meetings take place with the services, which are attended by the carers assessors, and performance and recording agendas are consider in detail at each meeting. Carers assessors have been appointed to all social work teams. The directorate has achieved it's 2007/8 PAF target for this area and is working to achieve the carers LPSA target by 2009.

Key Objective (Service Plan Ref. Only)	Risk Control Measures	Target / Deadline	Progress	Commentary
OPS3	**Develop new model to increase access to new funding for Carers Centres by March 2008:** **Risk Identified** - Carers may not support this. **Risk Treatment Measure:** Continue to work with carers, St Helen's and the Princess Royal Trust. Options appraisal and impact assessment to be undertaken.	May 2007		Executive Board agreed the formal transfer of carers centres to Princess Royal Trust, February 2008
OPS3	**Work with Halton & St Helen's PCT to improve the physical health of carers by Sept 2007:** **Risk Identified** – Service development with PCT does not take place. **Risk Treatment Measure:** Work with PCT to identify Lead and regularly report back to PCT Management Team.	Sept 2007		PCT has fully contributed to the Carers Strategy Group and has committed funding for 3 years to contribute to the new arrangements with the Princess Royal Trust

HIGH Priority Actions	Target (Resp. Officer)	Progress (Traffic lights)	Commentary
Undertake a mapping exercise of informal and formal networks for BME groups	Sept 2007 (Sue Rothwell)		A project worker was employed for eight months and formed part of the Community Bridge Building Team. The project was aimed at working with people from black and minority ethnic groups to enable us to identify what groups of people are currently using BME services outside of Halton in surrounding areas. Initially the Project Worker spent quite a lot of time mapping what was available locally for people from BME communities and networking with organisations that provide services to Halton residents. The worker also undertook discussions and contacts with CHAWREC. An audit of eight cases across all service areas was also undertaken to ascertain if the ethnicity was identified correctly, cultural needs and the services provided were appropriate to needs. A report was presented to the senior management team and then the equalities board and this is now being taken forward by service planning.
Improve Corporate website to ensure basic information/welcome in the four main languages in Halton, highlighting language and sources of information	Nov 2007 (John Gibbon)		Completed - a welcome button on the front page of the website in 5 main languages (including Polish) now links to the attached यदि आप की पहली भाषा अंग्रेज़ी नहीं है और आप हमारी सेवाओं के बारे में जानकारी किसी अन्य भाषा में चाहते हैं तो कृपया हमें 0151 907 8300 पर फ़ोन करें या hdl@halton.gov.uk पर ई-मेल भेजें Jeżeli angielski nie jest Twoim pierwszym językiem i potrzebujesz informacji o naszych usługach w innym języku, prosimy o zatelefonowanie do nas pod numer: 0151 907 8300 lub wysłanie maila do: hdl@halton.gov.uk 如果你的母语不是英语，而你希望得到有关我们服务的其它语言版本的信息，请致电0151 907 8300或者发送电邮至 hdl@halton.gov.uk联络我们。 اگر آپ کی پہلی زبان انگریزی نہیں ہے اور آپ ہماری خدمات کے بارے میں معلومات کسی دوسری زبان میں چاہتے ہیں تو براہ کرم ہمیں 8300 907 0151 پر فون یا hdl@halton.gov.uk پر ای میل کریں **If your first language is not English and you would like information about our services in another language, please call us on 0151 907 8300 or email hdl@halton.gov.uk**

Revisit original DDA audit of buildings to assess current situation and develop costed, prioritised programme of improvements	Mar 2008 (Janet Wood)		The proposals have been costed at approximately £ 7,000 to £10,000. This work will now be programmed into the Community Centres Minor Works programme and the Community Centre management will request our intervention, if required.'

Please note that these actions apply to all three adult social care services (Adults of Working Age, Older People's Services and Health & Partnerships), and are detailed in each of the three plans.

The traffic light symbols are used in the following manner:

		Objective	Performance Indicators (Excl. LPSA)	LPSA Indicators Only
Green		Indicates that the objective has been achieved within the appropriate timeframe.	Indicates that the annual 07/08 target has been achieved or exceeded	Indicates that the target is on course to be achieved.
Amber		N/A	N/A	Indicates that it is either unclear at this stage or too early to state whether the target is on course to be achieved.
Red		Indicates that that the objective has not been achieved within the appropriate timeframe.	Indicates that the annual 07/08 target has not been achieved.	Indicates that the target will not be achieved unless there is an intervention or remedial action taken.

QUARTERLY MONITORING REPORT

DIRECTORATE: **Health & Community**

SERVICE: **Adults of Working Age**

PERIOD: **Quarter 4 to year-end 31 March 2008.**

1.0 INTRODUCTION

This quarterly monitoring report covers the Adults of Working Age Department fourth quarter period up to year end 31 March 2008. It describes key developments and progress against all objectives and performance indicators for the service.

Given that there are a considerable number of year-end transactions still to take place a Financial Statement for the period, which will be made available in due course, has not been included within this report in order to avoid providing information that would be subject to further change and amendment.

The way in which traffic lights symbols have been used to reflect progress to date is explained within Appendix 6

2.0 KEY DEVELOPMENTS

Mental Health Partnership Board: this continues to meet every month, with full representation at a senior level from the Borough Council, the Halton and St Helens PCT and the 5BoroughsPartnership. Integration between the services has continued; one of the key achievements of the last quarter is the full integration of case records across health and social care.

Mental Health Improvement Review: the project manager for the Improvement Review will, by 31st March 2008, have successfully completed work on a number of areas for development arising from the Review. As a part of this, it has become clear that there is a need to develop a local whole-system Quality Assurance Framework for Mental Health, and this has been accepted in principle by the Mental Health Partnership Board.

Social Work Posts: Primary Care Mental Health/Assertive Outreach: both posts were advertised and appointed, although the successful candidate for the Primary Care Team has since withdrawn and this post will be re-advertised.

Mental Capacity Act 2007: this continues to be implemented through the

Steering Group which now meets on a bi-monthly basis. Detailed flowcharts have been developed for use by front line staff in implementing the Act, and staff roles and responsibilities for the new Deprivation of Liberty safeguards are being identified. The local development of the Mental Health Act 2007 will also be considered as part of this group.

"Change for the Better": at a recent event held by the 5BoroughsPartnership in Halton, positive feedback was received about many of the changes to service delivery brought about by the new model. This particularly includes the development of single sex wards, which has brought about a real change in the dignity and safety of patients. The progress and effects of the changes continue to be monitored on a monthly basis by the Mental Health Partnership Board.

Emergency Duty Team: as before, this service continues to operate successfully. The EDT Partnership Board is the accountable body for both St Helens and Halton Borough Councils. It meets every month to oversee progress and manage governance. An operational subgroup has been established which also meets every month; consisting of both operational and support staff from both Councils, this group is responsible for managing service delivery issues as they arise.

Carers Assessments: the substantial improvements in the way carers assessments are undertaken, and the resulting improvement in reported performance, have continued to be delivered successfully. As reported in the previous Quarter, 2007/08 is the "dry run" for the LPSA target of 600 carers receiving a service as a result of an assessment. By 31st March 2008, the figure for this target had reached 885 carers receiving services – substantially over the target. In addition, the national performance indicator for services received by carers was also more than 50% over its target, putting Halton in the top band for this indicator.

Bridge Building: a process has now been identified for the mainstreaming of this service in 2008/09. An additional Bridge Building post is to be established to meet the needs of people from Black and Minority Ethnic groups.

We are looking to improve the way we develop our joint working arrangements and integrated services in the learning disability specialist community team. A reconfiguration of services has been formally agreed by the council and PCT. An action plan is being implemented. The re-modelling of a hub and spoke approach to the service includes the development of a service level agreement with the 5 Boroughs Partnership to operate a pan borough service with neighbouring authorities.

A project has been undertaken and its first phase completed to develop a pilot In Control/Individualised budgets for learning disabilities and physical and sensory disability services. An event took place involving

managers across services to look at how the In Control/Individualised budgets agenda is progressed in Halton. As a result funding has been agreed to invest in a configuration of staff to take the project forward.

There is a project in learning disability services that has started with the North West Training & development team (NWTDT) and supported by CSCI to develop person centred reviews with people with Profound & Multiple Learning Difficulties (PMLD). This is a tripartite project with neighbouring authorities and already Person Centred Plan (PCP) Review training and development for Care Managers and some Health staff. The project commenced in October 2007 and has been reviewed positively in April 08. It has been agreed for additional work to span to Dec 2008 to develop processes to link outcomes from PCP reviews to inform strategic Commissioning.

A key development in Physical and Sensory Disability services is agreement to begin a work topic with members to review the voluntary sector contracts; the project work began in October 2007. A report is now in draft stage to be taken through the Councils formal committee process in June 2008.

A new sub group to support the achievement of the LPSA target on PSD carers has been established, this group has developed new terms of reference and has begun to identify targets and creative developments with the carers grant and involve carers in service development.

3.0 EMERGING ISSUES

Mental Health Act 2007: this is now due to be fully implemented in October 2008, although minor aspects are coming into force at the end of April 2008. A Steering Group has been established, including all service areas and the PCT, and will be meeting from April 2008. This group will be responsible for delivering the changes required within the council; in addition, the Council is represented on a group led by the 5BoroughsPartnership which aims to ensure that new procedures are harmonised across all localities.

Deprivation of Liberty Safeguards: these continue to be developed under the remit of the Mental Capacity Act Steering Group. An action plan is to be developed to ensure this is fully implemented by April 2009.

Management structure, Community Mental Health Teams: the departure of two of the existing managers within mental health service provided the opportunity to consider alternative models of management. A new structure has now been agreed within the Partnership board, which strengthens the lines of accountability and gives greater clarity about roles and responsibilities.

Redesign of day services: a process has now started to redesign the way day services for people with mental health problems are delivered. All current users of day services will receive an individualised plan ensuring that their needs and wishes are met where appropriate. The focus of the changes to service delivery will be to ensure that people have the opportunity to engage more fully with their communities.

Effective Care Co-ordination (ECC): this is the process for health and social care services to deliver care and aftercare to people with severe mental health problems. Following an extensive national review, new national guidance on the operation of ECC was issued late in March 2008. This will need to be implemented by October 2008 and will require all partners across the 5BoroughsPartnership to deliver an agreed process and receive appropriate training.

An early examination of the PSD fieldwork team structure is to be started in April 2008 which potentially could lead to a review of the service.

4.0 PROGRESS AGAINST KEY OBJECTIVES / MILESTONES

Total	**17**		**16**		**0**		**1**

Of the seventeen milestones for the service, sixteen have been achieved by their target date. One milestone, relating to increasing the number of people supported into employment, has incurred some slippage as the strategy designed to progress this is still in the final stages of sign-off.
For further details, please refer to Appendix 1.

4.1 PROGRESS AGAINST OTHER OBJECTIVES / MILESTONES

There are no other objectives for the service. Eleven milestones within the key objectives are designated 'non-key'. Those milestones are reported in Appendix 1 and are designated by the use of *italic* text.

5.0 SERVICE REVIEW

Improvement Review, Mental Health: the Mental health Partnership Board and the Halton Mental Health Local Implementation Team have both continued to monitor progress against the Improvement Review Action Plan. As at 31.03.08, the Project Manager has completed his main work and a detailed final report has been presented to the Partnership Board. A range of activities has been successfully completed, notably the development of integrated case files across

health and social services, and the development of a series of operational policies for all statutory mental health services. One additional piece of work has been identified from this – the development of a Quality Assessment Framework for mental health services, and it has been agreed in principle to appoint the same project manager to deliver this piece of work.

In learning disability services there has been a review of respite services in development of services to offer a menu of short breaks services. A temporary project manager was in post from September '07 to March '08 to accelerate an action plan, which has been implemented. Reviews of all Individuals receiving respite services currently are now underway.

In learning disability services we have commissioned a Consultant Behaviour Analyst on a "behavioural solutions project" to assist us to review the way services are delivered for people with complex needs, whose behaviour is experienced as difficult or challenging. We have a project brief, which will start incrementally by working with selected providers for two 24-hour supported living schemes. The schedule of training and interventions commenced in October 07 and has been positively reviewed. This will continue to be progressed with an in-house provider service

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Total	**6**		**3**		**0**		**2**

Of the six key performance indicators for the service, three have hit target at the year-end point. Two indicators have not achieved target (PAF C73 – admissions into residential care, and KTI1 – ethnicity of adults assessed). PAF B17 – Unit cost of home care for adults and older people cannot be reported until closure of accounts in June/July 2008. For further details, please refer to Appendix 2.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	**17**		**11**		**0**		**6**

Of the seventeen other performance indicators for the service, eleven have hit target at the year-end point. PAF B12 – Unit cost of home care for adults and older people cannot be reported until closure of accounts in June/July 2008. Six indicators have not achieved target at year end For further details, please refer to Appendix 3.

7.0 PROGRESS AGAINST LPSA TARGETS

There are no LPSA targets for this service. The service contributes towards an LPSA around providing services to carers, which is in the Older People's Services service plan, and is reported in the Older People's Services quarterly monitoring report.

8.0 RISK CONTROL MEASURES

During the production of the 2007-08 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.

Where a Key Service Objective has been assessed and found to have associated 'High' risk, progress against the application of risk treatment measures is to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4.

For further details, refer to Appendix 4

9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2006/07 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4.

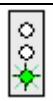
For further details, please refer to Appendix 5.

10.0 APPENDICES

Appendix 1- Progress against Key Objectives/ Milestones
Appendix 2- Progress against Key Performance Indicators
Appendix 3- Progress against Other Performance Indicators
Appendix 4- Progress against Risk Control measures (Q2 & 4)
Appendix 5- Progress against high priority equality actions (Q2 & 4)
Appendix 6- Explanation of traffic light symbols

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
AWA1	To work in partnership across traditional boundaries, always keeping service users and carers at the centre of the service, to strengthen service delivery to hard to reach groups, including those from the BME community, and to ensure that services are needs-led and outcome focussed.	*Implement the Payments and Expenses Policy and Procedure for service users and carers to encourage and recognise their participation in service development initiatives by June 2007*		Policy now fully implemented and will be evaluated 2008/09
		Consult the BME community with the assistance of the Cheshire Halton & Warrington Racial Equality Council to ascertain whether services are meeting the needs of this community by April 2007		Training has now taken place across all partner agencies in Mental Health services and will be rolled out across all service areas 2008/09
		Continue to implement ALD's financial recovery plan to ensure that the service becomes increasingly efficient and effective by March 2008		The project team has now ceased and the work involved absorbed into mainstream. A number of efficiencies were addressed in the life of the project.
		Review the policies and protocols in place for transitional arrangements to ensure children moving from Children's to Adults services receive a seamless service by Sept 2007		Transition Strategy has been launched , multi agency strategic group oversees action plan.-
		Contribute to the safeguarding of children in need where a parent is receiving Adults services by ensuring staff are familiar with and follow safeguarding processes by March 2008		Audit has taken place re training on safeguarding arrangements. Induction pack now includes information on safeguarding responsibilities and access to training.

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
AWA2	To continue to modernise mainstream socially inclusive opportunities by implementing meaningful daytime activities and maximising employment opportunities for all vulnerable people to promote independence and community inclusion	Monitor implementation of Community Bridge Building Service as part of the Day Services Strategy and evaluate by March 2008		Day services Community Bridge Builders link person has introduced the B.M.E worker to people who use the service and their families from the B.M.E. community. The outcome of the introductions is recorded in the B.M.E. workers report. Day Services have referred a further ten people to the Community Bridge Builders team. One referral has been received for day services after initial referral to the Community Bridge Building team. Community Bridge Builders Team continue to hold drop in sessions at day services venues.
		Implement action plan for the National Service Framework for Long Term Conditions by March 2008		Support for the redevelopment and review of the action plan has been agreed with the PCT. A short term working group of senior managers to undertake the revision has been agreed

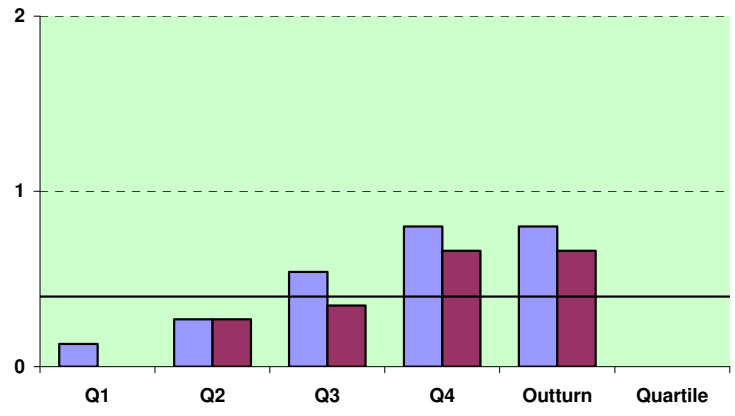
Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
		Contribute to the implementation of Change For The Better, the 5BP's new model of care for mental health services, which aims to reduce reliance on in-patient beds and develop services based on recovery and social inclusion, by March 2008		Change for the Better has now effectively been fully implemented in Halton, with a number of positive outcomes for service users already being reported. The steering group to deliver the changes has now been disbanded. Progress continues to be monitored through the Mental Health LIT and the Partnership Board.
		Implement "In Control" model pilot for people with learning disabilities and physical/sensory disabilities by Sept 2007		Funding has now been identified to invest in a configuration of staff to accelerate this project.
		Continue to increase the number of people supported into employment, training, etc, by March 2008		Strategy has been to Healthy Halton PPB and will be finalised by May 2008.
		Complete review of the Independent Living Centre in partnership with the PCT by June 2007		Complete. A Service User Consultation has been held the result of which has led to the establishment of a pan professional and pan disability management group. The aim is to set up a practical model of training and work experience through the delivery of work related courses and working projects providing people of all disabilities the opportunity of work experience

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date	Commentary
AWA3	To develop and improve a range of services and support for carers in accordance with the Carers Strategy to ensure carers needs are met and to support the delivery of the Carers LPSA Target	*Build on the success of both Carers Centres by developing new services for carers, eg, training courses, extending complementary therapies, to ensure Carers receive the help and support they need by March 2008*		Carers continue to be provided with an extensive range of services by the Carers Centres. A range of new services have been developed including a bespoke employment scheme run by Halton People into Jobs.
		Meet the Carers LPSA target to ensure carers receive the help, support and services they need by March 2008		The LPSA target has been significantly exceeded.
		Increase the number of carers provided with assessments leading to provision of service to ensure Carers needs are met by March 2008		An extensive programme of service change took place in 2007/08 to deliver this objective, which reflects not only a national performance indicator but also a Halton LPSA target. In 2004/5, it was evidenced that 195 carers had received a service following assessment; by the latest year end, this now stood at 885 people. This placed Halton in the highest band for the performance indicator.
		Work with the Cheshire Halton & Warrington Racial Equality Council to increase carers services to the BME community by June 2007		Work progressing with CHWREC regarding the promotion of carer services delivered by the Carers Centres etc to the BME community
		Develop new model to increase access to new funding for Carers Centres by March 2008		New Model agreed by Executive Board on 21.2.08. Work progressing to implement model during 2008/9.

Service Plan Ref.	Objective	2007/08 **Key Milestone** *Italic = Q2 & Q4 only*	Progress to date	Commentary
		Work with Halton & St Helen's PCT to improve the physical health of carers by Sept 2007		The health of Halton's carers is a work topic for the Healthy Halton Policy & Performance Board. A Report on work so far is scheduled for the June Health Halton PPB.

AWAPAF C73

Admissions of Supported Residents aged 18-64 into residential/nursing care



Lower figures represent better performance

Key

2006/7
2007/8
Target
Top 25%
Middle 50%
Bottom 25%

No quartile data available

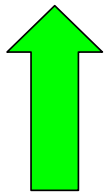
PAF Assessment

Better

Band	5	4	3	2	1
Target	X				
Current	X				

Likely to hit PAF target

Trend



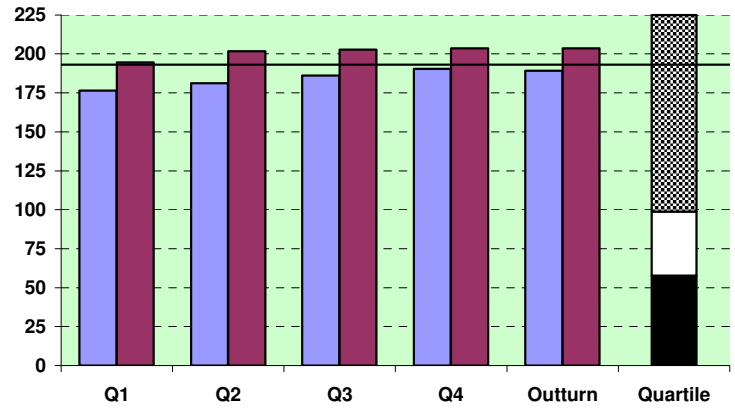
Better than this time last year	Annual target missed
	Red

Commentary

The number of people admitted to permanent residential/nursing care during 2007/8 was 5. Target of 0.4 not achieved as this equated to 3 people. Current performance will be awarded a PAF Band 5.

BVPI 201

Number of adults and older people receiving direct payments



Higher figures represent better performance

Key

2006/7
2007/8
Target
Top 25%
Middle 50%
Bottom 25%

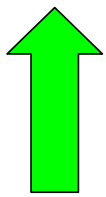
PAF Assessment

Better

Band	5	4	3	2	1
Target	X				
Current	X				

Likely to hit PAF target

Trend



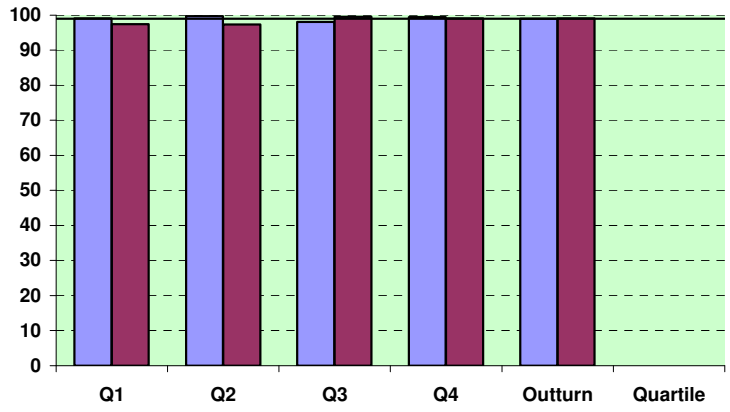
Better than this time last year	Annual target hit or exceeded
	Green

Commentary

Figure provided is an estimate as final year end figure not yet known. Based on this, take up of direct payments continues to improve.

AWAPAF D39

Percentage of people receiving a statement of their needs and how they will be met.



Higher figures represent better performance

Key

2006/7
2007/8
Target
Top 25%
Middle 50%
Bottom 25%

No quartile data available

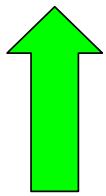
PAF Assessment

Better

Band	5	4	3	2	1
Target		X			
Current		X			

Likely to hit PAF target

Trend



Better than this time last year

Green

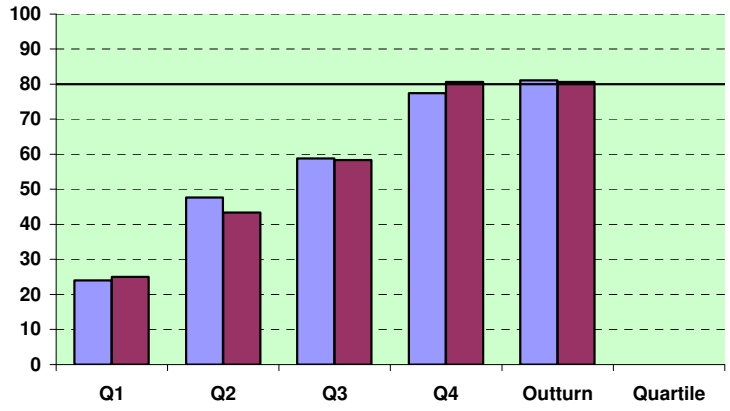
Annual target hit or exceeded

Commentary

Figure provided is an estimate as final year end figure not yet known. The estimate indicates that strong performance has been maintained.

AWAPAF D40

Clients receiving a review as a % of adult clients receiv)ng a service (cost effectiveness PSA Target)



Higher figures represent better performance

Key

2006/7
2007/8
Target
Top 25%
Middle 50%
Bottom 25%

No quartile data available

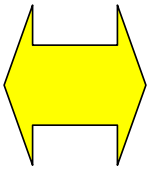
PAF Assessment

Better

Band	3	2
Target		X
Current	X	

Likely to hit PAF target

Trend



Same as this time last year

Green

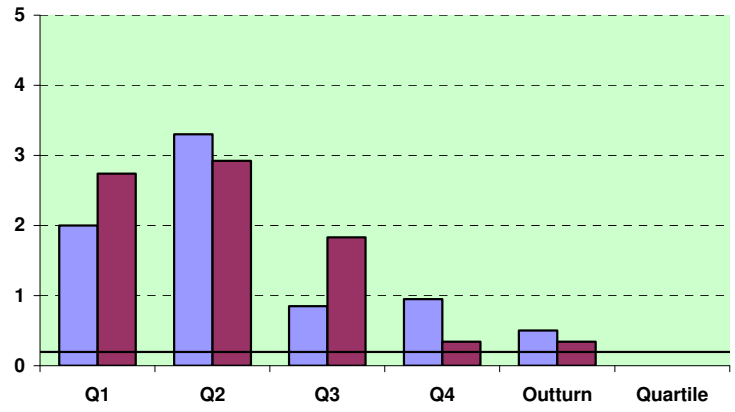
Annual target hit or exceeded

Commentary

Figure provided is an estimate as final year end figure not yet known. The estimate indicates that performance has been broadly maintained throughout the year, and that the target has been achieved.

AWAKTI 1

Percentage of adults assessed in year where ethnicity is not stated



Lower figures represent better performance

Key

2006/7

2007/8

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Better than this time last year

Red

Annual target missed

Commentary

The 2007/8 target may still be achieved as final year-end figure is dependent upon a sampling exercise/file check which is not yet complete. Final year-end figure will be known by the end of May 2008.

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 4	Progress	*PAF band Target*	*PAF band Actual*	*PAF Progress*	Commentary
	Service Delivery Indicators								
PAF C29/ SA3	Adults with physical disabilities helped to live at home	7.6	7.4	7.87E		5	5		Figure provided is an estimate as final year end figures not yet available.
PAF C30/ SA3	Adults with learning disabilities helped to live at home	4.3	4.3	3.95E		5	5		Figure provided is an estimate as final year end figures not yet available Target not achieved – 'Section 64' properties can no longer counted in this indicator as they are funded by the health sector, not the local authority.
PAF C31/ SA3	Adults with mental health problems helped to live at home	3	3.2	3.35E		5	5		Figure provided is an estimate as final year end figures not yet available
PAF C62/	No. of carers receiving a specific carers service as a %age of clients receiving community based services	10.2	11.5	19.07E		4	5		Figure provided is an estimate as final year end figures not yet available.
	Quality of Service Indicators								
PAF D37/	Availability of single rooms for adults & older people entering permanent residential / nursing care	100	100	100		5	5		All individuals are allocated single rooms.
PAF D55/ BVPI 195/	Acceptable waiting times for assessment *Key Threshold >60%*	83.5	83	84.59E		3	3		Figure provided is an estimate as final year end figures not yet available.

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 4	Progress	*PAF band Target*	*PAF band Actual*	*PAF Progress*	Commentary
PAF D56/ BVPI 196/	Acceptable waiting times for care packages *Key Threshold >60%*	92.6	93	89.74E		5	4		The 2007/8 target may still be achieved as final year-end figure is dependent upon a sampling exercise/file check which is not yet complete. Final year-end figure will be known by the end of May 2008.
	Fair Access Indicators								
AWA KTI 2/ SA2	Percentage of adults with one or more services in the year where ethnicity is not stated Key Threshold >10%	0.6	0.2	0.08E		*N/A – not a PAF indicator*			Figure provided is an estimate as final year end figures not yet available.
AWA 1/ SA5	Number of learning disabled people in paid work per 10,000 population 18-64	4.30	2.70	4.12		*N/A – not a PAF indicator*			The number of learning disabled people i paid work is 31, giving an indicator value of 4.12 people per 10,000 population, target exceeded.
AWA 2/ SA5	Number of learning disabled people in voluntary work per 10,000 population	9.26	10.1	8.91		*N/A – not a PAF indicator*			67 clients were supported into voluntary work in the year. Although the target has been missed, this is offset by the fact that there has been a focus on supporting people into paid work. This has paid off as the target in that area has been exceeded – see AWA1.
AWA 3/ SA5	Number of physically disabled people in paid work per 10,000 population	5.5	7.4	6.25		*N/A – not a PAF indicator*			The 2007/08 target has not been achieved as the focus has been on trying to progress people into real sustainable jobs, rather than finding supported permitted work placements for them.
AWA 4/ SA5	Number of physically disabled people in voluntary work per 10,000 population	2.42	2.0	2.26		*N/A – not a PAF indicator*			The number of physically disabled people in voluntary work is 17, giving an indicator value of 2.26 people per 10,000 population. Target exceeded.

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 4	Progress	*PAF band Target*	*PAF band Actual*	*PAF Progress*	Commentary
AWA 5/ SA5	Number of adults with mental health problems in paid work per 10,000 population	4.7	6.7	5.85		*N/A – not a PAF indicator*			The 2007/08 target has not been achieved as the focus has been on progressing people into real sustainable jobs, rather than finding supported permitted work placements for them. (additional 18 people into sustainable jobs, or 2.39 per 10,000)
AWA 6/ SA5	Number of adults with mental health problems in voluntary work per 10,000 population	2.42	2.0	4.65		*N/A – not a PAF indicator*			The number of adults with mental health problems in voluntary work is 35, giving an indicator value of 4.65. Target exceeded.
AWA 7/ SA2	Percentage of carers on the carer's database as a percentage of the number of carers identified in the 2001 census in Halton	29%	25%	34%		*N/A – not a PAF indicator*			The total numbers of Carers in Carefirst is 4,620. This sum divided by the numbers c carers identified in the 2001 census (13,528) provides a percentage of 34%
AWA 8/ SA3& 4	Percentage of Carer assessments completed for adults	29.38 %	50%	30.00%		*N/A – not a PAF indicator*			Year-end target not achieved. Work is ongoing within operational teams to conduct and record carer assessments.
	Cost & Efficiency Indicators								
PAF B11/ SA3	Intensive home care as a percentage of intensive home care and residential care	28	28	25.96E		5	4		The estimated figure is 25.96. Part of this calculation is based on the sample week of service users receiving homecare in September and therefore, this part of the calculation cannot be improved. However, the number of weeks spent in residential and nursing care will be updated once final year end figures are known.

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 4	Progress	*PAF band Target*	*PAF band Actual*	*PAF Progress*	Commentary
PAF B12/ SA11	Cost of intensive social care for adults and older people	£471	£410	NYA	Refer to comment	NYA			Actual unit cost not available until closure of accounts in June/July 2008.

Key Objective (Service Plan Ref. Only)	Risk Control Measures	Target / Deadline	Progress	Commentary
AWA2	**Continue to modernise mainstream socially inclusive opportunities:** **Risk Identified** – Resistance to move away from traditional segregated services leads to services remaining unchanged, with poor outcomes for service users.			
	Risk Treatment Measures: - In Control facilitates move towards individual, outcome focussed services.	Mar 08		Funding has been identified to develop additional staffing capacity to take this work forward.
	- Development of Bridge Building service influences community capacity building and partnership work.	Mar 08		The Community Bridge Building Service has completed extensive community mapping and capacity building within mainstream services. This also continues to be done on a one-one basis with individuals using the service. Partnership work has enhanced over the fourteen months that the service has been in operation and two successful stakeholder sessions have been held with representatives from a wide range of services and organisations.
	- Current day service modernisation develops meaningful daytime activity within community settings.	Mar 08		Good progress has been made, actions completed and a Quality Improvement Team has been established which visits day services on a planned basis
	- Joint working with Employment & Enterprise Service creates wider opportunities for people to access employment.	Mar 08		Draft Strategy completed and will be formally adopted by June 2008

	- Mental Health Partnership Board consolidates integrated, community services with the 5BP.	Dec 07		Since November 2007, it has been agreed that the direct line management of the Community Mental Health Teams is through the Borough Council, and thereby to the Mental Health Partnership Board. A new team management structure has also been agreed which strengthens this position. Case files have been integrated across health and social care and there is an agreed and share operational policy for the service.
AWA3	**Develop new model to increase access to new funding for Carers Centres by March 2008:** **Risk Identified** - Carers may not support this.			
	Risk Treatment Measure – Continue to work with carers, St Helen's and the Princess Royal Trust. Options appraisal and impact assessment to be undertaken by May 2007.	May 2007		Executive Board agreed the formal transfer of carers centres to Princess Royal Trust, February 2008
	Work with Halton & St Helen's PCT to improve the physical health of carers by Sept 2007: **Risk Identified**– Service development with PCT does not take place.			
	Risk Treatment Measure – Work with PCT to identify Lead and regularly report back to PCT Management Team.	Sept 2007		PCT has fully contributed to the Carers Strategy Group and has committed funding for 3 years to contribute to the new arrangements with the Princess Royal Trust

HIGH Priority Actions	Target (Resp. Officer)	Progress (Traffic lights)	Commentary
Undertake a mapping exercise of informal and formal networks for BME groups	Sept 2007 (Sue Rothwell)		A project worker was employed for eight months and formed part of the Community Bridge Building Team. The project was aimed at working with people from black and minority ethnic groups to enable us to identify what groups of people are currently using BME services outside of Halton in surrounding areas. Initially the Project Worker spent quite a lot of time mapping what was available locally for people from BME communities and networking with organisations that provide services to Halton residents. The worker also undertook discussions and contacts with CHAWREC. An audit of eight cases across all service areas was also undertaken to ascertain if the ethnicity was identified correctly, cultural needs and the services provided were appropriate to needs. A report was presented to the senior management team and then the equalities board and this is now being taken forward by service planning.
Improve Corporate website to ensure basic information/welcome in the four main languages in Halton, highlighting language and sources of information	Nov 2007 (John Gibbon)		Completed - a welcome button on the front page of the website in 5 main languages (including Polish) now links to the attached यदि आप की पहली भाषा अंग्रेज़ी नहीं है और आप हमारी सेवाओं के बारे में जानकारी किसी अन्य भाषा में चाहते हैं तो कृपया हमें 0151 907 8300 पर फ़ोन करें या hdl@halton.gov.uk पर ई-मेल भेजें Jeżeli angielski nie jest Twoim pierwszym językiem i potrzebujesz informacji o naszych usługach w innym języku, prosimy o zatelefonowanie do nas pod numer: 0151 907 8300 lub wysłanie maila do: hdl@halton.gov.uk 如果你的母语不是英语，而你希望得到有关我们服务的其它语言版本的信息，请致电0151 907 8300或者发送电邮至 hdl@halton.gov.uk联络我们。 اگر آپ کی پہلی زبان انگریزی نہیں ہے اور آپ ہماری خدمات کے بارے میں معلومات کسی دوسری زبان میں چاہتے ہیں تو براہ کرم ہمیں 0151 907 8300 پر فون یا hdl@halton.gov.uk پر ای میل کریں **If your first language is not English and you would like information about our services in another language, please call us on 0151 907 8300 or email hdl@halton.gov.uk**

APPENDIX FIVE – PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS
Adults of Working Age

Revisit original DDA audit of buildings to assess current situation and develop costed, prioritised programme of improvements	Mar 2008 (Janet Wood)		The proposals have been costed at approximately £ 7,000 to £10,000. This work will now be programmed into the Community Centres Minor Works programme and the Community Centre management will request our intervention, if required.'

Please note that these actions apply to all three adult social care services (Adults of Working Age, Older People's Services and Health & Partnerships), and are detailed in each of the three plans.

The traffic light symbols are used in the following manner:

		Objective	Performance Indicator
Green		Indicates that the objective has been achieved within the appropriate timeframe.	Indicates that the annual 07/08 target has been achieved or exceeded.
Red		Indicates that the objective has not been achieved within the appropriate timeframe.	Indicates that the annual 07/08 target has not been achieved.

QUARTERLY MONITORING REPORT

DIRECTORATE: **Health & Community**

SERVICE: **Health & Partnerships**

PERIOD: **Quarter 4 to year-end 31 March 2008**

1.0 INTRODUCTION

This quarterly monitoring report covers the Health & Partnerships Department fourth quarter period up to year end 31 March 2008. It describes key developments and progress against all objectives and performance indicators for the service.

Given that there are a considerable number of year-end transactions still to take place a Financial Statement for the period, which will be made available in due course, has not been included within this report in order to avoid providing information that would be subject to further change and amendment.

The way in which traffic lights symbols have been used to reflect progress to date is explained within Appendix 6

It should be noted that this report is presented to a number of Policy and Performance Boards. Those objectives and indicators that are not directly relevant to this Board have been shaded grey.

2.0 KEY DEVELOPMENTS

Performance and I.T

Corporate IT have commenced the Business Process Review for adult social care processes and Managers and Teams are actively engaged in working with them on the project. It is anticipated this will produce improved, effective streamlined business processes, which fully utilize the IT systems and innovative products that Corporate IT will make available.

Housing

News on the Halton/St Helens/Warrington Growth Point proposal is still awaited.

Planning consent has been granted for the Traveller transit site at Warrington Rd, Runcorn, and construction should commence soon.

Following a detailed service review, it has been decided to bring the homelessness assessment service back in house, and to re-tender the contract for the provision of management and housing support services at Grangeway Court (the Council's homelessness accommodation).

Consumer Protection
A major operation by the Birmingham based team that combats illegal money lending, and which works in partnership with all 22 North West Trading Standards authorities, resulted in a number of raids and arrests in Halton on 10 March 2008. The results of any Court actions flowing from this activity will be communicated to the Safer Halton Policy and Performance Board when it considers this monitoring report.

Commissioning
A Commissioning Master Plan has been developed to identify the key Commissioning priorities across Health and social care for 2008/9.

Direct Payments
The number of service users in receipt of Direct Payments continues to increase and in total has exceeded this year's target, with the number of carers receiving a break via direct payments exceeding all expectations. At the 31st March there were 191 service users (compared to 175 at 31.3.2007) and 440 carers (compared to 46 at 31.3.2007) receiving their service using a Direct Payment.

3.0 EMERGING ISSUES

Housing
The Housing Corporation has awarded grant investment totalling £11.8m for Housing Associations in Halton to develop new housing. Over the next 3 years this will see 144 new homes for rent and 147 for low cost home ownership. The only disappointment was the failure to secure funding for the development of an Extra Care Housing Scheme.

Government has recently announced changes to the framework for Disabled Facilities Grants. These include –

- increased flexibility in the way funds are used
- simplification of the means test
- the power to recover financial assistance in certain circumstances

Consumer Protection

In recent years there has been a growing move by Government and by local authorities' national organisations such as LACoRS (the Local Authorities Coordinators of Regulatory Services) to relate to Trading Standards Services as regional groupings. In the North West there is a strong partnership between the 22 Trading Standards (Consumer Protection) services, which does benefit local service delivery.

Some financial strains are however beginning to materialise as central funding for key regional activities (e.g. regional coordination and the regional intelligence unit) is reduced. The fear is that other central funding for initiatives such as the "combating illegal money lending" partnership and a new "Scam busters" partnership will suffer a similar fate in years to come. The North West will therefore have to decide whether to wind-up these very beneficial regional initiatives or to meet any budget shortfall from within the region. The latter option could place a disproportionately higher burden on smaller services within the region.

Registration Service

The Service is exploring the possibility of offering a Nationality Checking Service. Those seeking British nationality, whether resident in Halton or not, would visit the office to ensure that the application, passport and supporting documents are correct. Offering this service will generate income, and thereby offset the anticipated loss of future "copy certificate" income resulting from Registration modernisation etc.

4.0 PROGRESS AGAINST KEY OBJECTIVES / MILESTONES

Total	**15**		**11**		**0**		**4**

Of the fifteen milestones for the service, eleven have been achieved by their target date. Four milestones have incurred some slippage through the year and work continues on these. For further details, please refer to Appendix 1.

4.1 PROGRESS AGAINST OTHER OBJECTIVES / MILESTONES

There are no other objectives for the service. Nine milestones within the key objectives are designated 'non-key'. Those milestones are reported in Appendix 1 and are designated by the use of *italic* text.

5.0 SERVICE REVIEW

Registration Service
Compliance with the Good Practice Guide setting national standards for Registration is continually monitored. HM Deputy Chief Inspector has satisfied himself that Halton is meeting these standards. A stewardship report confirming this, covering the period 4 July 2007 to 31 March 2008, will be submitted to the Registrar General in April.

Contracts and Supporting People
Following the completion of the SP service review programme a new steady state contract for SP and joint SP/Social care services and revised service specifications have been produced for all SP and SP//Social Care contracts.

Finance- Management Accounts Team

The Directorate Management Accounts Team is continuing to provide support to critically review all areas of spend and identify future efficiencies for external and in house services provided. Examples this quarter include modelling the impact of Supporting People retraction on ALD care services in particular, the potential impact of job evaluation on in house services, proposed changes to pooled budget arrangements for intermediate care, further support to the ALD team in reducing their overspend on care services; and agreeing service priorities for grants rolled into base, given a number of temporary staff were employed across the Directorate.

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Total	**6**		**6**		**0**		**0**

All six key performance indicators for the service have hit target at the year-end point. For further details, please refer to Appendix 2.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	**22**		**14**		**0**		**8**

Of the twenty-two other performance indicators for the service, fourteen have hit target at the year-end point. Eight indicators, spread across the functions of the service, have not achieved target at year-end. For further details, please refer to Appendix 3.

7.0 PROGRESS AGAINST LPSA TARGETS

There are no LPSA targets for this service.

8.0 RISK CONTROL MEASURES

During the production of the 2007-08 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.

Where a Key Service Objective has been assessed and found to have associated 'High' risk, progress against the application of risk treatment measures is to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4. For further details, refer to Appendix 5

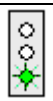
9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2006/07 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4. For further details, please refer to Appendix 6.

10.0 APPENDICES

Appendix 1- Progress against Key Objectives/ Milestones
Appendix 2- Progress against Key Performance Indicators
Appendix 3- Progress against Other Performance Indicators
Appendix 4- Progress against Risk Control measures (Q2 & 4)
Appendix 5- Progress against high priority equality actions (Q2 & 4)
Appendix 6- Explanation of traffic light symbols

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date*	Commentary
HP1	Ensure that high level strategies are in place, and working to deliver service improvements, and support frontline services to deliver improved outcomes to the residents of Halton	*Develop and implement Joint Commissioning Strategy's to ensure that we identify our commissioning intentions linked to financial planning by September 2007*		3 year Financial Plan developed, along with implementation of joint commissioning strategy for PSD and review of the one for Mental Health. Timescale agreed for the review and update of the OP Commissioning Strategy-timescale to be aligned with completion of Domiciliary Care and Residential care strategies by Aug 08 New joint Health and Social Care masterplan produced- identifies priorities for 2008/9
		Develop robust contract management and monitoring arrangements across all service areas by March 2008		Good progress in most areas, however work is still ongoing to improve contract management of voluntary sector contracts

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date*	Commentary
HP1 cont.		Update the Housing and Homelessness Strategy's to reflect findings of 2006 needs assessment and revised strategy and action plan by March 2008		The housing strategy review has been completed and a consultation process is underway before bringing it to Board in early summer. The review of the homelessness strategy has been delayed due to the focus on the service review throughout 2007/08. It is now unlikely to complete this piece of work until the autumn.
		Review 5 year Supporting People Strategy to ensure diverse and flexible housing support services are in place to support people to live at home by July 2007		As reported in previous quarter. Work commenced in q4 on a review of future of the SP programme ie governance and commissioning arrangements in anticipation of the transfer of the programme grant to the Area based Grant in 2009/10.
		Develop a Training Plan to deliver effective and efficient learning interventions, to ensure staff are equipped with the appropriate skills and knowledge by October 2007		Training Plan developed and approved by SMT in April 2007

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date*	Commentary
HP1 cont.		*Embed the guidance from the 2 White papers 'Our Health Our Care Our Say' and 'Strong and Prosperous Communities' in delivering the Health Strategy for Halton to improve partnership working and outcome measures by September 2007*		Members of the OHOCOS Outcomes working party concluded that the agreed action plan is now complete and the working party has now been disbanded. Ongoing monitoring to ensure services meet the OHOCOS objectives will be undertaken through the health Partnership Board.
HP2	Work with operational managers to design a performance management framework that will provide high quality performance monitoring and management information, to help improve service delivery and assist services to continuously improve	Develop a performance monitoring framework to meet the requirements of changing National priorities including outcomes and non care managed services by June 2007		Work has commenced and some training has been provided. Further work with Operational Directors to review the current framework is progressing.
		Establish an IT strategy in conjunction with Corporate IT so that Carefirst6, Carestore and CareAssess are implemented in accordance with agreed timescales so that Carefirst users have access to more effective data input systems – October 2007		Carefirst 6 implementation has commenced and the Business Process Review is underway with teams.

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date*	Commentary
HP2 cont.		*Implement an electronic performance framework that is accessible to managers via the intranet to facilitate the availability of real time information to support decision making – May 2007*		Dashboard implemented operational. Training provided to managers
HP3	To deliver high quality Bereavement, Consumer and Registration Services, that are fit-for-purpose and meet the needs, dignity and safety of the Halton community	Ensure that sufficient longer-term cemetery provision exists to meet the needs of the Halton people, by initially completing an options appraisal and securing member decision by 31 March 2008		An initial options appraisal has been considered by the Safer Halton P & P Board and the Chief Officer's Management Team. Detailed cost benefit analysis work is ongoing to inform the final member decision – which is now anticipated to be made by summer 2008.
		Research and develop an action plan by 31 December 2007, for the implementation of an intelligence-led approach to delivering Consumer Protection services		Action plan complete, and includes reference to initial Strategic Assessment for the Service to be completed by end December 08.
		Progress the modernisation of the Registration Service by securing the installation of a new Registration Scheme by 30 September 2007		The new scheme came into effect on 4th July 2007. A stewardship report detailing the operation of the Scheme up to 31 March 08 is to be submitted to the Registrar General in April 08.

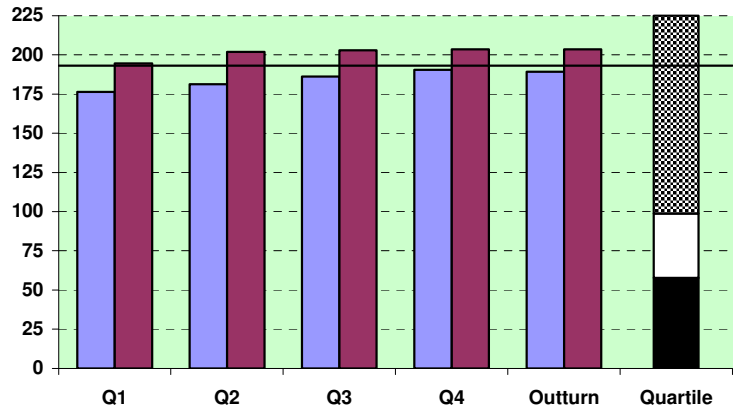
Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date*	Commentary
HP4	Ensure that effective financial strategies and services are in place to enable the directorate to procure and deliver high quality value for money services that meet people's needs	Develop, by April 2007, a 3-year financial strategy, to ensure that funding is matched to changing service requirements		Completed. Growth and savings proposals submitted to Corporate Services as part of 2008/09 budget setting round including details of all future proposed grant spend to be rolled into the base budget. This includes staff in temporary and permanent grant funded posts rolled into base and the LAA. Strategy to be further amended in 2008/9 to incorporate 3 year financial grant settlements awarded, which were better than anticipated with new grants such as the Social Care Reform Grant. This later grant will be central to supporting the redesign and reshaping of services/ systems to enable transformation, making personalisation the cornerstone of social services, with service users having greater choice and control over the shape of their support

Service Plan Ref.	Objective	2007/08 Key Milestone *Italic = Q2 & Q4 only*	Progress to date*	Commentary
HP4 cont.		*Develop, by October 2007, financial products that support the modernisation of inclusive services*		A number of funding sources have been explored including Short-term bids for SP funding, with previous grant funding secured where new initiatives have delivered improvements in service quality. Support for the voluntary sector also reviewed with contract performance scrutinised for a number of these to ensure value for money is demonstrated
		Review, by October 2007, the Fairer Charging Policy to ensure that charges meet strategic objectives		Achieved. The potential increase in charges across a range of areas has been quantified as part of the budget setting exercise for 2008/9, which have been compared with neighbouring local authorities, and referenced to consultation conducted in February 2007. Proposals approved by full Council and Executive Board Sub Committee in line with corporate budget timescales.

BVPI 201

Number of adults and older people receiving direct payments

Higher figures represent better performance



Key

- 2006/7
- 2007/8
- Target
- Top 25%
- Middle 50%
- Bottom 25%

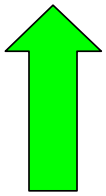
PAF Assessment

Better ←

Band	5	4	3	2	1
Target	X				
Current	X				

Likely to hit PAF target

Trend



Green

Better than this time last year

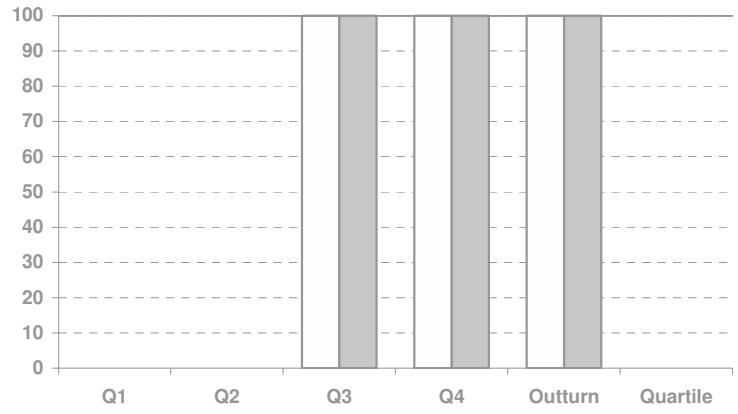
Annual target hit or exceeded

Commentary

Figure provided is an estimate as final year end figure not yet known. Based on this, take up of direct payments continues to improve.

HPLI 4

Percentage of schools (incl. Yr 11 and Sixth pupils) offered a Validate card.

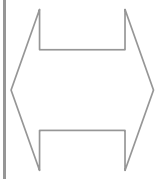


Key

- 2006/7
- 2007/8
- Target
- Top 25%
- Middle 50%
- Bottom 25%

No quartile data available

Trend



Green

Same as this time last year

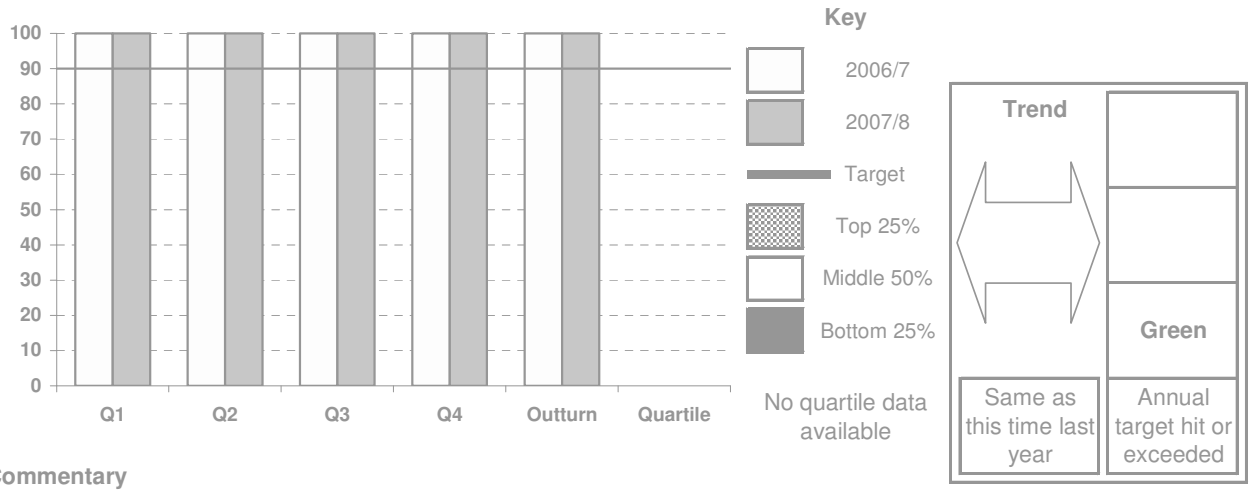
Annual target hit or exceeded

Commentary

All schools were offered the opportunity to participate in the Validate proof of age card scheme, however, it should be noted that five secondary schools did not take-up the offer.

HPLI 9

% of times service has offered 2 burial appointments within 9 working days (Dec to Feb inclusive) or within 7 working days at other times

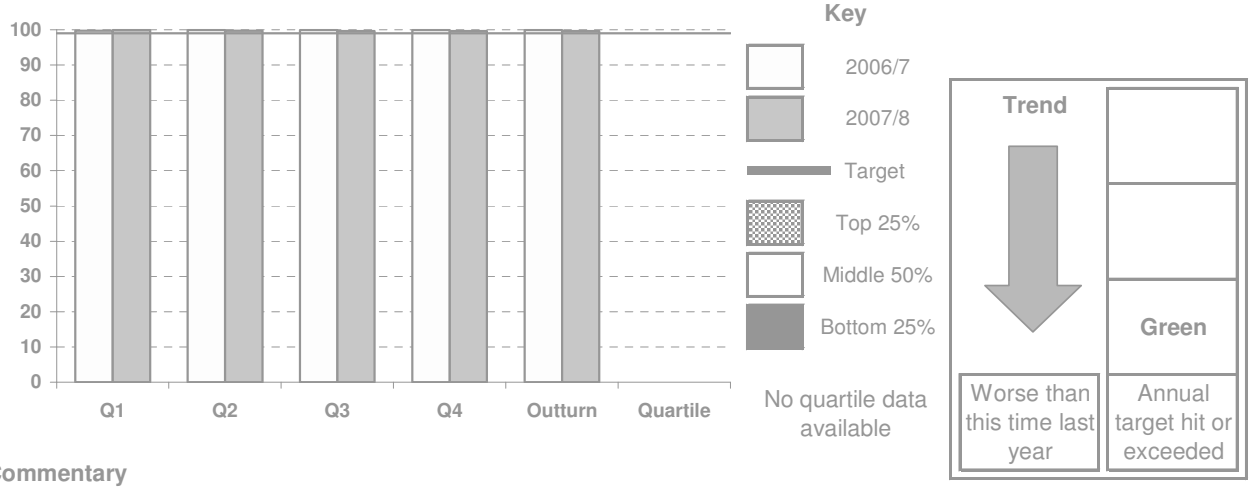


Commentary

This performance relates to the 340 burials that took place in the Council's cemeteries from April 2007 to March 2008 inclusive.

HPLI 12

Percentage of clients attended to within 10 minutes of their appointment time.



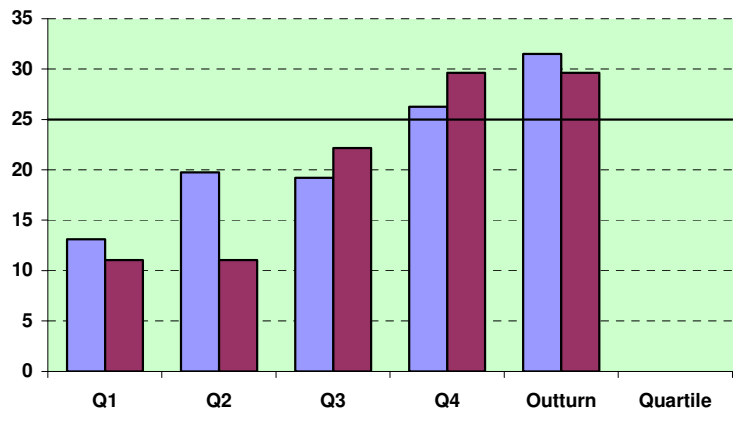
Commentary

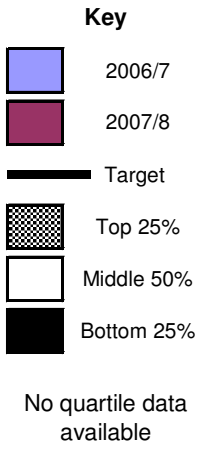
During the year 3430 people were seen with an appointment. Of these, 9 people had to wait longer than the 10 minute standard.

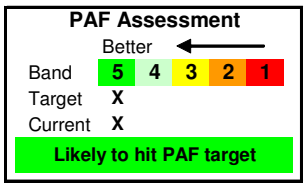
The final outturn for the year was 99.7%, broadly the same performance as the 99.9% achieved in 2006/07.

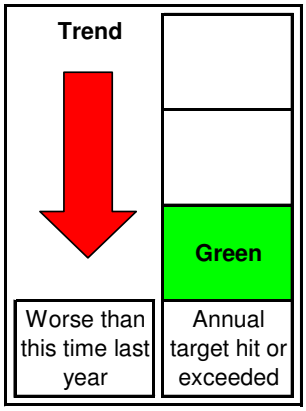
HPPAF 59

No. of assessed social work practice learning days per whole time equivalent social worker







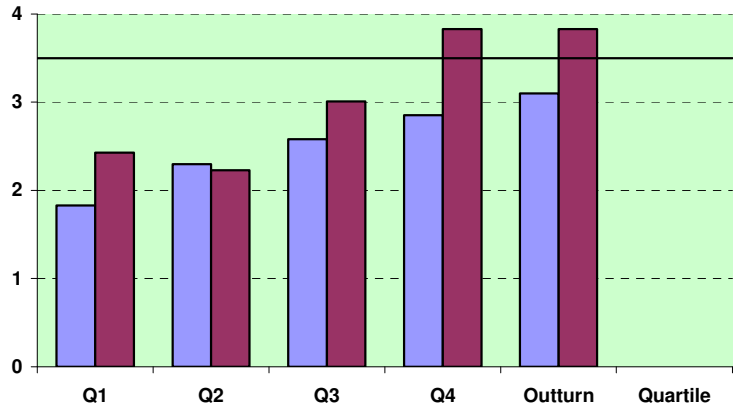


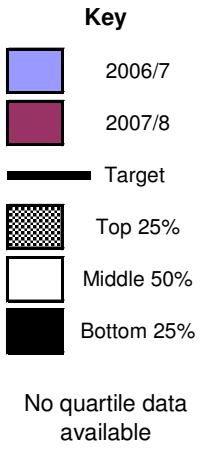
Commentary

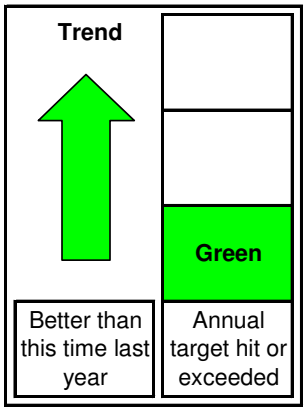
PI is calculated by dividing the number of placement days; directly provided by HBC and placements provided in the vol sector, by the no of WTE social workers. Last year we were awarded 1080 vols placement days and we can confidently anticipate at least this number in future years because the total no of students has increased. (2710 divided by WTE 91.5=29.61)

HPLI 16

% of SSD gross current expenditure on staffing which was spent on training the Council's directly employed staff during the financial year







Commentary

Training Budget spend in 4th quarter, including Post Entry Training costs and Training Attendance costs, divided by social care staffing for Q4, not including Children Services. T&D Spend £575,269, including £73,460 Corporate Training recharge, divided by £15,016,584 multiplied by 100. (Doesn't include £52,277 spend on Indendent Sector)

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 4	Progress	Commentary
	Service Delivery Indicators.					
BVPI 166b	Score against a checklist of enforcement best practice for Trading Standards	100%	100%	100%		This 'year end' best value performance indicator provides an indication of the performance of Halton's Consumer Protection Service when measured against a checklist of enforcement best practice. The checklist has regard to written enforcement policies, risk based inspection programmes and sampling and surveillance regimes, educational and information programmes, customer complaint/enquiry processes, benchmarking and consultation arrangements and performance reporting mechanisms.
BVPI 64	Number of private sector dwellings returned into occupation or demolished as a direct result of action by the local authority.	2	2	1		Outputs against this BVPI have always been reliant on Council grants for Landlords to refurbish and let out previously empty dwellings that they acquired. Under current grants policy only accredited landlords can access assistance, and no such applications have been received. The one recorded outcome results from a grant approved under the old policy.

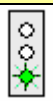
Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 4	Progress	Commentary
BVPI 183a	The average length of stay in B&B accommodation of homeless households that are unintentionally homeless and in priority need (weeks)	5.33	3.0	2.71 E		From a high of 5.33 weeks reported for 2006/07, performance against this BVPI has continued to improve throughout the year due to the introduction of a number of homelessness prevention initiatives. It is forecast that year-end performance will be within the target set. (These figures are based on the position up to the end of February)
BVPI 183b	The average length of stay in hostel accommodation of homeless households that are unintentionally homeless and in priority need[1]	0	0	0		As Grangeway Court fails to meet the definition of a hostel, and domestic violence refuges are excluded from the calculation, this BVPI will always be reported as zero.
BVPI 202	Number of Rough Sleepers	0	0	1		A formal rough sleeper count was undertaken in the early hours of the 27th March, and one rough sleeper is the official count figure.
BVPI 203	The % change in the average number of families placed in temporary accommodation	18.75%	-15%	-9.5% E		Based on the position at the end of quarter 3 (the most up to date available), a 9.5% reduction has been achieved. Whilst this is good when set against the +18.7% performance of the previous year, it fails to meet the target set. Performance in the final quarter will determine the final outcome but it is not expected to significantly change.

[1] Halton does not have any accommodation that falls within the definition of a hostel as stated in the guidance for this indicator.

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 4	Progress	Commentary
BVPI 213	The number of households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (expressed as the number divided by the number of thousand households in the Borough)	0.42	1.42	0		Whilst recently developed homelessness prevention initiatives have been successful in preventing homelessness in over 300 cases (equivalent to a BVPI of 2.7), the fact that the services are funded through Supporting People prevents these outcomes being included within the very tight definition for this BVPI.
BVPI 214	The proportion of households accepted as statutorily homeless who were accepted as statutorily homeless by the same LA within the last 2 years	1.24%	1.20%	0.4% E		With only 1 recorded case of repeat homelessness up to February 08, the forecast is that year end performance will be better than the target.
HP LPI 18	Has there been a reduction in cases accepted as homeless due to domestic violence that had previously been re-housed in the last 2 years by that LA as a result of domestic violence (BVPI 225, part 8)	Yes	Yes	Yes		No repeat domestic violence homelessness applications have been received during 2007/08 as at the end of February 08.
HP/ LPI 1	Percentage of SSD directly employed staff that left during the year.	7.69%	8%	8.98%		The Directorate Exit Interview Policy, Procedure and Practice has been reviewed and a six monthly analysis of questionnaires was completed and reported to SMT. The numbers of exit interview questionnaires/interviews being completed is low and actions are continuing to promote these being completed for improvements to be made accordingly.

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 4	Progress	Commentary
HP/ LPI 2	Percentage of Social Services working days/shifts lost to sickness absence during the financial year.	9.21%	8%	9.85%		The Health & Community Directorate have put in place a pilot sickness reporting process in a number of service areas, and have developed supplementary guidance for managers to help them manage absence within their teams more effectively. The supplementary guidance is awaiting final agreement from Corporate Services before it can be implemented.
HP/ LPI 3	% of Halton pupils completing a survey on the supply of age restricted products	70%	60% of appropriate school year	0%		This year's survey on knives and solvents and was aimed at year 9 pupils. Out of the eight schools in the Borough that were approached, only two schools agreed to take part. Three specifically said no and three did not respond. Without a higher take-up rate the sample would not be statistically significant enough or provide sufficient information to be a representative sample of the Borough. A number of avenues were utilised to attempt to convince the schools to support this initiative but these all proved to be unsuccessful.
HP/ LPI 11	Applications for current certificates processed on the day of receipt.	99.7%	99%	99%		Some 1069 applications for current certificates were received during the year and of these, 1055 were issued on the day of receipt.

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 4	Progress	Commentary
HP/ LPI 17 (Based on BVPI 8)	The percentage of undisputed invoices which were paid in 30 days (BVPI 8)	96%	96%	97%		97% was achieved for quarter 4 and the year April 07 to March 08. Target achieved due to improved monitoring and weekly chasing by the Financial Services team to ensure prompt payment, with training provided in January 2008 also well received.
	Quality of Service Indicators.					
HP/ LPI 7	Percentage of consumer service users satisfied with the Trading Standards Service, when last surveyed	80%	89%	91%		Despite offering entry into a prize draw for all returned surveys, the Service experienced a very low response rate.
HP/ LPI 8	Percentage of Business service users satisfied with the Trading Standards Service, when last surveyed	100%	89%	100%		Positive feedback received from businesses suggests that they find the enforcement / advisory visits from officers useful in helping them understand and comply with consumer law
HP/ LPI 10	Percentage of Bereavement Service users who rated the staff courteousness / helpfulness as reasonable / good / excellent when last surveyed	100%	92%	100%		The 64 survey forms that were returned included 54 responses to the relevant question about the staff's performance. All of these respondees rated this performance as reasonable / good / excellent.

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 4	Progress	Commentary
HP/LPI 13	Percentage of couples who felt that they received an excellent or good service from staff on the day of their marriage / partnership, when last surveyed.	100%	90%	100%		The survey of marriages in September 2007 was reported last quarter. The figures reported here relate to a survey of the 7 civil partnerships that took place during 2007, from which we had 5 responses. One comment received was "It was an excellent location with lovely gardens. My partner, the guests and I were made to feel special on the day and also on the visits prior to our ceremony."
HP/LPI 14	Percentage of other Registration Service users who rated the staff's helpfulness / efficiency as excellent or good, when last surveyed.	100%	92%	100%		The above figures relate to the general survey that was conducted in February 2007. A similar survey is ongoing to cover a week in February 2008. This will be analysed during the next three months.
	Fair Access Indicators.					
HP/ LPI 5	No. of initiatives undertaken to raise the profile of the Service in the 5 most deprived wards	13	4	16		The Service has focused activities in the 5 most deprived wards and worked with partners to secure funding for initiatives such as a Windmill Hill Calendar (delivered to every home in that Ward), a No Cold Calling Zone in Kingsway and promotional activities such as attendance on the mobile library on routes through the deprived wards.

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 4	Progress	Commentary
	Cost & Efficiency Indicators.					
HP/ LPI 15	% of SSD directly employed posts vacant on 30 September	11.78%	9.5%	14.40%		The % figure relates to vacancies as at 30th September 2007 with Adult Services, Health and Partnerships and Older Peoples services/ILS and is based on the number of posts within all service areas. As part of the continued drive to improve retention in the Health and Community Directorate a new Recruitment and Retention Strategy is currently being produced.
HP/LPI 6	% of HR Development Strategy Grant spent on Council staff	73%	73%	74.5%		During 2007/08, the HR Development Strategy Grant spend has been allocated between Council staff and the Independent Sector, which in previous year's had not happened. This is a really important step forward in strengthening Halton Borough Council's links with the independent sector and recognising them as an important part of the social care workforce as a whole.

Key Objective (Service Plan Ref. Only)	Risk Control Measures	Target / Deadline	Progress	Commentary
HP2	**Risk Identified:** Failure to provide IT systems that record activity and care services provided places both the organisation and service users/carers at risk			
	Risk Treatment Measures Data quality checking mechanisms to reconcile data to care arranged and payments made.	March 2008		A report timetable has been drawn up to clearly identify all Data Quality Checks currently taking place within the IT Systems and Performance Management Team. Where appropriate all reports are sent out to Data Inputters and a response monitored.
	Managerial control of data inputters to ensure data is loaded accurately in a timely manner.	March 2008		The temporary extended responsibilities for the Data Quality Project Co-ordinator post, concerning supervisory management of data inputting staff have now been confirmed as critical for the success of the post. The current post holder will continue to undertake these extended responsibilities under the revised scope of the post.
	Quarterly performance monitoring reports to SMT	March 2008		Quarterly Monitoring Reports are used to communicate to Senior Management Team on a regular and timely basis of any issues regarding IT Systems and data processing of operational data.

HP1	**Risk Identified:** Review 5 year Supporting People Strategy *All risk control measures have been adhered to/implemented. Following quarterly updates, only 2 risks associated with the 5 year Supporting People Strategy remain in the Directorate Risk Register. These are identified below.* **Risk Treatment Measures** 1a) work with partner agencies to agree alternative funding sources 1b) work with providers on development of exit strategies 2a) work with strategic partners to prioritise SP services in LAA 2b) review governance arrangements for delivery of SP services to ensure maximum organisational fit to achieve with targets in LAA	Dec 2008 June 2008	 	1a)funding for joint services agreed for 2008/09 negotiations will be ongoing as SP grant is reduced on an annual basis – to be reviewed each Dec following funding announcement 1b) ongoing 2a) Business case developed and issued to LAA Lead for Healthier Communities and OP and Safer Communities Blocks 2b) Health check currently being carried out on SP programme to include review of governance arrangements and transfer of programme to LAA

HIGH Priority Actions	Target (Resp. Officer)	Progress (Traffic lights)	Commentary
Undertake a mapping exercise of informal and formal networks for BME groups	Sept 2007 (Sue Rothwell)		A project worker was employed for eight months and formed part of the Community Bridge Building Team. The project was aimed at working with people from black and minority ethnic groups to enable us to identify what groups of people are currently using BME services outside of Halton in surrounding areas. Initially the Project Worker spent quite a lot of time mapping what was available locally for people from BME communities and networking with organisations that provide services to Halton residents. The worker also undertook discussions and contacts with CHAWREC. An audit of eight cases across all service areas was also undertaken to ascertain if the ethnicity was identified correctly, cultural needs and the services provided were appropriate to needs. A report was presented to the senior management team and then the equalities board and this is now being taken forward by service planning.

Improve Corporate website to ensure basic information/welcome in the four main languages in Halton, highlighting language and sources of information	Nov 2007 (John Gibbon)		Completed - a welcome button on the front page of the website in 5 main languages (including Polish) now links to the attached यदि आप की पहली भाषा अंग्रेज़ी नहीं है और आप हमारी सेवाओं के बारे में जानकारी किसी अन्य भाषा में चाहते हैं तो कृपया हमें 0151 907 8300 पर फ़ोन करें या hdl@halton.gov.uk पर ई-मेल भेजें Jeżeli angielski nie jest Twoim pierwszym językiem i potrzebujesz informacji o naszych usługach w innym języku, prosimy o zatelefonowanie do nas pod numer: 0151 907 8300 lub wysłanie maila do: hdl@halton.gov.uk 如果你的母语不是英语，而你希望得到有关我们服务的其它语言版本的信息，请致电0151 907 8300或者发送电邮至 hdl@halton.gov.uk联络我们。 اگر آپ کی پہلی زبان انگریزی نہیں ہے اور آپ ہماری خدمات کے بارے میں معلومات کسی دوسری زبان میں چاہتے ہیں تو براہ کرم ہمیں 0151 907 8300 پر فون یا hdl@halton.gov.uk پر ای میل کریں **If your first language is not English and you would like information about our services in another language, please call us on 0151 907 8300 or email hdl@halton.gov.uk**
Revisit original DDA audit of buildings to assess current situation and develop costed, prioritised programme of improvements	Mar 2008 (Janet Wood)		The proposals have been costed at approximately £ 7,000 to £10,000. This work will now be programmed into the Community Centres Minor Works programme and the Community Centre management will request our intervention, if required.'

Please note that these actions apply to all three adult social care services (Adults of Working Age, Older People's Services and Health & Partnerships), and are detailed in each of the three plans.

The traffic light symbols are used in the following manner:

		Objective	Performance Indicator
Green		Indicates that the objective has been achieved within the appropriate timeframe.	Indicates that the annual 07/08 target has been achieved or exceeded.
Red		Indicates that the objective has not been achieved within the appropriate timeframe.	Indicates that the annual 07/08 target has not been achieved.