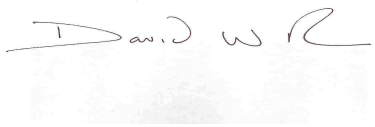
Public Document Pack

Healthy Halton Policy and Performance Board

Tuesday, 13 January 2009 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 Robert Gilligan	Labour
Councillor Trevor Higginson	Liberal Democrat
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
LINk Co-optee Vacancy	

Please contact Michelle Simpson on 0151 907 8300 Ext. 1126 or e-mail michelle.simpson@halton.gov.uk for further information.
The next meeting of the Board is on Tuesday, 10 March 2009

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

Part I

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: 13th January 2009

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: 13 January 2009

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 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 16 OCTOBER 2009

HEALTH AND SOCIAL CARE PORTFOLIO

EXB62 The Relationship between Healthy Halton Policy and Performance Board and Halton's Local Involvement Network (LINk)

The Board considered a report of the Strategic Director – Health and Community outlining the proposal to establish formal links between the Healthy Halton Policy and Performance Board (PPB) and the newly established Local Involvement Network (LINk).

A report had been presented to the Healthy Halton PPB on 16th September 2008, outlining the expectation that there would be a formal relationship between the Healthy Halton PPB and LINks as set out in Government guidance. In particular, it was noted that the PPB had a duty to acknowledge any referral from LINk within 20 days on areas that could warrant scrutiny. The PPB had also noted it would be beneficial for both bodies that the PPB and LINk worked in parallel to avoid duplication of work streams.

It was proposed that, to ensure that the PPB and LINk worked closely, a LINk representative should be appointed as a non-voting co-optee for a period of one year. The Board was advised that Halton Voluntary Action would decide who this person would be.

RESOLVED: That Full Council be recommended that a LINk representative (name to be confirmed once LINk formalised) be appointed as a non-voting co-optee on the Healthy Halton Policy and Performance Board for a period of one year, commencing from the date of approval.

EXB63 Home Care Services

The Board considered a report of the Strategic Director – Health and Community outlining a proposal to develop a re-ablement service.

It was advised that Adult Social Care Services were increasingly establishing re-ablement services as part of their range of home care provision. Typically, home care re-ablement was a short-term intervention, provided free of charge, that aimed to maximise independent living skills.

The evidence suggested that the use of short-term re-ablement care had achieved an overall 28% reduction in the number of long-term

domiciliary hours subsequently commissioned, which equated to financial savings on the number of long-term hours commissioned. In addition, qualitative evidence from service users suggested that re-ablement care could make a significant difference to their lives.

The current in-house home care service consisted of two teams, one in Runcorn and one in Widnes, delivering care and support to approximately 80 service users at any one time. Further details about the existing service were provided for the Board's information. It was advised that the in-house home care service in its current format was not viable; unit costs were too high and the staff rota was too inflexible to meet the needs of the service users.

It was advised that the Authority needed to modernise quickly to keep pace with change but also to be more efficient, and an options appraisal had therefore been completed to consider the potential future provision of services. Details of the consultation were outlined for the Board's consideration and it was noted that five options had arisen from this:

- Option 1 – continue as now;
- Option 2 – amendments to the rota;
- Option 3 – to merge the two teams at Runcorn and Widnes;
- Option 4 – re-ablement Service; and
- Option 5 – contract with the independent sector.

It was recommended that the Council implement Option 4.

The Board noted that the views and suggestions identified by the teams had been taken into consideration and amendments had been made to the initial option and service specification. A number of staff working groups would be established to ensure full staff involvement in the changes required.

Members were advised that the new service would enable the Council to deliver a more intensive approach to re-ablement with the quality of the existing service being retained, if not improved in the future.

An implementation plan had been completed in respect of Option 4. It was estimated that approximately £450,000 worth of savings could be delivered, although in the absence of the true costs of premium pay, which had yet to be resolved, the Board noted that the costs identified were estimates.

RESOLVED: That the outcome of the consultation be agreed and Option 4 and the next steps be approved.

EXB64 Valuing People Now

The Board considered a report of the Strategic Director – Health and Community regarding the recently issued Government Guidance on the transfer of responsibility for commissioning social care services from the Primary Care Trust (PCT) to the local authority (LA) and the implications for Halton.

It was noted that, in August 2008, the Department of Health had issued guidance on the transfer of responsibility for commissioning social care for adults with a learning disability from NHS to local government and the transfer of appropriate funding. Halton and St. Helens PCT and the LA were now required to:

a) reach agreement via PCT and LA respective governance arrangements on the amounts to be transferred for 2009/10 and inform the Department of Health by 1st December, 2008; and

b) put arrangements in place (if they did not already exist) so that the transfer was effective from April 2009 and local transfers of the amount agreed could be made for 2009/10 (and 2010/11).

It was expected that the transfer would include an appropriate allowance to meet commissioning and planning costs previously incurred by the PCT and that the transfer would be based on the actual spend in 2007/08 and amended by any other changes locally agreed to reflect necessary investment decisions. The amount transferred would be agreed locally and not by a national formula.

The Board was advised that this transfer of funding would be made locally for two years and would include an uplift for inflation beyond 2011. Once agreements had been reached and results analysed at a national level, the Department of Health would consult on determination of allocations for the future.

Halton PCT and the Council had already entered into a Section 75 Agreement on all service areas. For learning disabilities this meant that the LA was the lead commissioner. A pooled budget arrangement had been in place since 2003 and was currently subject to a three-year financial plan. This pooled budget stood at £12.5m but had been subject to pressure, which was likely to continue giving growing need and cost. However, the Council and the PCT had agreed a number of issues which would facilitate this current negotiation and these were outlined for Members' information.

The Board noted that a working group made up of Directorate and Corporate representatives had been established to drive forward the agreement with the PCT and it was anticipated that the work would be completed by the end of November 2008. It was advised that there were a number of issues which remained to be resolved which would

need to be considered as integral to the negotiations including:

a) retraction of Supporting People funding;

b) infrastructure costs; and

c) current contributions by the PCT.

RESOLVED: That

(1) the requirements to reach agreement by 1st December 2008 be noted; and

(2) powers be delegated to the Portfolio Holder, Health and Social Care and the Strategic Director - Health and Community to settle and submit the Council's submission to the Department of Health in response to the Valuing People Now consultation document.

EXECUTIVE BOARD MEETING HELD ON 18 DECEMBER 2008

EXB87 Independent Living Services

The Board considered a report of the Strategic Director – Health and Community regarding issues surrounding the Independent Living Services.

It was noted that Halton had high levels of disability and a population profile that was aging relatively more than the UK as a whole. One of the key areas of work that was essential to support people remained living either in their own homes or a more suitable house was the ability to make improvements or adaptations to the properties. The report described the improvement in the amount of work being delivered by the Halton Home Improvement and Independent Living Service and the current expenditure.

The tenure of people also affected the sorts of services they could access. Registered Social Landlords had a considerable waiting list for adaptation work and the type of tenure should not determine whether people got the adaptations they needed. The Council had provided additional funding to improve this. There were many factors that indicated the level and type of work required. Some of the changes made in the service over the last year as well as economic factors meant the Council needed to respond differently. These factors and solutions were outlined within the report covering issues surrounding service transformation; contingency plans; anticipated total expenditure in 2008/09; and further developments in services.

It was noted that the Disabled Facilities grants was a mandatory grant for adaptations to the homes of disabled people. For a number of reasons, as outlined in the report, it appeared that demand for major adaptations in the private housing sector may be levelling out at the present time. However, it was likely that this would create sufficient

demand to fully spend the Disabled Facilities grants allocation funded by the Government together with some Council match funding. It was unlikely however that all of the growth funding provided this year would be used for Disabled Facilities grants but some contingencies linked to the major adaptations process had been identified. This factor had previously bee reported to the Executive on 10th April 2008 and it was acknowledged that this funding would probably need to be phased over a two-year period.

Investment in the provision of adaptations enable people to continue to live at home, reduce the level of personal care support required and avoided emission to residential care. National research had also demonstrated the value of the provision of adaptations in reducing risk of falls and consequent hospital admissions and in supporting prompt hospital discharge. It was noted that Halton remained one of only two Councils in England not to have reported any delayed discharges since the guidelines had been introduced.

It was noted that the recommendations within the report were part of comprehensive plans to modernise the adaptations service. They represented innovative and efficient ways of using resources and would ultimately improve provision for service users in Halton. Failure to implement at least some of these contingencies could result in budget underspend and lead to delays in service provision.

RESOLVED: That

(1) the contingency plans outlined in the report be approved; and

(2) the planned carry forward into the 2009/10 budget, as described in 3.8.1 within the report, be approved.

EXECUTIVE BOARD SUB- COMMITTEE 23 DECEMBER 2008

ES63 Domiciliary and Personal Care Tender April 2008 – March 2009 Award of Tender.

The Sub Committee considered a report of the Strategic Director, Health and Community which sought approval of the award of contracts for the domiciliary and personal care services within the Borough.

It was noted that the report had been considered at the Executive Board Sub Committee meeting on 18th December 2008, however, the meeting had been adjourned to allow Members time to give full consideration to the final report.

Members requested that performance reports be submitted to the Healthy Halton Policy and Performance Board (PPB) on an annual basis.

RESOLVED: That

(1) the Strategic Director Health and Community be authorised to award the 3yr contract (with an option to extend for a further 1 year), in conjunction with the portfolio holder for Health;

(2) the Strategic Director Health and Community, in conjunction with the portfolio holder for Health, be authorised to extend the existing Domiciliary and Personal Care contracts to 27th April 2009; and

(3) that annual reports be submitted to the Healthy Halton PPB on performance against the contract.

REPORT TO:	**Healthy Halton PPB**
DATE:	**13th January 2009**
REPORTING OFFICER:	**Strategic Director, Health & Community**
SUBJECT:	**Personalisation**
WARDS:	**All**

1.0 PURPOSE OF THE REPORT

1.1 To inform Healthy Halton PPB of the progress to date in the implementation of Personalisation.

2.0 RECOMMENDATIONS

2.1 That Healthy Halton PPB:-

(1) Note the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 On 17th January 2008, the Department of Health issued a Local Authority Circular (LAC (DH) (2008) 1) entitled "Transforming Social Care". The Circular sets out "information to support the transformation of social care signalled in … *Independence, Well-being and Choice* and re-enforced in … *Our health, our care, Our say: a new direction for community services.*

3.2 The Circular sets out familiar commentary – that people are living longer due to advances in healthcare, have higher expectations of what they need/want to meet their circumstances, want to continue living independently at home for as long as possible, and to have greater control over their lives.

3.3 Long-term demographic changes mean that current systems of delivering social care need to be fundamentally changed and modernised if they are to respond to the pressures of increased expectations and substantial culture change. Any changes will have to recognise the need to explore options for the long-term funding of the care and support system.

What reform means

3.4 The Government approach to personalisation can be summarised as **"the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive".** This approach is one element of a wider cross-government strategy on independent living, due for publication early in 2009.

3.5 The Government is clear that everyone who receives social care support in any setting, regardless of their level of need, will have choice and control over how this support is delivered. This will be the case whether they receive support from statutory services, the third/community/private sector or by funding it themselves. The intention is that people are able to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual requirements for independence, well-being and dignity.

3.6 This means a common assessment of individual social care needs, emphasising the importance of self-assessment. The role of social workers will focus on advocacy and brokerage rather than assessment and gate keeping. This move is from the model of care, where the individual receives the care determined by a professional, to one that has person-centred planning at its heart, with the individual firmly at the centre in identifying what is personally important to deliver their outcomes.

3.7 In the future, "**all individuals who are eligible for publicly-funded adult social care will have a personal budget. The budget will be a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs, including their broader health and well-being".** Having an understanding of what is available will enable people to use resources flexibly and innovatively, no longer simply choosing from an existing menu but shaping their own menu of support.

Traditional model v In Control model

3.8 At the core of self-directed services is a change in process that intends to give those people involved new incentives and power to shape services and get better value for money.

3.9 Table 1 compares the *in Control* model for self-directed support with the traditional service model for delivering social care.

Table 1

Traditional service model	**In Control model**
Assessment by professionals	Early self-assessment
Lack of transparency in the process of allocating resources; budget decided at the end	Transparency in resource allocation; budget decided at the start
Care plan decided by professionals	Support plan designed by individual with people or professionals of their choice
Money managed by local authority	Money managed by individual or nominated person or organisation
Services commissioned by local authority	Services commissioned by individual
One-off planning process, with yearly review	Reflexive process; support plan constantly reviewed and learned from
No flexibility in spending	Flexibility in spending
Responsibility for risk lies with local authority	Responsibility for risk lies with the individual and the local authority
Individual receives services from the state – no incentive to innovate	Individual designs and commissions their own services – opportunity to be creative and innovative
Individual as part of public services machine	Individual as empowered community member

3.10 There are 13 pilot sites nationally who are implementing (on various scales) the above model. The Department of Health has commissioned an evaluation of these pilots and the final report was published in October 2008. The Department of Health is encouraged that the overall results for social care outcomes were positive and the introduction of personal budgets in social care is the right approach

3.11 Appendix 1 illustrates a personalised approach to service delivery.

4.0 PROGRESS TO DATE

4.1 The Government has provided a Social Care Reform Grant to support the implementation of Personalisation. A Divisional Manager – Personalisation has been appointed and the Directorate has commissioned external support (including the Personal Social Services Research Unit) to develop the work and this involves: -

(i) a review of current systems, including eligibility criteria and resource allocation;

(ii) financial modelling and predicting the impact on the social care market; and
(iii) staff support, training and culture change.

4.2 The work on finance is at a preliminary stage only and will require close working with the Corporate Financial Services Team. Preliminary discussion has taken place with the Operational Director – Financial Services.

4.3 A project implementation document has been developed which proposes the project management structure. A "Transforming Adult Social Care Change Board" (TASC) will be established to oversee the Strategic planning and implementation of personalisation in Adult Social Care.

4.4 There are new targets that will accompany the Government's directives, but there is a clear expectation that by March 2011 significant change will have taken place. CSCI are already tracking progress on implementation. The National Indicator Set, has a new Performance Indicator for (2009/10), Definition: Number of adults, older people and carers receiving self-directed support in the year to 31st March as a percentage of clients receiving community based services and carers receiving carer's specific services. Halton will target 30% of Service users and carers.

4.5 The Directorate has a strong track record of delivering Direct Payments and it is this work that will form the foundation for a wider programme of Personalisation across Adult Social Care. It remains to be seen what different funding streams (other than Community Care budgets) will form an integral part of the Individualised Budget made available to service users and their families.

5.0 POLICY IMPLICATIONS

5.1 Over the next 5 years, Personalisation is likely to substantially affect the way in which people receive services and will require political support.

6.0 OTHER IMPLICATIONS

6.1 The financial implications of Personalisation require very careful consideration. This is because information available to date is not consistent – some councils have claimed significant savings, or potential savings, others have expressed concern about the programme possibly resulting in overspends.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 **Children and Young People in Halton**

Individualised Budgets have been used by some councils to support young people with disabilities in transition from Children's to Adult's Services and this is at early stages of development in Halton. It will be important to ensure Children's and Adult's services work closely to ideally develop a single process for individualised budgets.

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

None identified.

7.3 **A Healthy Halton**

It is clear that the Government anticipates that the use of Individualised Budgets will lead to health gains and further work is needed on the interface with Health services.

7.4 **A Safer Halton**

None identified.

7.5 **Halton's Urban Renewal**

None identified.

8.0 RISK ANALYSIS

8.1 There are 2 primary risks. The first is the danger of progressing the agenda without an adequate understanding of the full implications. The second is giving insufficient priority to the work so that the Council falls behind other Councils and Government expectations.

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 Equitable policies and practice will need to be introduced for all client groups.

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

Document	Place of Inspection	Contact Officer
LAC (DH) (2008) 1 Transforming Social Care	John Briggs House	Marie Mahmood Divisional Manager Tel:01928 704400
White Paper, Our Health, Our Care, Our Say. (2006)	John Briggs House	Marie Mahmood Divisional Manager Tel:01928 704400

APPENDIX 1

Joe's Story

Our first child, Joseph, was born in October 1988.

Like many families we started to make the huge adjustments needed with the demands that such a small person brings. Our life was ordinary until 6 months later when Joseph contracted meningococcal meningitis.

To cut a long story short, after numerous assessments and examinations it was evident that Joseph had severe developmental delay and we entered a world we never knew existed - **Service Land**.

But the help we received was what I call **conveyor belt care**. This means that services put in help at the most crucial parts of the day based on their assessment of our needs. For example, home care was provided by the Local Authority to come into the home and assist with getting Joe bathed, dressed and eating his breakfast. Then there was more help again at tea time.

At first it worked okay. But as the service increased because of Joe's support needs we needed two people to assist him. In the end it began to feel that we were being invaded every morning and every tea time by an army of home care assistants. Due to rotas, rest days and everything else, the number of different people coming through our door had gone from two to over 40 in six months. This was totally unacceptable for Joe and very intrusive for us as a family. But all the time we felt that we had to be eternally grateful for the 'gift' of professional services – services that didn't really work.

Not only did Joe's home care not work but he was also being sent to a school that was over an hour's drive away. Joe wasn't happy there and his connection with his community was getting weaker by the day. And it was all at a phenomenal cost to the Education Department. Joseph didn't need specialist out of borough support. He just needed people to listen to what he was trying to say in his own unique way.

So when we heard about **in Control** we jumped at the chance of being involved. We had felt over the years that we were passive recipients of a service system that intruded in our lives and confused Joe. What he really needed was a person-centred approach to his support. In other words it was designed for Joe, by Joe - and the people who knew him best. He also needed to be recognised as an equal citizen, someone with rights who was entitled to his own life, someone who was prepared to take on some responsibilities too.

The social worker used the assessment to give Joe an allocation of money from Social Services and we considered a number of the other funding streams that might be available to Joe. In short we applied for funding from the Independent Living Fund and we maximised Joe's benefits. It is essential that the individual maximises their benefits, because, in order to get a life, you need money to spend – a disposable income.

This first phase of money enabled Joe to employ four Personal Assistants who work on a rotational basis and enable Joe to access ordinary social and leisure opportunities. (We need four because he needs two people at any one time to support him).

He now attends a gym, goes on the treadmill and swims in the pool. So he uses an ordinary facility, meets new people, has some important exercise which helps him to sleep. We get an excellent package from the local gym, Total Fitness - they allow any of his PAs to go with him. He visits a lot of the National Trust Parks as he is interested in history and likes to walk round the gardens. He loves fairs and fast rides. So Alton Towers is a great favourite, as well as Blackpool. He also likes to ride his bike, which is a specialised tandem. His PAs need the right range of skills to support him in his varied life style and we also need the flexibility from the PAs so that if we go away for a weekend the PAs can carry on working together as a team and can stop over at our house to support Joe round the clock.

The management for the staff works relatively easily. I do a monthly rota, the PAs fill in time sheets and they get paid on a monthly basis. I have a local company of accountants doing the PAYE and it all works quite smoothly. We have insurance for the PAs and have to deal with any staff management issues, which so far has worked fine for us all. Over the past few weeks we have started to break down the funding within the education system and have enabled Joe to attend the local college. We have considered how he can be in control of all of his week.

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 13 January 2009

REPORTING OFFICER: Strategic Director – Health & Community

SUBJECT: Joint Strategic Needs Assessment (JSNA) - Health

1.0 PURPOSE OF THE REPORT

1.1 To present Healthy Halton Policy and Performance Board with the summary of the findings of the first JSNA Health (Attached at Appendix 1)

2.0 RECOMMENDATION:

(i)	**That Healthy Halton Policy and Performance Board comment on and note the content of the report.**

3.0 SUPPORTING INFORMATION

3.1 The Directors of Adult Social Services, Public Health and Children and Young People's (CYP) Services in every Local Authority and Primary Care Trust (PCT) had a statutory duty from April 2008 to work together to develop a JSNA for their area.

3.2 For the production of the first JSNA we have focused on refining, improving and bringing together the information we have already available that highlights overall population needs. This information is from national and local sources and includes a wealth of information we have collected directly from services across Halton. This information has been used to take a longer-term view of population trends and the likely impact on demand over the next years and decades.

3.3 In order to deliver this first stage of our JSNA, a number of different information sources have been used. The quality of sources varies and some population, condition and trends information are more robust and well research than others. Needs assessment and in particular trend forecasting is not an exact science – predications tend to be more accurate at a general, larger population level and because of this the aim has been to keep messages very strategic at this stage.

3.4 The JSNA is intended to identify 'the big picture' in terms of the health and wellbeing needs and inequalities within the local population. **It is not intended to describe how we will address the needs, demonstrate outcomes or showcase our services.** The aim is that the information contained in the JSNA will encourage partner agencies to use the findings to inform a number of local authority and PCT strategies, Client Group Commissioning Plans, Local Area Agreements etc. It has already been used within Halton, to feed into Ambition for Health and the Joint Commissioning Plan

3.5 The development of the JSNA is not a single, one off exercise but is an ongoing piece of work, which will add to our commissioning 'intelligence'. As we continue to develop our JSNA we will: -

- Build upon service user and care views
- Include information about service usage

- Ensure we have information at a locality level as well as overall trends.

Approval process within the PCT

3.6 The approval process for the JSNA within the PCT is currently being reviewed. It is anticipated that it will be go to the PCTs Management Team and then the Trust Board, once the St Helens JSNA is ready. NB. The St Helens summary of findings document is finished, however the full data documents is still to be completed. St Helens Council are not intending to submit the needs assessment to their Board.

Consultation Process

3.7 A key element of the consultation process is the production of an accessible public document on the local priorities detailing how the JSNA will feed into commissioning plans for the future and the evidence based investment decisions taken. This has been achieved through the development of the summary of findings document (Appendix 1)

It is proposed that the consultation process be in 4 stages, as follows:

1) Professionals
2) Members via **all** Policy & Performance Boards (January 2009)
3) Key stakeholders
4) General public

At each stage, the document will be revised and updated accordingly.

4.0 POLICY IMPLICATIONS

4.1 The JSNA pulls together information about the current and future health and well being needs of the local population. It provides an opportunity to look into the future so that we can plan now for likely changes in needs, so it is therefore one of the major influences in directing commissioning priorities and planning service development.

4.2 One of the key functions of the JSNA is to inform future "commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities." As such it will therefore inform the future development of the Community Strategy and hence the Local Area Agreement. The above reference to inequalities highlights the relationship between the content of the JSNA and resultant neighbourhood management activities. Finally, given the holistic approach adopted, the findings will benefit the implementation of the Equality and Diversity Plan.

5.0 FINANCIAL/RESOURCE IMPLICATIONS

5.1 The production of the draft JSNA has been borne within existing resources, however there will be some financial costs to cover public consultation and these are currently being determined.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

6.1.1 The JSNA will inform all future commissioning decisions targeted at improving the health and well-being of Children and Young People and in particular the interventions commissioned for children with the poorest health outcomes.

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

6.2.1 Improving the education, skills and employment prospects of Halton's residents and workforce is a key driver for reducing health inequalities and hence the relevant data comprises a significant part of the JSNA.

6.3 **A Healthy Halton**

6.3.1 The JSNA will inform all future commissioning decisions targeted at improving health and well-being across Halton and in particular the interventions commissioned for areas with the poorest health outcomes.

6.4 **A Safer Halton**

6.4.1 There is evidence to support the relationship between people's perceptions of their local are and how safe they feel with their health and well-being. As a result improvements to health and well-being are dependent on the successful implementation of this corporate priority.

6.5 **Halton's Urban Renewal**

6.5.1 Regeneration initiatives have a significant beneficial impact on health inequalities. As a consequence, a key aspect of the ongoing development of the JSNA will be to ensure the process informs and is informed by interventions to reverse physical, economic and social decline in a given locality/neighbourhood.

7.0 RISK ANALYSIS

7.1 The duty placed on LA's, in conjunction with partners in Health, is ongoing. There is an expectation that the summary of findings document will be refreshed on an annual basis and that the full document will be reviewed in line with the 3yr LAA cycle. At this stage no additional resources have been identified to carry out this work and agreement needs to be reached between the Council and Health regarding respective responsibilities to resource work on the JSNA.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An Equalities Impact assessment will be carried out on the JSNA.

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

Document	Place of Inspection	Contact Officer
Draft JSNA (Full document)	Runcorn Town Hall	Angela McNamara

HALTON BOROUGH COUNCIL

NHS Halton and St Helens

Health and Wellbeing in Halton 2008

Halton's Joint Strategic Needs Assessment (JSNA)

Summary of Findings

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Introduction and Background: Why and how we undertook the JSNA

Summary of Findings

This document summarises the outcomes from the first phase of our JSNA work here in Halton and highlights the key messages and some of the implications for future commissioning and planning.

Why we undertook a JSNA

The Directors of Adult Social Services, Public Health and Children and Young People's Services in every local authority and Primary Care Trust (PCT) have a statutory duty from April 2008 to work together to develop a Joint Strategic Needs Assessment (JSNA) for their district.

The JSNA must pull together a wide range of information about the current and future health and well-being needs of the local population. It provides an opportunity to look to the future - over the next 5, 10, 15 and 20 years - so that we can plan now for likely changes in needs. So it is one of the major influences in directing our commissioning priorities and planning service development.

How we undertook a JSNA

For this first stage of the JSNA we have focused on refining, improving and bringing together the information we have available that highlights overall population needs. This information is from national and local sources and includes a wealth of information we have collected directly from services across Halton. We have used this initial work to take a longer term view of population trends and the likely impact on demand for support over the next years and decades.

In order to deliver this first stage of our JSNA we have used a number of different information sources. The quality of sources varies and some population, condition and trends information are more robust and well researched than others. Needs assessment, and in particular trend forecasting, is not an exact science - predictions tend to be more accurate at a general, larger population level and because of this we have aimed to keep key messages very strategic at this stage.

This is a summary of the full report – see back page for details of how to obtain copies of the full report.

Personalisation, including a shift towards early intervention and prevention, will become the cornerstone of public services, including the commissioning and development of services within health and social care. This means that every person who receives support, whether provided by statutory or funded by themselves, will have choice and control over the shape of that support in all care settings.

Copies of the Commissioning Strategies/Intentions in place to address the identified needs within this document can be found on Halton Borough Council's website www.halton.gov.uk and the PCT's website www.haltonandsthelenspct.nhs.uk

Overall messages about the needs of our changing populations

Halton's resident population is 119,500 (ONS mid year estimate 2006) Overall, the population has decreased by 2% since 1996, but has been rising since 2001.

At present, Halton has a younger population than the national and regional averages. However, Halton mirrors the national picture of an ageing population, with projections indicating that the population of the borough will age at a faster rate than the national average. In 1996 12.9% of the total population were aged 65 and over, by 2006 this had increased to nearly 14% and by 2015 this is projected to have increased to 17%, which could have a significant impact on the need for health and social care.

The population is predominantly white (98.8%) with relatively little variation between wards. However, in recent years, it has seen a small influx of Eastern European (Polish & Slovakian) migrants.

In recent years Halton has seen increases in life expectancy for both men and women and declining all cause mortality, predominantly due to drops in deaths from coronary heart disease and cancer. Whilst this is good news, the England figures have decreased at a greater rate so the gap between Halton and England has widened for all cause mortality and for both genders. Halton now has the 3rd worst life expectancy in England for women and the 6th worst life expectancy for men. Within Halton there are also geographical variations in life expectancy. Men in the most deprived areas of Halton live 7.7 years less than men in the least deprived areas. For women in Halton the average life expectancy at birth is 5.8 years less in the most deprived areas than in the least deprived areas.

Deprivation is a major determinant of health. Lower income levels often lead to poor levels of nutrition, poor housing conditions, and inequitable access to healthcare and other services. Deprivation, measured using the English Index of Multiple Deprivation (IMD) 2007, ranks Halton as the 30th most deprived authority in England (compared to 21st in 2004). The 2007 IMD shows that deprivation in Halton is widespread with 57,958 people

(48% of the population) in Halton living in 'Super Output Areas' (SOA's) that are ranked within the most deprived 20% of areas in England.

In terms of Health and Disability, the IMD identifies 53 SOA's that fall within the top 20% most health deprived nationally and that approximately 40,000 people (33% of the population) live in the top 4% most health deprived areas in England. At ward level, Windmill Hill is the most deprived area in terms of health. However, health deprivation is highest in an SOA within Castlefields, ranked 32nd most deprived nationally.

Key Issues and Findings

Specific Populations

Older people

Projections indicate a significant and substantial increase in the numbers of older people between 2006 and 2015, at a rate that is higher than the national and regional trends. Currently 14% of the population is over 65. This is set to rise to 17% by 2015. One of the largest growths (up by 19%) will be seen in potentially the most frail and dependent group of over-85s, bringing key implications for planning future service provision for this group. In 2000/01 the NHS spent 41% of its budget (£12.4 billion) on people over 65. On average older people are more likely than younger people to report lifestyle-limiting illness, to live alone, live in poverty and to rely on public services and informal cares. Advancing age also carries some increased risk of dementia and depressive illness and in Halton levels of people with dementia are rising.

Just under half of Halton's 65+ population live with limiting long-term illness and the rate of fractured neck of femur (hip fracture) is the 5th worst in the country. In 2006/07 there were 123 hip fractures in the over 65s in Halton.

The wards with the highest proportions of the population that are older people are seen in Castlefields, Halton and Ditton.

People with disabilities or a limiting long term illness (LLTI)

Nationally, 18% of people (over 16 years) have at least one dimension of a limiting long-term illness i.e. about 20,300 people in Halton. In Halton the number of adults living with a long term limiting illness is higher than the national average at 22% (2001 census).

Whilst there is no evidence to suggest dramatic increases in the number of adults aged 16-64 with physical/sensory impairments, as the proportion of the population over 45 increases, later onset conditions such as Parkinson's Disease, sensory impairment, arthritis, etc, will rise. In addition, significant increases in the levels of obesity in Halton are predicted to lead to an increase in the prevalence of diabetes and incidence of heart disease.

People with learning disabilities

It is predicted that the population of people with learning disabilities will grow by 6% by 2011. Of further significance is that people with learning disabilities are living longer. Adults with learning disabilities have poorer general health than the wider population and can struggle to access mainstream health services.

The wards showing the highest prevalence of learning difficulty are Castlefields, Hough Green, Grange and Halton Lea respectively. The overall pattern shows a strong relationship between levels of learning difficulty with areas of deprivation, in that these 4 wards also have a high percentage of the population living in the top 10% most deprived areas nationally.

Numbers of people (known to social services) in Halton with a learning disability have remained fairly constant in recent years (between 430-450). However, since 2002 there has been a significant shift in the way in which services are delivered to people with a learning disability. Halton now performs well in respect to helping people with learning disabilities to live in the community with approximately 82% of people now receiving services in their own home. However, access to general needs social housing remains limited and levels of owner occupation remain extremely low.

Few adults with learning disabilities in Halton are in paid employment (less than 1% compared to 10% nationally), even though employment is key to sustaining well-being and enabling people to maximize independence.

Key Issues and Findings

Specific Populations continued

Children

Population estimates indicate that Halton has a younger population than the regional and national average. However, overall the 0-19 population is decreasing.

Windmill Hill is ranked the most deprived ward in the borough across all domains and is ranked the most deprived ward in terms of health.

Over 50% of Halton's children live in the 20% most deprived areas nationally and a further 15.5% live in the 40% most deprived areas nationally, with only 8% of children living in the 20% least deprived areas nationally.

A number of major health issues relevant to children and young people in Halton have been identified through the JSNA and the Children and Young Peoples Plan. Key issues include, higher rates of infant mortality and low birth weight, high rates of teenage pregnancy, high rates of obesity for both reception and year 6 children. In Halton, 24% of reception age children are overweight and 11.6% are obese, and 36.3% of Year 6 children are overweight and 22.3% are obese. All of these levels are above the England average.

Pregnant Women & Newborns

The health of the child starts with the health of their mothers before and during pregnancy. Locally, 1 in 4 were still smoking at the birth of their child, and just 4 in 10 are breastfeeding on delivery (half the national average and 4th worst in the country). Therefore programmes around stopping smoking (particularly before and during pregnancy), increasing levels of physical activity, developing healthier eating habits and dramatically increasing the number of women who breastfeed are a priority.

Incidence of teenage pregnancy remains an issue in Halton, despite falling for several years; rates are now above the 1998 baseline level. There is also a correlation between deprivation and incidence of teenage pregnancy with the most deprived areas in Halton experiencing the highest levels of teenage conception rates.

Carers

Carers provide a significant proportion of community care as services target provision on those with highest need. There are as many as 13,531 carers in Halton and 3,696 provide over 50 hours unpaid care a week. Research by the equal opportunities Commission suggests that caring can have a detrimental impact on health and employment. Approximately 14% of carers in Halton state that they are in poor health. As the ageing population in Halton increases there is also predicted to be a steady increase in the number of carers, including those carers aged over 85 and an increase in older carers with poor health. All factors indicate an increased demand for services to support carers in Halton.

Conditions

Mental health and emotional well-being

About 1 in 6 adults in Halton suffer from depression (or chronic anxiety, which effects 1 in 3 families). This rises to 1 in 4 older people having symptoms of depression that are severe enough to warrant intervention. Of other mental health problems, anxiety and phobias are the most common.

People with mental health problems are less likely to be in paid employment and carers are twice as likely to have mental health problems. 40% of people on incapacity benefit are claiming for mental health problems (nationally more than the total number of people claiming benefits for unemployment). In Halton's Housing Needs Survey 2005, 96% of people with a mental health problem (who reported their household income) had an income below the national average and 65% of people with a mental health problem indicated that the problem was serious enough for them to need care and support. In addition, the range and number of supported housing available for people with mental health problems in Halton remains low compared to national and regional averages.

Emotional well-being is a concern for all members of the community and we should be focusing on preserving it. Improving people's relationships, self-image, self-esteem and levels of worry, which all impact on emotional well-being will give people the ability to cope with life. Supporting adults to remain in or return to employment will pay dividends in terms of mental health and we need to improve our performance in this area.

We also need to support people with mental health problems to improve their well-being by increasing access to services such as housing support, creative arts and leisure, physical activities and talking therapies.

It is estimated that 2000 children and young people in Halton have moderately severe problems requiring attention from professionals trained in mental health, and approximately 500 children and young people with severe and complex health problems requiring a multi-disciplinary approach. The establishment of a continuum of emotional health and mental well being services that can intervene early where appropriate, is critical to meeting the needs of the these vulnerable children, who will soon face the challenge of adulthood. The transition to adult services is a critical point for this group of young people. Promoting the emotional well being and mental health of children and young people is everyone's business in Halton and will have a major impact on a number of other health and socio-economic factors.

Dementia

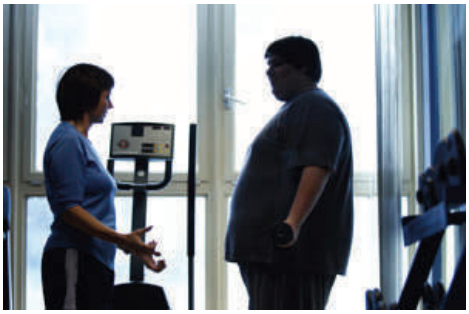
Dementia is most common in older people, with prevalence rising sharply amongst people over 65 years. It is also one of the main causes of disability in later life. Locally 5% of the population has dementia. This translates to 1,061 people over 65 with dementia living in the community with dementia and is predicted to rise to an estimated 1,613 by 2025.

Early diagnosis of, and intervention for, dementia are the keys to delaying admission to long-term care and to help people remain independent for longer. Promoting healthy ageing, for example by keeping people active and tackling social isolation, is important in delaying the onset of dementia. Accommodation choices including extra care housing, residential and nursing care for older people with dementia must also be balanced to meet future aspirations in respect to choice of service and be sufficient in numbers to meet future needs.

Conditions Continued

Obesity in Adults

Obesity is one of the most



significant threats to the long-term health of our population as it leads to an increased risk of a wide range of health problems including type 2 diabetes, heart disease and some cancers. Nationally the levels of overweight and obesity are increasing and this pattern is reflected in Halton. Between 20% to 25% of adults in Halton are obese and these figures have increased in recent years. Considered alongside the increased levels of obesity in children this is a key priority, which can only be addressed by a wide range of strategies to be delivered through partnership working across all sectors.

Cancer

Cancer is the second biggest cause of premature death in Halton but its rate makes Halton the worst area in the country for cancer deaths. Incidence (the number of new cancers per year) of 'all cancers' in men has decreased over the past decade but remains above the national rate. The incidence rate for women has risen over the same period both nationally and locally although in Halton the rates are now falling. Levels of mortality vary across Halton, with the highest rates being in Norton South, for both all ages and under 75s. Other areas with high rates are Farnworth, Castlefields and Grange.

There has been a steady increase in the number of women developing breast cancer in Halton and death rates for the disease have increased recently. Nationally the rate has improved but this remains the second largest cause of cancer death in Halton.

The Incidence of colorectal (bowel) cancer in Halton has slowed since 2002-2004. However, the rate remains significantly above the North West and the national average. Mortality rates, which had been falling since their peak in 1998-2000, have begun to rise in 2004-06, widening the gap between Halton and England.

A fall in the Incidence of lung cancer in Halton was mirroring the falling rates nationally. However, from 2000-02 the rate began rising. Similarly, the rate of mortality from lung cancer has improved both nationally and locally, but an increase between 2001 and 2003 in Halton, even though it has fallen since, widened the gap between the Halton and England rates. Lung cancer remains the leading cause of cancer death in Halton for both men and women.

Prostate cancer has the highest observed incidence rates of any cancer for men in Halton and is in the top 3 causes of cancer mortality.

An increase in preventative services which support lifestyle change will reduce incidence levels whilst increased emphasis on early detection and treatment will improve health outcomes and mortality rates.

Heart disease and stroke

Heart disease is the single biggest cause of premature death in Halton. Locally more people have heart disease than nationally and, for those under 75, men are more likely to have it than women. However, there has been a reduction in the number of deaths from heart disease over recent years.

Stroke is a significant cause of UK morbidity and mortality, the most important cause of adult disability, and the third leading cause of death. Halton has lower rates of death from stroke than the North West but slightly higher rates than England as a whole. When looking at admissions to hospital for stroke Kingsway and Halton View have significantly higher rates compared to Halton as a whole.

It is estimated that just under 1 in 4 (23.9%) people locally have high blood pressure (hypertension) which can lead to stroke and heart disease and numbers are set to increase. However, the number of patients identified as having hypertension at GP practices is much lower than the estimated levels, suggesting many people are going unidentified and therefore untreated.

Conditions Continued

Promoting and enabling people to adopt healthy personal behaviors, such as not smoking, being physically active and eating healthily can help to reduce high blood pressure, reduce the risk of stroke and prevent the development or worsening of heart disease.

Diabetes

Diabetes is a very disabling and potentially fatal condition if not well managed.

Diabetes increases the risk of other conditions such as heart disease and stroke, and magnifies the ill effects of other risk factors such as smoking, high cholesterol levels and obesity. The severity of impact of the disease is linked to how soon it is identified and how well managed it is. Type 2 Diabetes is the most common form, with obesity the primary modifiable risk factor for it. The risk of developing Type 2 Diabetes increases with age.

As the older population in Halton is increasing, as are levels of obesity, more and more people in Halton will be affected by diabetes. If the current rates of obesity continue, by 2010 4.4% of the adult population will have type 2 diabetes which will rise to an estimated 6.16%, or 6,700, GP registered patients by 2020.

Chronic Obstructive Pulmonary Disease (COPD)

This is an umbrella term for chronic bronchitis, emphysema or both. The PCT has the 10th highest level in England, whilst levels in Halton are lower than experienced in St Helens, the rate remains higher than the North West and the national rate.

As the main risk factor for these diseases is smoking, promoting healthy personal lifestyle choices will be key to reducing incidence levels.

Personal behaviours

Substance Misuse

Illegal drugs cause damage and ruin to individuals, families and communities. And the most vulnerable and deprived among us are often the hardest hit. For individuals, drug misuse means wasted potential, broken relationships and, for some, a life of crime to feed their drug habit. For the wider community, our efforts to lift children out of poverty, promote equality of opportunity and reduce crime are held back when families and communities are in the grip of drug use.

Over the past few years, increasing numbers of adults have entered and successfully left drug treatment. waiting times have consistently been within national targets and service users have expressed high satisfaction with the treatment they have received. however, attracting those in their 20s into drug treatment, and improving the uptake of services around blood borne viruses continues to present a challenge. these issues, together with seeking to support service users into employment, addressing the causes of some individuals offending, and improving the help available to those families affected by drug misuse, will continue to be the focus of future work.

Alcohol

Drinking alcohol to excess is a major cause of disease and injury, increasing the risks of heart disease, liver disease and cancer. Heavy drinking has a severe risk of cardiovascular disease as well as addiction. Binge drinking is linked to significantly increased blood pressure. Consuming alcohol in pregnancy increases the risk of foetal abnormality.

People have low levels of awareness of the amount of alcohol they drink and the harmful effects it can have. Halton has the 8th highest hospital admissions for alcohol-related conditions in England for 2006/07, showing that alcohol consumption is an issue of major concern locally. Alcohol admissions appear linked to deprivation, gender and age, with men in their 40s, and those from deprived wards, more likely to be admitted. Furthermore, estimates suggest that approximately 24% of adult residents binge drink.

Personal behaviours continued

Whilst twice as many men than women drink above safe limits the number of women doing so has increased significantly from 6.9% in 2001 to 12.4% in 2006. The rate has decreased slightly for men during the same period (24.8% in 2001 to 22.5% in 2006).

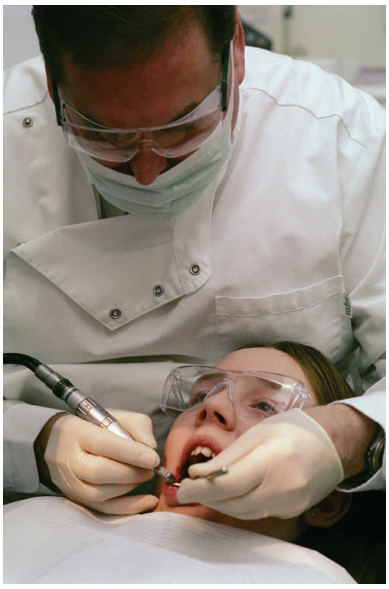
Smoking

Smoking causes more avoidable and early deaths than any other personal lifestyle factor, killing more than 106,000 people in the UK annually; 17% of all deaths. Most die from lung cancer, chronic obstructive lung disease (bronchitis and emphysema) and coronary heart disease. It is a cause of a wide range of diseases, not just those resulting in death.
Second-hand smoke is a major risk to the health of non-smokers.

Locally smoking rates remain high with over 1 in 4 adults still smoking. Overall, prevalence is highest in males aged 40-64 but in the younger age groups, a higher percentage of women smoke than men. The results of a Halton survey of 15-16 year olds highlighted that the smoking rates of 15-16 year olds match that of adults, although there is a significant difference in smoking take up rates -18% male and 29% female.

Food and nutrition

Nutrition with physical activity is second only to smoking tobacco in its influence on a wide range of health issues, not just obesity. Locally we estimate that only 20% of adults eat 5 portions of fruit and vegetables a day although this has improved since the 2001 lifestyle survey when only 12% did so. Males in the 18-34 age group have the poorest diet, with lower intake of fruit and vegetables, and more poor diet habits. Decaying teeth is another sign of poor nutrition and the rate in Halton for 5-year-olds is higher than the national average.



Within Halton the areas with the highest prevalence of decayed teeth are Kingsway, Riverside and Halton Lea.

Sexually Transmitted Infections

Over the period 1996-2006, there has been a general rise in the numbers of Sexually Transmitted Infections (STIs) recorded in Halton, rising from 150 in 1996 to 518 in 2006. Whilst some increase may be due to greater awareness and willingness to seek treatment this alone cannot account for this level of rise.

Chlamydia Screening in Halton identified that 10.6% of cases were positive, which is higher than the national rate.

In addition, the number of young people diagnosed with sexually transmitted infections is increasing.

Wider Factors

Employment

Worklessness remains a key challenge in Halton, particularly in certain deprived areas and in respect to residents with physical and learning disabilities and mental health problems.

Work provides status, purpose, social support, structure to life and income, so it is important not just for the working person but also their family. Being out of work has a huge negative impact on the health and well-being of the person and their family and is often a consequence of ill-health or disability. 25 of Halton's super output areas have over a third of their working age population (approximately 7,000 people) claiming out-of-work benefits. Nearly 68% of Halton's residents are in employment that makes it the 9th worst in the North West and 34th worst nationally.

Levels of unemployment impacts on the levels of household income and in Halton average household incomes vary from a high of £54,060 in Birchfield (the least deprived ward in respect of health) to a low of £23,260 in Windmill Hill (the most deprived ward in respect to health).
Halton's latest 'State of the Borough' report was produced at the beginning of 2008. In terms of employment, it found the low skills base to be a causal effect of unemployment that needs to be addressed in order to reduce levels of unemployment in Halton.

Housing condition and options

Decent housing is a pre-requisite for health and has a significant influence on people with many health conditions such as asthma and depression. Birchfield, where 99% of households are owner-occupiers and 0% of properties are socially rented scores well in terms of health deprivation, whilst in Windmill Hill where owner occupation is 22% and 62% of properties are socially rented has the highest level of health deprivation, at ward level, in the borough.

When housing tenure is compared to health deprivation, it becomes clear that there is a strong correlation. The eight most deprived wards in terms of health have the lowest proportion of owner occupation in Halton, whereas the eight wards with the lowest health deprivation have the highest levels of owner occupancy.

Educational attainment

Educational attainment is an important indicator of the future life chances for children and

young people. There is also a direct correlation between levels of educational attainment and deprivation and health inequalities. Halton has made significant progress in improving GCSE results of young people in the borough, and for the last two years the percentage of young people achieving 5 A*-C has increased from 52.6% to 71.3%, taking us well above the national average. Over the same period the percentage of young people achieving 5 A*-C including English & Maths, a key indicator of future employability, has risen by 15.9% to 49.2%.
The main priority for Children's Services now is to focus on

narrowing the gap and reducing educational inequalities for vulnerable groups based on locality and other factors. Over half of Halton's children live in the 20% most deprived areas nationally and this has an effect on their attainment. Performance at ward level ranges from 93.3% in Beechwood to 40% in Windmill Hill and this impacts on levels of NEET (not in Employment, Education or Training) and future worklessness. Young women with poor educational attainment are more likely to be teenage parents. Therefore narrowing the gap in education attainment will be a major factor in improving the health and well-being of our communities.

Wider Factors continued

Isolation and social networks

Isolation has a significant effect on general well-being and increases the risk of a range of health issues such as depression. Strong social networks are particularly important for vulnerable people. In Halton, almost 6,000 adults over 65 live alone. As the older population grows, the numbers living alone will increase and by 2025 it is projected that over 8,500 pensioners will be living alone. Social isolation needs to be tackled by all partners to ensure that there are adequate activities and support networks available within local communities. The voluntary and community sector can play n increasing role in developing community-based services that alleviate the effects of social isolation.

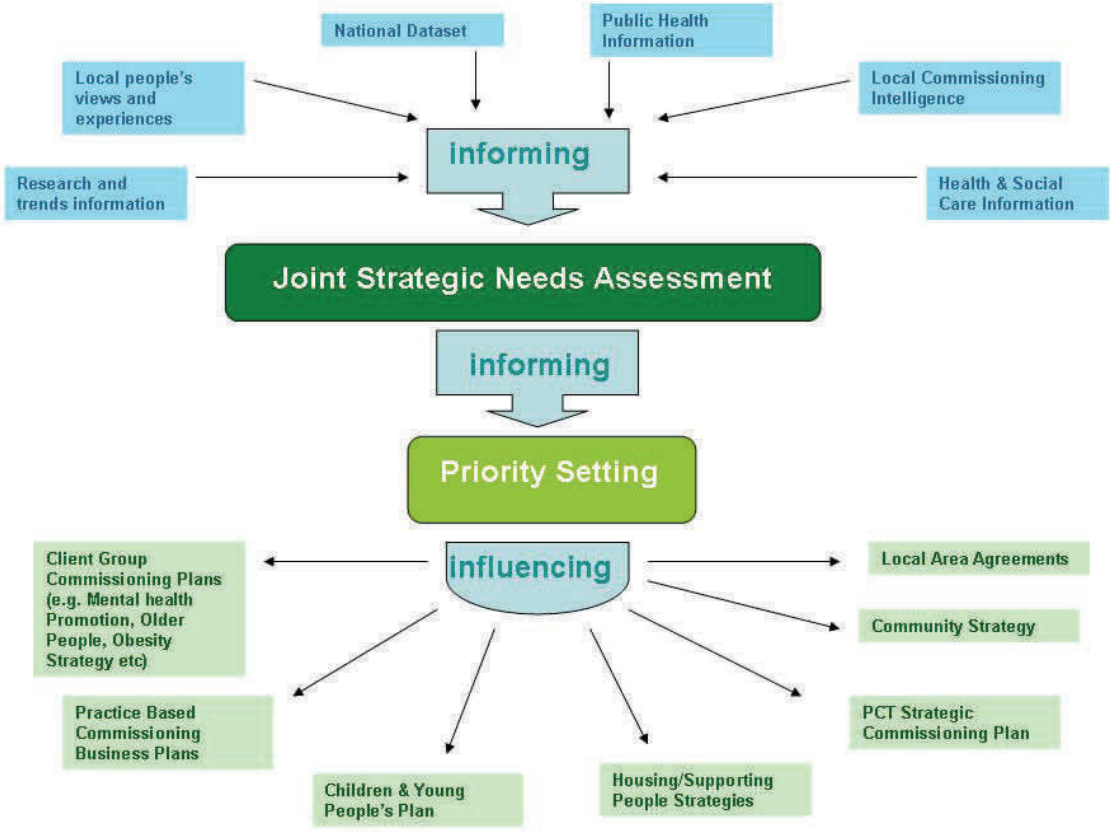
Using the Joint Strategic Needs Assessment

As we have illustrated below the Joint Strategic Needs Assessment is a major influence in establishing local commissioning priorities. We have already used this JSNA to direct our commissioning.

For example, the PCT strategic commissioning priorities outlined in its *Ambition for Health* have been underpinned by the needs identified in the JSNA.

Information has already been fed into the Health Partnership. This process will continue. It is important that it informs the next round of the Local Area Agreement (LAA) and is used to inform service planning.

The following diagram summarises the inputs and potential outputs from the JSNA work.



Inequalities

This first JSNA has been about describing the health and well-being needs of Halton. However, in collating and analysing the data which underpins this assessment, it is clear that for some issues certain groups or specific neighbourhoods are more likely to be affected. Some of these differences have been highlighted in this summary and described more fully in the main data document. This is available on the PCT and borough council websites.

It is crucial that planning based on this JSNA ensures the most important issues for specific populations are tackled and those most in need are targeted by any interventions.

The next steps in developing the Joint Strategic Needs Assessment

The JSNA is not a single, one-off exercise, but is an ongoing piece of work which will add to our commissioning "intelligence".

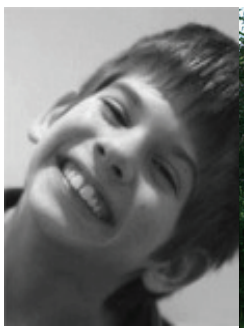
As we develop our JSNA, we will:

- build upon service user and carer views
- include service usage information
- ensure we have information at a locality level as well as overall trends

We will continue to:

- further develop coherent, consistent and appropriate data sets
- develop the capacity across all partners to generate, analyse and present this information
- ensure that relevant planning systems make use of the information that the JSNA is producing
- further develop the capacity and ability to evaluate initiatives so they can demonstrate their effectiveness

This information will be fed into subsequent JSNAs.




For Further Information or to obtain copies of the full document

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REPORT TO: **Healthy Halton Policy and Performance Board**

DATE: **13th January 2009**

REPORTING OFFICER: **Strategic Director, Health and Community**

SUBJECT: **Mental Health Single Point of Access**

WARDS: **Boroughwide**

1.0 PURPOSE OF REPORT

1.1 This Report describes the development of the new Single Point of Access for Mental Health Services across Halton and St Helens, as a part of a wider "Together for Wellness" service. It considers the structure of the service and the holistic approach to recovery and responding to mental health needs that the service is intended to deliver.

2.0 RECOMMENDATION

2.1 It is RECOMMENDED that:

1) The contents of this Report are noted
2) The Board are invited to make any comments or recommendations to support the delivery of this service

3.0 SUPPORTING INFORMATION

3.1 **Background:**

3.1.1 In April 2007, the 5BoroughsPartnership implemented a large process of service redesign, prompted by the document "Change for the Better", which was the subject of substantial consultation in Halton and across the remaining Boroughs within the Trust footprint.

3.1.2 As a part of the redesign, a new Single Point of Access (SPA) service was established in Halton within the 5BoroughsPartnership, staffed entirely by health service employees. Under this model, all mental health referrals for adults were sent directly to the SPA upon which they were screened and sent to the most appropriate service within the 5Boroughs. The service also delivers an Enhanced Day Therapies approach, which provides counselling support to people with more complex mental health needs.

3.1.3 Overall, the Single Point of Access service within the 5Boroughs has fulfilled its aims of providing a smooth referral pathway for people

with mental health problems into the 5Boroughs. However, it has become clear that this service only deals with people with the most complex mental health problems – those who need referral to a very specialist hospital service – but there are many more people in primary care services, and known to the Local Authority, who would benefit from this approach.

3.1.4 As a result, the service has undergone a detailed review by the Halton and St Helens Primary Care Trust. A new model for delivering this service has been developed which aims to meet the needs of the wider community in Halton and St Helens, and aims to address the full range of needs and issues that people with mental health problems can experience in the community.

3.1.5 In her report to the PCT Clinical Executive Committee, the project lead, Collette Walsh, made the following points:

"The case for change is irrefutable. Whilst the principal of an SPA ensures that referrers have a clear point of access for mental health services…it does not fully take into account that people with problems will present in multiple settings and ensure that people who work in those settings have sufficient knowledge and skills to offer an early intervention or signpost appropriately. Nor does it consider that mental illness and emotional distress can have social causes such as the breakdown of family relationships, unemployment, debt or loneliness; and that whilst a medical response may alleviate symptoms it may not always address the route cause of the problem."

3.2 **The proposed model**

3.2.1 <u>The process:</u> in September 2008, Halton & St Helens PCT commissioned a review of mental health care pathways across primary and secondary care with particular focus on access into services. A project team was established, with representatives from key stakeholders across Halton and St Helens. This Team has developed the proposed model for the new "Together for Wellness" service, and detailed consultation has been taking place with a range of interested groups and stakeholders.

3.2.2 The model has now been presented to – and approved by – the Halton and St Helens PCT Clinical Executive Committee (CEC), which means that it has the support of the medical practitioners within the PCT. A full business case will now be developed and presented the PCT Management Executive Team in January 2009, and the project team will be developing the full service, in time for delivery by April 2009.

3.2.3 The model requires a full reorganisation of the current Single Point of Access based within the 5BoroughsPartnership, and the

introduction of a model instead based within Primary Care Services, adopting a whole-system approach to the assessment and delivery of care and support to people with mental health needs in Halton and St Helens.

3.2.4 The following paragraphs are taken directly from Collette Walsh's report to the CEC and explain the proposed model and approach:

3.2.4.1 "The Together for Wellness Centre will be based in primary care and will refocus PCT efforts to promote 'complete health' which is defined by the World Health Organisation as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. To do this we need to move towards a preventative health system.

3.2.4.2 The Together for Wellness Centre will contain a single point of access for all primary and secondary care referrals for adults (16 and over) in Halton and St Helens with functional mental illness. At the very core of this model there will be screening for all patients which will be carried out by a team of multi-professionals from primary care, secondary care and social care ensuring that expertise is shared at this vital stage to ensure that the most appropriate care pathway is identified and referrals do not bounce from one service to another.

3.2.4.3 For people with critical needs a face to face assessment will be carried out the same day. For those with moderate and significant risk again a face to face assessment will be carried out within a specified timeframe.

3.2.4.4 The co-location of secondary care within the Centre will ensure that the appropriateness of referrals to secondary care can be explored in a multi-disciplinary environment and there will be a facilitation of referrals across services and between organisations.

3.2.4.5 Professionals undertaking screening and assessment will be supported by a GP with Special Interest in Mental Health and a Clinical Psychologist. The Together for Wellness Centre will establish a link to ensure that GPs have access to a Consultant Psychiatrist for advice where appropriate.

3.2.4.6 If following screening the individual is thought to have limited or no risk then that person will not receive a face to face assessment but will be directed to steps 1 and 2 provision. This could include:

- "Watchful waiting with the GP" – this is a regular programme of contact with the GP to assess the progress of the person's mental health condition and progress of treatment
- Counselling with the voluntary sector
- CBT type intervention with a Graduate Mental Health Worker

- Social care interventions
- Community referrals e.g. Social Prescriptions
- Lifestyle interventions, e.g. exercise on prescription.
- Bibliotherapy – self help
- A health promotion specialist will be present in the new SPA to provide pertinent information and provide alternative interventions.

3.2.4.7

The Together for Wellness Centre will also have a dual outreach function providing:

- Education and advice to GPs to ensure that GPs are empowered to manage steps 1 and 2 of the stepped care model.
- Health Promotion interventions.
- An access and advice line for people, carers and professionals for which is capable of effective and consistent signposting – available during extended opening hours.
- Advice and information regarding the way in which the voluntary sector can assist.
- Support in relation to keeping and supporting people in maintaining employment."

3.2.5 The model is based on the stepped care model, which promotes appropriate levels of intervention in a timely way according to an individual's needs. Appendix A is a pictorial representation of the model, whilst Appendix B is a high level process map showing the referral routes. The model will provide an inclusive care pathway from primary care through to secondary mental health services with a tracking function which is capable of monitoring the entire patient journey.

3.3 **Social Care Input:**

3.3.1 To support the new team a full-time social work post would be established within this new service. This post will be funded on a 50/50 basis by the Borough Council and the Halton and St Helens PCT.

3.3.2 This new post will be a central part of the initial assessment and triage service, and will also be expected to carry responsibility for social care interventions in a number of ongoing cases. In particular, the post will:

- Provide a full social care perspective to the management and gatekeeping of referrals – both those which will be dealt with by primary care and those which will subsequently be referred on to secondary care services
- Manage the social care assessment and care management

component of people who may be eligible for assessment under the NHS and Community Care Act, who have not previously received support through the current Single Point of Access service
- Act as the referral and management point for referrals under the Vulnerable Adults procedures for people only known to primary care services
- Provide a formal link into Children's Services and the Common Assessment Framework
- Undertake assessments of carers needs of people with complex mental health conditions who are not referred to secondary care services
- Provide advice and support to the Single Point of Access about community services and resources in Halton which can be accessed by people with mental health needs. This will involve close linkages with the Community Bridge Building service.

3.3.3 The expected benefits of this approach are:

- More people who should be eligible for assessments under the NHS and Community Care Act will receive these assessments
- As a result of the assessment, more people will be signposted towards lower level services at an earlier stage in their condition
- Improved performance reporting for mental health services, particularly in terms of people "helped to live at home"
- More carers assessments being completed, leading to the provision of more support for carers
- More vulnerable adults being subject appropriately to the Adult Protection procedures
- Stronger front line linkages will be developed between primary care mental health services and children's services – the social worker will be expected to have a key link role between these services
- Full inclusion of social care and social inclusion in the model from the start will promote holistic assessment and service delivery across Halton and St Helens
- More people being appropriately diverted from a pathway that takes them into secondary care services – with a consequent improvement in the delivery of key secondary services, particularly the Crisis Resolution/Home Treatment service

3.3.4 There are two other key areas of potential benefit, although these may not appear until after the model has been put in place:

- A primary care service with social care input will receive referrals about people who do not "fit" standard eligibility

criteria for specialist services. A number of these situations currently exist and are dealt with by all service areas, but without the development of consistent expertise to effectively manage individual needs. This includes – but is not limited to – people with an Autistic Spectrum Disorder, who can present in a chaotic and disruptive manner and who require a considerable resource. There is real potential for the primary care service, over time, to develop experience in this type of service provision, and for resources to be diverted from existing services to sustain this.

- If the service works as it is intended to – and it will be closely evaluated to ensure that it does – then an obvious consequence should be a reduction of referrals to secondary mental health services, with an increased focus on supporting people in the community. This "preventive" approach may provide scope for further service redesign, for both assessment staff and provider services.

3.3.5 The social work post will be employed by the Borough Council, but managed on a day-to-day basis by the management structure within the Single Point of Access in the PCT. It will be the subject of a partnership agreement between the Council and the PCT, with lines of accountability through the existing mental health partnership board.

4.0 POLICY IMPLICATIONS

4.1 Under this proposed model, a range of national and local policy and targets is addressed, particularly with the inclusion of social care within the service. This includes:

- National Service Framework for Mental Health – Standard 1 – Mental Health Promotion
- Carers Recognition Act
- No Secrets – Adult Protection Policies and Procedures
- A range of targets to keep people in employment or help them return to employment or voluntary work
- Action on Mental Health – a guide to promoting Social Inclusion
- National guidance on Access to Psychological Therapies
- Social Services Performance Indicator: people with mental health problems helped to live at home

4.2 There are also national requirements to deliver effective mental health services across secondary care services, which are identified in a range of Performance Implementation Guides and which are performance managed by inspectorates. The proposed model, as described above, ensures that only appropriate work is referred to secondary care services, and frees up those services to operate more effectively.

5.0 FINANCIAL/RESOURCE IMPLICATIONS

5.1 The initial financial commitment for this proposal is of £16,263 (full year cost, assuming mid-point Spinal Column Point) for the provision of half a social worker post, which will be matched by equal funding from the Primary Care Trust. This will be funded through the Mental Health Grant and will be recurrent. The Grant will also fund the advertising costs.

5.2 Further financial implications are harder to quantify, and to some extent will only be known once the service is up and running. The development of this new service will ensure that people who have been inappropriately diverted from social care assessments will now receive assessments under the NHS and Community Care Act, and it is reasonable to assume that this will impact on the associated budget. It is also likely that more carers will receive an assessment and that some will require a service as a result.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

6.1.1 The new service will focus on the needs of people with mental health problems who are over the age of 16. The Single Point of Access will therefore provide a strong and consistent assessment and support service to a group of people who have not necessarily previously been able to access support, if their needs were not so serious as to require a referral to the CAMHS service. This will also support the development of stronger between CAMHS services and local community services, and the establishment of clearer pathways for referral and transition for younger adults with mental health needs.

6.1.2 In addition, more people who have mental health problems who also have children will be supported in their communities by the Single Point of Access and Together for Wellness Service. There will inevitably be contacts between these service and both Children's services and the Common Assessment Framework process. As part of the delivery of the project, close working links and protocols will be developed across these services.

6.1.3 Finally, one of the key functions of the new service will be the ability to act as an advice and information-sharing resource. It is expected that this will be particularly helpful for staff who work in a range of children's services who may wish for general advice about parents they work with.

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

6.2.1 One of the key roles identified in this model is that of the Employment Support Officer. Research is clear and shows that people with mental health problems are much more likely to lack employment than other groups, and also that the earlier an intervention in a person's condition, the less likely they are to lose their job.

6.2.2 The addition of an Employment Support worker within this service will give greater impetus to existing efforts to improve job retention and return-to-work opportunities for people with mental health problems in the Borough. The post will also allow the development of stronger links between mental health and employment services, both within the Council and outside.

6.2.3 Halton has a very successful Community Bridge Building Service, which works with people with a range of needs to support them to engage with mainstream community services. There is real potential for the Bridge Building service and the Together for Wellness Centre to work together to support people to access educational, voluntary, vocational and employment opportunities.

6.3 **A Healthy Halton**

6.3.1 This service is designed to deliver an enhanced service to people in Halton with mental health problems, at an earlier stage in their condition when the potential for improvement and recovery is greater. To that extent the service will immediately be addressing this Priority.

6.3.2 In addition, the service approach will be to consider the physical health needs of the people referred with mental health problems. Appendix 1 shows two key elements of this:

- The involvement of the Wellbeing Nurses, who can provide physical health screening for people with mental health needs
- Health promotion services, which can provide advice and support about such things as healthy lifestyles, alcohol use and healthy eating.

6.4 **A Safer Halton**

6.4.1 The Single Point of Access will be offering support to a range of vulnerable people who may not previously have had a service. As such the service will potentially impact on this priority in a number of ways, which include (but are not limited to)

- Ensuring that any vulnerable adults who are potentially subject to abuse are dealt with through the Council's Adult Protection procedures
- Providing a greater range of therapies and services to help people manage their own conditions – which would include such things as anger management
- Although not a main focus of their role, there will be many people referred to the service who have mental health problems that are combined with misuse of drugs or alcohol. The service will provide advice and support on these matters and will also signpost them towards specialist supports as required.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 The opportunities and potential benefits have been identified in paragraphs 3.3.3 and 3.3.4 of this Report, and it is suggested that the risks of not developing this service are greater than the risks of development.

7.2 There are however specific risks that will need to be managed as part of overall project planning, as follows:

- Levels of work: at this stage it is not possible to quantify the amount of work that this initiative will create for the social worker within the team – this will need to be closely monitored by the manager of the team. There may also be an increase in workloads for associated teams in Halton, such as the Mental Health Outreach Team and the Community Bridge Building service
- Effects on budgets: as with the levels of work, it is also not possible at this stage to assess what impact there will be on the existing community care budget. It is likely that this will not be considerable because many people referred will have lower level needs that can be met by simple community interventions

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 This proposal is designed to improve the overall quality of service to a range of people who experience disadvantage and stigma because of their mental health condition. It will be open to all people to access, but there will be a pressing need to ensure that this is extended to hard-to-reach groups.

8.2 An Equalities Impact Assessment will be developed once the

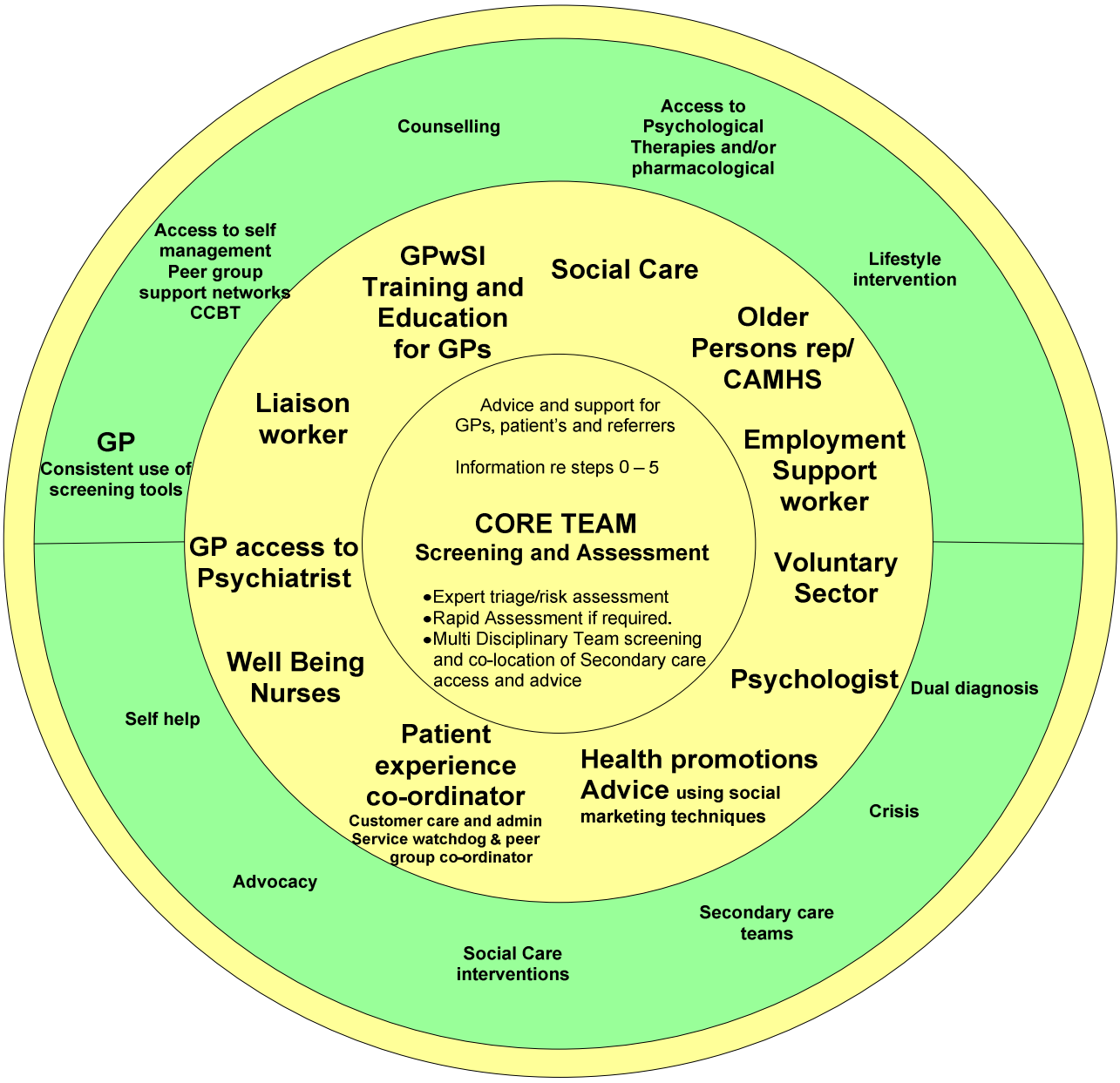
service is in the process of being established.

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 the Act.

APPENDIX 1

Together for Wellness Centre Model **20.11.08**



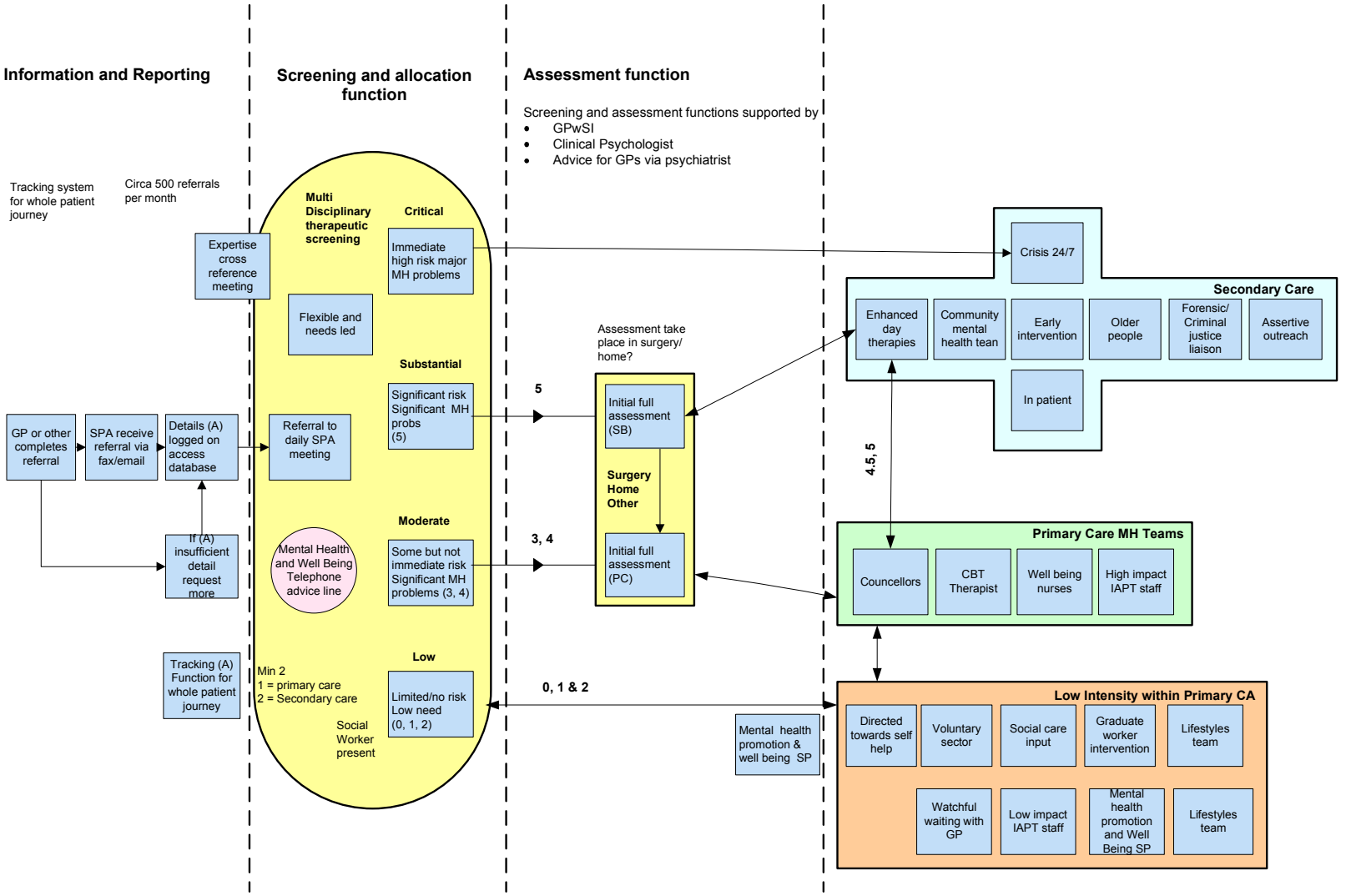
"Step Up → Step Down → Step Out"

Appendix 2

Holistic Patient

Process map for SPA referrals

Appendix B



REPORT TO: Healthy Halton Policy & Performance Board

DATE: 13 January 2009

REPORTING OFFICER: Strategic Director – Health & Community

SUBJECT: Safer Halton Partnership Drug Treatment Plan 2009/10

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To advise the Healthy Halton PPB of the findings of the needs analysis that supports the drug treatment plan for 2009/10

1.2 To advise the Healthy Halton PPB of the strategic priorities for the 2009/10 treatment plan.

2.0 **RECOMMENDATION:**

i) That the Board notes and comments on the report.

3.0 **SUPPORTING INFORMATION**

3.1 As part of the cycle of needs assessment, drug strategic partnerships must complete a summary of the needs assessment work that has been undertaken2 and set key priorities for the coming financial year. Each partnership is required to submit to the National Treatment Agency, by the 16th January 2009, a strategic overview (in the region of 4-6 pages of A4) as part of the adult drug treatment plan submission. Plans are reviewed by a multi-agency panel and feedback provided to partnerships in February. Final plans are to be submitted to the National Treatment Agency for approval and sign off by the end of March 2009.

3.2 The treatment plan should cover the following elements:

a) The overall direction and purpose of the partnership strategy for drug treatment;
b) The key priorities for developing a drug treatment system to meet local needs during the following financial year;
c) The key findings of the current needs assessment, including a brief summary of prevalence and penetration levels, treatment system mapping, the characteristics of met and unmet need, attrition rates, and treatment outcomes (see appendix 1)

3.3 Overall Strategic Direction.

Halton Drug & Alcohol Action Team are developing and implementing the drug treatment system within the context of Halton's Local Area Agreement. National Indicator 40, 'drug users in effective treatment', is currently included in Halton's Local Area Agreement. Drug treatment services will provide added value to the LAA by enabling mainstream services to more easily engage with and promote their services to the partners, children and carers of those in the drug treatment system, who are often themselves socially excluded and/or hard to reach. In addition to the crime reduction priorities identified by the Safer Halton Partnership, the treatment plan for 09/10 onwards will also clearly link to 3 other priorities identified by the Local Strategic Partnership; Children & Young People, Healthy Halton and Employment, Learning & Skills.

3.4 Strategic Priorities

- To improve the integration of service users, their children & carers into the community.
- To reduce the crime committed by problematic drug users.
- To develop a workforce with the appropriate skills, knowledge & expertise to improve the outcomes of drug treatment.
- To reduce the physical, dental, sexual and mental health risks associated with problematic drug use.
- To work with the Children Trust and the Halton Safeguarding Children Board to improve the outcomes for the children of drug using parents.
- To continue to improve the involvement of service users and carers in the development of the drug treatment system.
- To undertake an audit of clinical governance.

3.5 Key Findings of the Needs Assessment

See Appendix 1

4.0 POLICY IMPLICATIONS

4.1 Over the coming year the DAT will be working with neighbouring Local Authorities and PCTs to tender and commission a substance misuse service across a 'mid-Cheshire' footprint. Based on a social inclusion model, the service will support the delivery of key LAA outcomes around physical and mental well being, worklessness, reducing criminality and safeguarding vulnerable adults and children. Such an approach it is anticipated will ensure improved value for money as well as enabling the Boroughs that come together to more effectively position themselves in the market place.

5.0 OTHER IMPLICATIONS

5.1 The funding allocated to Partnerships to commission drug treatment is partially based on the achievement of the NI 40, 'number of problematic drug users in effective treatment'. There is currently a gradual downward trend in this area. Together with the needs assessment showing the lowest prevalence of problematic drug users in the North West, this may mean there is a reduced level of funding being allocated by the NTA to the partnership over the coming year/s.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Improved outcomes around children in need and safeguarding children.

6.2 Employment, Learning & Skills in Halton

Improved outcomes around reducing worklessness

6.3 A Healthy Halton

Improved outcomes around physical and mental well being, especially in relation to blood borne viruses.

6.4 A Safer Halton

Reductions in drug related criminality.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 The proposed model of service is based on one of promoting recovery and social inclusion. These are aspects of national policy that have only recently come to the fore. As such there may only be a limited number of providers in the market that can deliver this type of service. Alternatively, providers may now need to formally come together in partnerships to deliver this kind of contract, which again is a new development for this area of service delivery. Halton DAT propose to manage this risk through; working in collaboration with the NTA to ensure providers are aware of the service local partners are seeking to commission; ensuring the specification and performance management framework accurately reflects the service that is required; holding an event with providers in order to outline in detail the vision for substance misuse services in across the

Boroughs; and in partnership with the new provider and staff group, re-model the workforce to ensure that it can meet the outcomes required.

7.2 It is anticipated that with additional alcohol money being made available to PCTs, and with other DATs also tendering and commissioning for new services, that there may not be capacity in the provider market to respond to competing for this contract. Halton DAT propose to manage this risk by ensuring that the contract value is potentially large enough to interest bidders; that through the NTA potential providers are kept up to date with the timetable for the commissioning process; that the partners can go to the market and start their commissioning process before other areas.

7.3 A qualified workforce with a commitment to delivering a personalised service that motivates it customers to make changes in their lives will be a vital component of this new service. Halton DAT continues to work with current providers to ensure that NTA workforce targets are met and that vacancies are reviewed with the commissioner prior to recruitment. This should help to ensure that over time, the skills and expertise of the workforce change sufficiently to support the delivery of the required outcomes.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

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

None.

APPENDIX 1

Safer Halton **PARTNERSHIP**
a member of the Halton Strategic Partnership

Halton Drug Action Team
Executive Summary for Drug Treatment Plan 2009/10

1. NEEDS ANALYSIS

1.1 Prevalence

- In terms of performance, the overall 'numbers in treatment' achieved for 07/08 was broadly similar to 06/07. 'Retention in treatment' however, fell significantly to 80% by the end of the year, 6% below the NTA target and 8% below the LPSA 2 target.
- The estimates of the prevalence of opiate use and/or crack cocaine use (2006/07) North West Region shows that for Halton the estimated number of problematic drug users (PDUs) aged between 15 – 64 for 2006/07 was 722. This is a reduction of 30 from the previous years prevalence estimate. It is the lowest prevalence estimate in the North West with Trafford being the next highest at 825.
- The prevalence rate of PDUs per thousand aged between 15 – 64 for Halton is 8.98. This is the 13th highest of the 22 North West DATs. The North West rate is 12.28.
- Of the estimated 722 PDUs resident in Halton, 15.2% (n=102) had not been in treatment during 06/07 or 07/08.
- The penetration rate for PDUs in 07/08 was 70.61, the highest in the North West. On 31/03/08, 99% of PDUs in contact with treatment were 'in effective treatment'.
- The DAT level 'treatment naïve' cohort has also reduced considerably from 324 individuals identified in last years needs assessment to 110 individuals in this years assessment. Within the overall cohort there were reductions in the numbers of 'treatment naïve' in 15 – 24 year olds and women.
- The estimated number of drug injectors aged 15-64 for 06/07 was 281, 12 less than 05/06. This is the lowest prevalence figure in the North West.

1.2 Drug Use

- Heroin continues to be reported as the primary drug of use of those in contact with treatment services. In 07/08 47% (398) of individuals reported heroin as their primary drug, as compared

to a regional figure of 63%. The second highest reported was cannabis, 18% (157), and cocaine, 14% (121) the third.

- In terms of secondary presenting substance misuse, crack cocaine was the second most prevalent at 24% (191) and alcohol third at 11% (88).
- Of the individuals presenting to the Agency Syringe Exchange, the largest cohort were steroid users, by 2:1. Heroin was the second most injected drug.

1.3 **The Treatment System**

- In terms of the overall treatment system, sources of referrals, planned and unplanned exits have remained broadly similar from 06/07 to 07/08.
- Of the 256 exits from the treatment system in 07/08, 41% (107) were planned, 48% (123) were unplanned and 1% (26) were referred on.
- As with 06/07, in 07/08 there were no transfers from the Outreach service into other services within the treatment system.

1.4 **Equality & Diversity**

- Of those in contact with Halton treatment services in 07/08, 73.6% were male, 99% were white and 19% were under the age of 25. This is slightly higher than the regional total for males and under 25s
- The mean age of individuals in contact with treatment services in Halton was 33.16.
- The total in treatment for females increased from 348 in 06/07 to 439 in 07/08.

1.5 **Harm Reduction**

- Halton would appear to have relatively low numbers of individuals injecting heroin and crack cocaine. Nearly three quarters of those individuals entering treatment have never injected.
- The most prevalent age bands for injecting heroin were from 25 upwards. 73% of heroin injectors were aged 30 and above.
- Around a third of those in treatment or those new to treatment who were current or previous injectors had been screened or tested for Hepatitis C. Just under a quarter of those new to treatment received a Hepatitis B intervention.

1.6 **Hospital Episode Statistics (HES)**

- In 06/07, 742 individuals had a drug related hospital episode. This equates to around 2 episodes per day. Of those episodes,

37% were with individuals over the age of 41.

- In terms of presentations, after Halton General, Royal Liverpool was the most frequently attended, followed by Royal Liverpool Children's Hospital, Warrington, University Hospital Aintree and then the Countess of Chester.

1.7 **Work Force**

- In 07/08 the DAT undertook a second workforce skills audit.
- 55% of the workforce was not professionally qualified. Those who were professionally qualifies were either Registered Mental Health Nurses (7) or Registered general Nurses (1).
- Of the managers, 4 had attended an accredited management training programme. 3 had not.
- Of the non-professionally qualified staff, 3 had achieved NVQ level 3. 2 were undertaking this training, but 6 had not.
- The audit found a slight improvement on the previous audit carried out in October 2007. However there was still a failure to reach the NTA managers and non-professionally qualified targets.

1.8 **Community Safety**

- The number of individuals in contact with DIP but not treatment has fallen from 16 in 06/07 to 1 in 07/08.
- Whilst there has been a slight improvement in DIP activity and performance, with 2 of the 3 national KPIs being met, the overall low activity means that Halton has the highest cost per head service in the North West.
- In 07/08 Halton achieved its DRR commencements and completions targets.
- The service users that took part in the 12 week into treatment survey in the main report reductions or stopping of criminal activity.

1.9 **Service Users & Carers**

- For service users, the majority report that they are satisfied with both the service overall and their relationships with staff. However the issues of treatment choices and knowing the range and availability of wraparound services remains a challenge.
- The short waiting times, and receiving a prescription were highlighted as positives, with self reported reductions in crime and chaotic behaviour.
- Just under 90% of service users were aware of how to make a complaint and were comfortable to do so if necessary.
- Just over half of respondents to the satisfaction survey, 54%, did not know if their care plan showed the timescales around when they might be ready to be discharged.

1.10 **Hidden Harm**

- With regards to those individuals commencing a new treatment episode in 07/08, 45% (140) had children. 21% (66) lived with the client, 15% (47) lived with a partner, and 6% (18) with another family member.
- Halton had the highest mean age in the North West, 28.13, of those who stated a parental status.
- On average regionally, individuals who stated they had children living with them had 1.98 children living with them at least part of the time. Halton had the highest regional mean number of children living with individuals at least part of the time – 2.32
- The regional average when looking at just opiate and crack users in 1.92. Again Halton is significantly higher in comparison to this regional average with 2.47 children.
- In 07/08 76 children were the subject of child protection plans. 10 (13%) were as a result of parental drug use, 17 (22%) parental alcohol use and 7 (9%) parental substance misuse. Overall 45% of child protection plans were where parental factors of substance misuse were involved.

REPORT TO:	**Healthy Halton Policy & Performance Board (PPB)**
DATE:	**13th January 2009**
REPORTING OFFICER:	**Operational Director (Highways, Transportation and Logistics)**
SUBJECT:	**Halton Accessible Transport Study (Update)**
WARDS:	**Borough-Wide**

1.0 PURPOSE OF THE REPORT

1..1 The purpose of this report is to highlight to Urban Renewal PPB and Healthy Halton PPB the emerging key findings of the Halton Accessibility Study. This Study is being funded by the Halton Strategic Partnership (Healthy Halton SSP). The report also highlights a range of issues identified by the consultants, undertaking the Study, which are proposed to form the basis of a consultation exercise with key stakeholder groups planned for the 3rd February 2009.

2.0 RECOMMENDED: That:-

i) The options as set out in paragraph 3.10 being used as a basis for consultation at the key stakeholder event planned for the 3rd February 2009.

3.0 SUPPORTING INFORMATION

3,1 Members will be aware that the Council has for several years now provided core grant funding to Halton Community Transport (HCT) to provide a range of accessible transport services for local residents including:-

- 'Dial a Ride' for disabled and elderly residents;
- 'Women's Safe' transport service, which operates in the evenings;
- Accessible learner service for post 16 learners with mobility / learning difficulties;
- Voluntary car scheme; and
- 'Route 66' rural bus service.

3.2 The current value of the core grant funding to HCT during the current financial year is £121,610. Residents using these HCT services, are also eligible to use their concessionary travel passes to travel free after 09.30am Monday to Friday, and all day Saturday and Sunday.

3.3 In addition to the services provided by HCT, the Council's own 'in house' passenger transport fleet provides accessible door to door transport, mainly for vulnerable adults and young people.

3.4 Members will also recall that Halton Borough Council last carried out a comprehensive Best Value review of transport / accessibility arrangements in 2006. This Best Value Review and its associated Action Plan continues to form the framework for the delivery of various accessible transport improvement projects, as part of the second Halton Local Transport Plan 2006/7 – 2010/11. Improvements introduced to date include:-

- Introduction of independent travel training for vulnerable young people and adults within the Borough;
- Investment in further new low floor vehicles, utilised by the Council's own 'in house' passenger fleet and HCT;
- Launch of the new 'Door 2 Door' service, which seeks to better integrate the provision of accessible transport services by different agencies through the use of a new centralised passenger booking and vehicle scheduling software system;
- Introduction of a new multi operator public transport ticket (marketed as 'Halton Hopper'), with discounted versions for post 16 learners;
- Launch of a discounted taxi service 'Links 2 Work' for residents unable to access employment / training opportunities by conventional public transport; and
- Launch of an accessible cycling project.

3.5 In recognition of these innovative improvements and others, the Council has been jointly awarded, with the Merseyside Authorities, Beacon Council status in 2008/9 for transport accessibility.

3.6 Following on from the Best Value Review, a Halton Accessible Transport Study was commissioned in May 2008. The purpose of the study is to critically evaluate the current and potential future demand for accessible transport across the Borough up to the year 2015/16 taking into account key demographic and other trends. It is also required to make appropriate recommendations on how the Council and its partners can better meet this future demand for accessible transport.

3.7 Funding for the Study has been provided from the Halton Strategic Partnership (Healthy Halton SSP), which is being undertaken by specialist consultants.

3.8 The Study is being carried out in 5 key stages:-

- **Stage One**: - Establish levels of existing demand –Critically appraise the existing levels of demand for accessible transport services within the Borough by all sections of the community taking into account, age, gender, mobility / disability and

household income. Patterns of existing demand were then compared to an objective assessment of potential demand for accessible transport given the existing socio demographic profile of the community within Halton **(Completed);**

- **Stage Two:** - Objective assessment of current arrangements for the provision of accessible transport services within Halton. This considered the existing arrangements for the provision of various accessible transport services operated by Halton Community Transport (HCT) including 'dial a ride', 'Women's Safe Transport' and Halton Borough Council's own 'in house' passenger transport fleet **(Completed)**;
- **Stage Three** – A careful examination to highlight emerging 'best practice' from elsewhere in the UK and continental Europe, in terms of the provision of accessible transport services. **(Completed);**
- **Stage Four** – Stakeholder consultation on the future direction of travel with regards to the future provision of accessible transport services within Halton; and
- **Stage Five** – Preparation of a Future Improvement Action Plan which will help inform the development of the third Halton Local Transport Plan covering the years 2011/12 – 2015/16.

3.9 The key findings to date are set out in Appendix One, the main headlines of which are:-

- ***Projected large growth in the demand for 'door to door' accessible transport by the year 2011;***

- ***Approximately just over half of eligible residents actually currently use one of the existing 'door to door' services within Halton;***

- ***Existing community transport services in Halton perform relatively well compared to similar schemes in other non metropolitan areas;***

- ***Further improvements are needed to the criteria used to determine which unprofitable local bus services continue to receive revenue subsidies, with particular attention being placed to better allocate subsidies to support the Council's key priorities for reducing social exclusion.***

- ***There are potential benefits to be gained from more effective co-ordination of the various accessible transport services operated by different agencies (public, commercial and voluntary) within Halton.***

3.10 In order to develop an Improvement Action Plan for the delivery of future accessible transport services, the consultants are proposing to hold a key stakeholder consultation event on the 13th February

2009 at the Stobart Stadium, Halton. At this event the consultants are proposing to consult on several alternative 'models' of future accessible transport delivery, based on the following 'scenarios':-

- ***Scenario 1***:- No change to the existing transport co-ordination / procurement and delivery arrangements- Council budget for accessible transport increasing in line with inflation;
- ***Scenario 2***:-'Supply Side Changes' - by providing a different mix of services with a focus on either: (a) more collective scheduled bus type services; or (b) more individualised taxi / demand responsive services using smaller vehicles. The budget for the provision of services under this scenario would depend upon the exact mix of services;
- ***Scenario 3***:- 'Demand Led Provision' - essentially letting the service users determine which type of service they would prefer to use This would involve re-allocating funding away from supporting the 'in house' passenger fleet operation and HCT to individual users. This is a high risk option, which has not been introduced effectively elsewhere and could lead to considerable service disruption;
- ***Scenario 4***:- 'Supply Side Co-ordination'. This involves more effective co-ordination of transport resources by current providers (Halton Borough Council, HCT, NW Ambulance (NHS) Trust etc.) This would remove unnecessary duplication that exists between the various agencies. The consultants are particularly keen to obtain views on the potential for greater co-ordination of passenger booking, vehicle scheduling and management functions between the various organisations; and
- ***Scenario 5***:- 'Commissioning Co-ordination' This involves better co-ordination / transport procurement by Halton Borough Council and the different local agencies (such as the local PCT etc), which would help to improve quality standards and ensure better value for money.

4.0 POLICY IMPLICATIONS

4.1 The Study raises some important issues regarding the future provision of accessible transport services within Halton. Subject to the findings of the Study, which are expected in March 2009, a more detailed report setting out the results of the Study and a costed plan for implementation will be reported to a future meeting of the Council's Executive Board and Urban Renewal and Healthy Halton PPB's.

5.0 OTHER IMPLICATIONS

5.1 Halton Borough Council has recently attained Beacon Council status, jointly with the Merseyside authorities, which is partly in recognition of the innovative work it has been involved in to improve accessibility for socially excluded communities. This proposal seeks to build upon the solid platform of improvements already delivered.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The Study seeks to identify future travel / accessibility needs for children and young people within the Borough and make recommendations on how their travel needs can be better catered for.

6.3 Employment, Learning and Skills in Halton

The Study seeks to further improve access to employment, learning and work based learning providers within Halton, building on the solid platform already achieved.

6.4 A Healthy Halton

The Study seeks to address improvements to accessible services for local Halton residents seeking to access health care facilities across the Borough and neighbouring areas. NHS Halton and St. Helens have been closely involved in the Study to date.

6.5 A Safer Halton

Accessible transport services are recognised as playing an important part in an overall strategy to foster safer neighbourhoods within Halton. The Study seeks to build upon existing initiatives such as 'Women's Safe' transport, which already provide a valuable service.

6.6 Halton's Urban Renewal

The provision of improved accessible transport services will help to assist residents, living in socially excluded communities, to access the new employment, training, leisure and retail facilities being provided through the regeneration of the Borough.

7.0 RISK ANALYSIS

7.1 The main uncertainty with this type of strategic study is uncertainty with the availability of future funding to deliver any identified improvements. The consultants, have been asked to prepare a fully costed and realistic implementation plan in the final report,(which is due in March 2009), to minimise any risks in terms of delivery.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 This Study will help assist the Council and its local partners to improve the provision of accessible and affordable transport services for all members of the community. The Study in particular seeks to develop improvements to ensure 'hard to reach' groups make better use of accessible transport services.

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

Document	**Place of Inspection**	**Contact Officer** **David Hall** **Tel 0151 4717514**
Halton Accessible Transport Study (Various technical papers produced by consultants).	**Transport Co-ordination, Rutland House, Halton Lea.**	

Appendix One

Halton Accessible Transport Study – Key Findings to Date

- ***Projected large growth in the demand for 'door to door' accessible transport by the year 2011.***

Currently it is estimated that 3,880 individuals within Halton have some form of disability / mobility difficulty which results in them having problems when accessing key facilities by conventional public transport (making them eligible to use one of the existing 'door to door' services within the Borough operated by HCT). This equates to 3.28% of the resident population of the Borough. Given the projected growth rate in the population of the Borough by 2021, (compounded by the ageing population structure), the number of people with mobility difficulties and potentially seeking to use accessible 'door to door' services is projected to increase to 4,524. This equates to a potential 16% increase in the demand for 'door to door' accessible transport services by 2011.

- ***Approximately just over half of eligible residents actually currently use one of the existing 'door to door' services within Halton.***

However, currently only 1,705 eligible residents are actually members of the existing 'door to door' accessible transport service in the Borough. Therefore only 56% of the potentially eligible residents are actually currently members of and use the existing 'door to door' accessible transport services within the Borough. However, this level of existing 'take up' of the service is comparable with that of other community transport services across the UK.

- ***Existing community transport services in Halton perform relatively well compared to similar schemes in other non metropolitan areas***

Having analysed the operating performance of other community / voluntary transport schemes operating in other non metropolitan local authority areas, the services operated by HCT have been found to continue to perform relatively well. For instance, the subsidy per passenger trip on HCT services is currently £3.08, compared to £5.06 in Vale Royal, £5.40 in Macclesfield. For some schemes such as Basingstoke the subsidy per passenger trip is as high as £9.02.

- ***Further improvements are needed to the criteria used to determine which unprofitable local bus services receive revenue subsidies to more closely reflect the Council's key priorities for reducing social exclusion.***

The consultants have made various recommendations to improve the methodology used to appraise the effectiveness of the various local supported bus service contracts, tendered by Halton Borough Council. In particular the consultants advocate the use of more detailed local area information on the types of households and socio economic factors, to ensure that revenue subsidies are more closely targeted at key socially excluded households and communities. The consultants were also critical of the ad hoc nature of some of the existing supported bus contracts, in particular individual early morning journeys which appear not to fit well with mainstream commercial services operating during the main daytime periods,

- **Potential benefits to be gained from more effective co-ordination of the various accessible transport services in Halton.**

The Study recognises the efforts that have been made to better integrate the various 'door to door' accessible services operated by the Council's 'in house' fleet and those services provided by HCT, through the 'Door 2 Door' initiative. However, the consultant's team feel that there are further potential benefits to be gained from even closer co-ordination of services between the two organisations. Furthermore, the consultants recommend that consideration is given to the greater integration of non emergency patient transport services, (almost exclusively provided by the North West Ambulance NHS Trust), with accessible vehicles operated by schools / colleges and commercial organisations (such as care homes). To achieve this goal the consultants recommend that other stakeholder organisations channel their commissioning, procurement and delivery management through Halton Borough Council.

REPORT TO:	Healthy Halton Policy and Performance Board
DATE:	13 January 2009
REPORTING OFFICER:	Strategic Director of Children and Young People's Directorate
SUBJECT:	Children's Oral Health in Halton
WARDS:	Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To report the findings of the Scrutiny Topic on Oral Health in Children and Young People in Halton and make the following recommendations:

2.0 RECOMMENDATION: That

2.1 The PPB considers, comments on and endorses the draft Topic Report.

2.2 The Executive Board be requested to approve the recommendations contained in 2.3 – 2.5 below and report back to the March meeting of the PPB on their conclusion.

2.3 Halton and St Helen's PCT should, subject to parental consent and outcomes of the 'Lancashire Trial', support the administering of fluoride varnish to children, to take place in school settings;

2.4 Halton and St Helen's PCT should take steps to support the take up of dental services by vulnerable young people who may not have regular access to dental services or be registered with a dentist; and

2.5 The Children and Young People's Policy and Performance Board should keep under review the implementation of the Oral Health Strategy.

3.0 SUPPORTING INFORMATION

3.1 On the 27th November 2007 the Children and Young People's Policy and Performance Board agreed that children and young people's oral health should provide the focus for scrutiny during 2008. The Council's Annual Performance Assessment of services for children and young people Halton reported that "The local authority's performance on oral health is weaker than national and remains an area of development". It recommended that the local authority should "accelerate plans to improve oral health".

3.2 The Oral Health Scrutiny Group was a joint scrutiny topic comprising the following Members from both the Health and Children and Young People's Policy Performance Boards: Cllr M Dennett, Cllr P Wallace, Cllr R Gilligan, Cllr E Cargill, Cllr M Lloyd-Jones and Cllr M Horabin.

3.3 It was agreed that the Scrutiny Group would:

Receive and consider evidence presented on the state of children's oral health in the Borough;
Consider the information in relation to statistical neighbours and national and regional benchmarks; and
Consider future strategies for securing improvement

3.4 The Scrutiny Group met on a few occasions and considered evidence presented by Dr K Milsom, Consultant in Dental Public Health, regarding the state of dental health experienced by children and young people in the Borough. Members interrogated the evidence presented. Detailed below is a summary of the Group's findings.

3.5 Dental health in Halton is poor. Using data from epidemiological studies of child dental health we know that in 16 of the 21 electoral wards that comprise Halton Local Authority, dental health of 5-year-olds is worse than the national average. In England, 34% of children aged 5 years have experienced tooth decay, the figure in Halton is 51%, with each Halton 5-year-old having, on average 2 decayed, missing or filled teeth. There are only 4 Halton electoral wards in which the proportion of 5-year-olds with tooth decay is lower than the national average (Beechwood, Birchfield, Daresbury, Farnworth). The position is similar amongst the 12-year-old population. (Appendix 1)

3.6 Detailed dental health data on the adult population is not readily available. However, the decennial adult dental health surveys repeatedly confirm that the Northwest has the worst dental health in England.

3.7 Against this background Halton and St Helens PCT have developed a dental commissioning strategy that aims to:

Reduce population prevalence of dental disease;
Reduce inequalities in dental caries prevalence;
Ensure that access to NHS services for urgent, out of hours and elective care is available for all; and
Ensure evidence based services according to need

3.8 The dental commissioning strategy was accepted by the PCT Board in March 2008 and funding was provided to ensure that key dental health objectives identified within the strategy were addressed. In 2008-9 The PCT elected to focus on the priority issues:

1. Improving child dental health and reducing dental health inequality
2. Improving access to primary dental care

3.9 Improving child dental health and reducing dental health inequality

3.9.1 The Department of Health document *Delivering better Oral health: An evidence-based toolkit for prevention* has identified a number of evidence based interventions that, if implemented, will prevent dental decay in the child population. Of significant importance is the use of fluoride varnish. There is robust evidence to indicate that if fluoride varnish is painted twice/three times per year onto the biting surfaces of teeth, a reduction of 30%-40% in prevalence of tooth decay can be achieved.

3.9.2 In 2008, Halton and St Helens PCT are purchasing fluoride varnish for dentists to use in their surgeries and dentists are being asked to apply the varnish three times a year to all children aged 3-17 years. Given that approximately 70% of children attend a dentist on a regular basis, there is an expectation that this primary care based intervention will have a major impact on child dental health.

3.9.3 However, thirty per cent of children in Halton do not attend a dentist regularly. Often these children come from communities that have the poorest dental health.

3.9.4 Clearly dental practice based initiatives are unable to reach these children and other strategies have to be considered. One possibility is to take the fluoride varnish into the school setting. By applying the fluoride varnish to the teeth of children in schools, the most disadvantaged children in our community will have the opportunity to benefit. The evidence base for this school based intervention is not strong, although a large randomised controlled trial currently ongoing in Lancashire is likely to provide definitive evidence of effectiveness (or otherwise). The results of this study will be known in spring 2009. Health authorities in Scotland have already begun to roll out school based fluoride varnish schemes. Should the research evidence prove school based fluoride varnish to be effective in the school setting, then implementing such programmes would be a priority for Halton and St Helens PCT.

3.9.5 In addition to stimulating the use of fluoride varnish, Halton and St Helens PCT is preparing to distribute fluoride toothpaste (1450 ppm) and a tooth brush to every child aged 3-11 years, living within the PCT boundary. It is anticipated that twice yearly distribution will take place for the next 3 years. Fluoride toothpaste is effective at reducing the prevalence of tooth decay and this initiative, in conjunction the fluoride

varnish programme, is expected to have a significant impact on the dental health of local children.

3.10 Improving access to primary dental care

3.10.1 Access to NHS dental care is a major priority both nationally and locally. Whilst only 50%-60% of the population of England attend a dentist on a regular basis, changes to the dental contract in 2006 have put pressure on the NHS primary dental care service, with many of those wishing to secure access to an NHS dentist being unable to do so. Central government recognises the problem and has provided additional funding for PCTs to expand their dental services. Halton and St Helens PCT, as part of its dental commissioning strategy, has well developed plans to increase the number of dentists working locally. These developments have a necessary lead in time, (extra surgeries have to be built and equipped, dentists have to be recruited etc), but the PCT is confident that in 2009, the equivalent of 6 new dentists will be available locally to provide NHS dental care.

3.10.2 The PCT is also currently reviewing the role of the 2 Dental Access Centres (DACs) one in Halton and one in St Helens. The DACs offer an NHS dental service to those that do not wish to seek long term care with a 'High Street' dentist. The service includes relief of pain, dental extractions and simple fillings.

3.10.3 In 2008, the PCT commissioned a piece of work that confirmed that the DACs were seeing and treating disadvantaged groups. Building on this review, a more detailed review of activity has been commissioned, the results of which are expected to pave the way for service developments within the 2 DACs. Whilst it is premature to guess at what the review's outcome will be, there is an expectation that the review will lead to enhanced NHS dental services for the disadvantaged in our community. (On this point it is worth noting, that in another scrutiny topic, focussing upon access to services by homeless young people in the Borough access to dentists has emerged as a recurring theme).

3.11 Halton and St Helens PCT's dental commissioning strategy is the driving force for the improvements in dental health that are needed locally. In its first year, key objectives contained within the strategy have been addressed and monitoring systems are in place to ensure that the expected progress is delivered. The outcomes of interest-improved dental health, reduced dental health inequality and improved access to NHS care are difficult to achieve, yet the PCT is confident that by building its dental commissioning strategy on evidence based intervention, improvements are possible. The strategy is now almost one year old and will be reviewed over the next 3 months. The review

will reflect upon what has been achieved, and what more is required in order to sustain the forward momentum.

4.0 POLICY IMPLICATIONS

4.1 None. The Oral Health Strategy has been approved by Halton and St Helen's PCT. The recommendations contained in this scrutiny report would support the implementation of that Strategy.

5.0 OTHER IMPLICATIONS

5.1 Parental consent would need to be secured to enable the administering of fluoride varnish to pupils in school settings.

5.2 The recommendations contained in this report should inform the future dental commissioning strategy of the PCT.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

Securing good dental health of **all** of the children and young people in Halton would be a positive step in reducing the health inequalities in the Borough.

6.2 Employment, Learning and Skills in Halton

None

6.3 A Healthy Halton

Reducing poor dental health of all members of the community is a priority contained within the Dental Health Commissioning Strategy for Halton and St Helen's PCT.

6.4 A Safer Halton

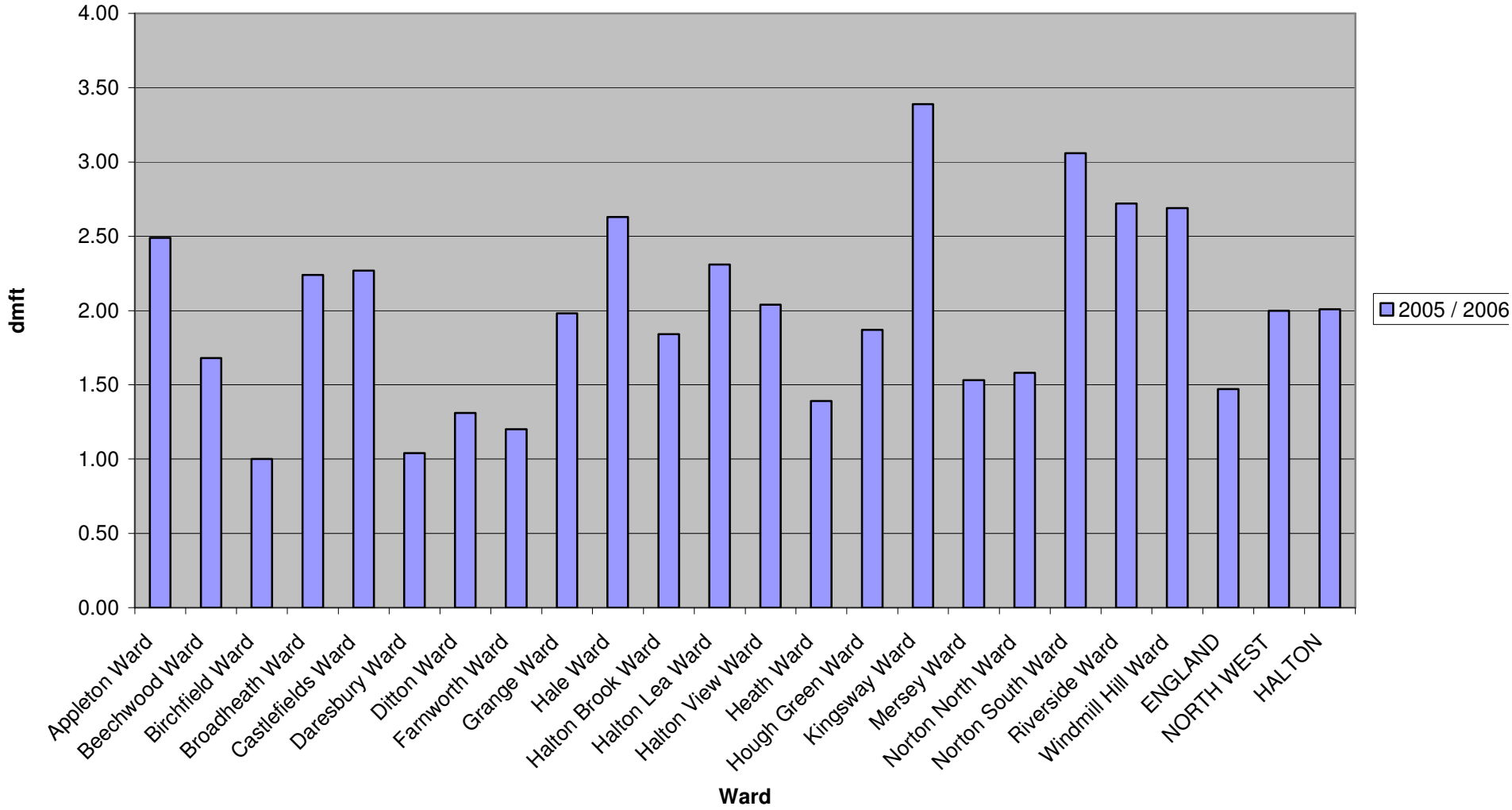
None

6.5 Halton's Urban Renewal

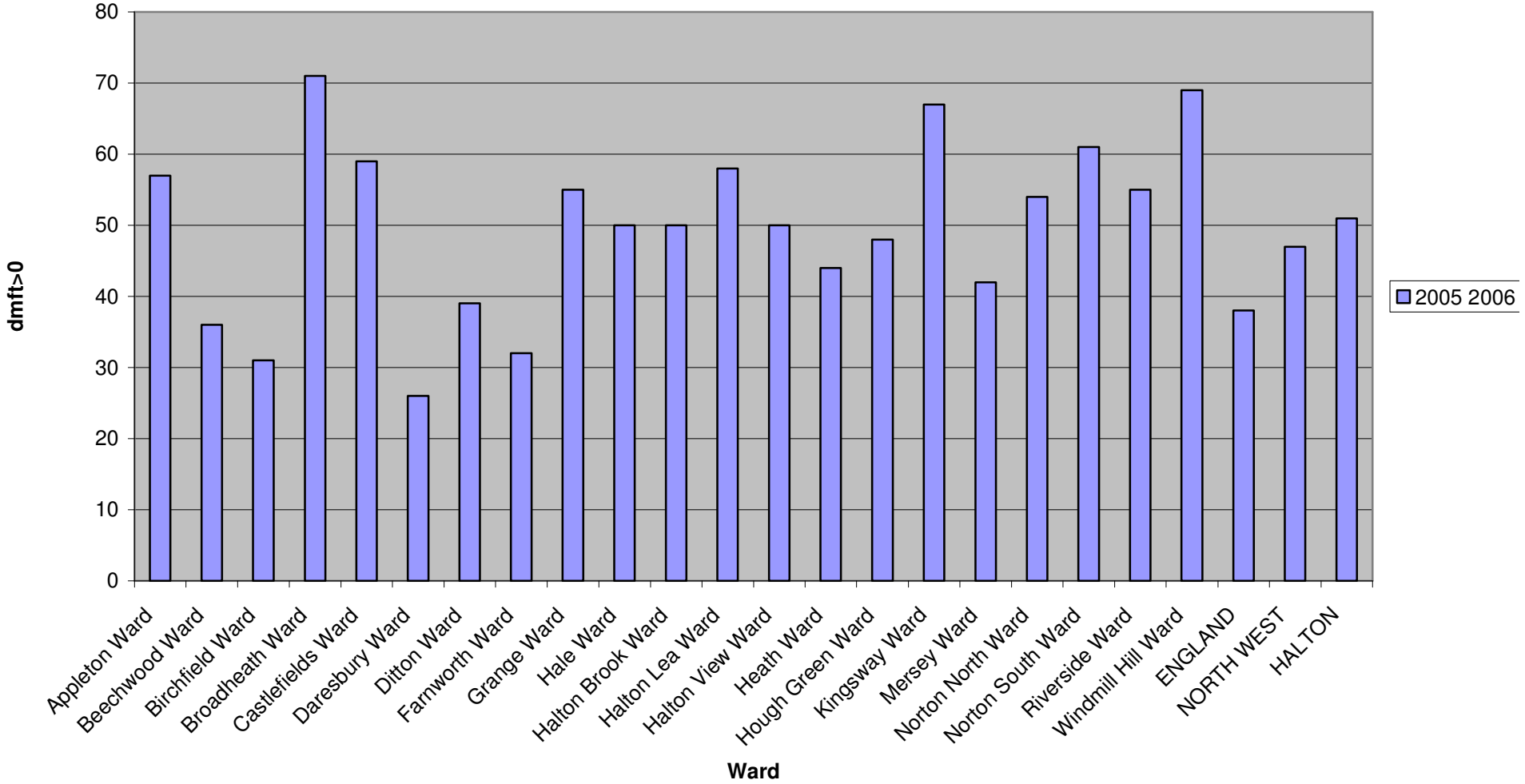
None

Appendix 1

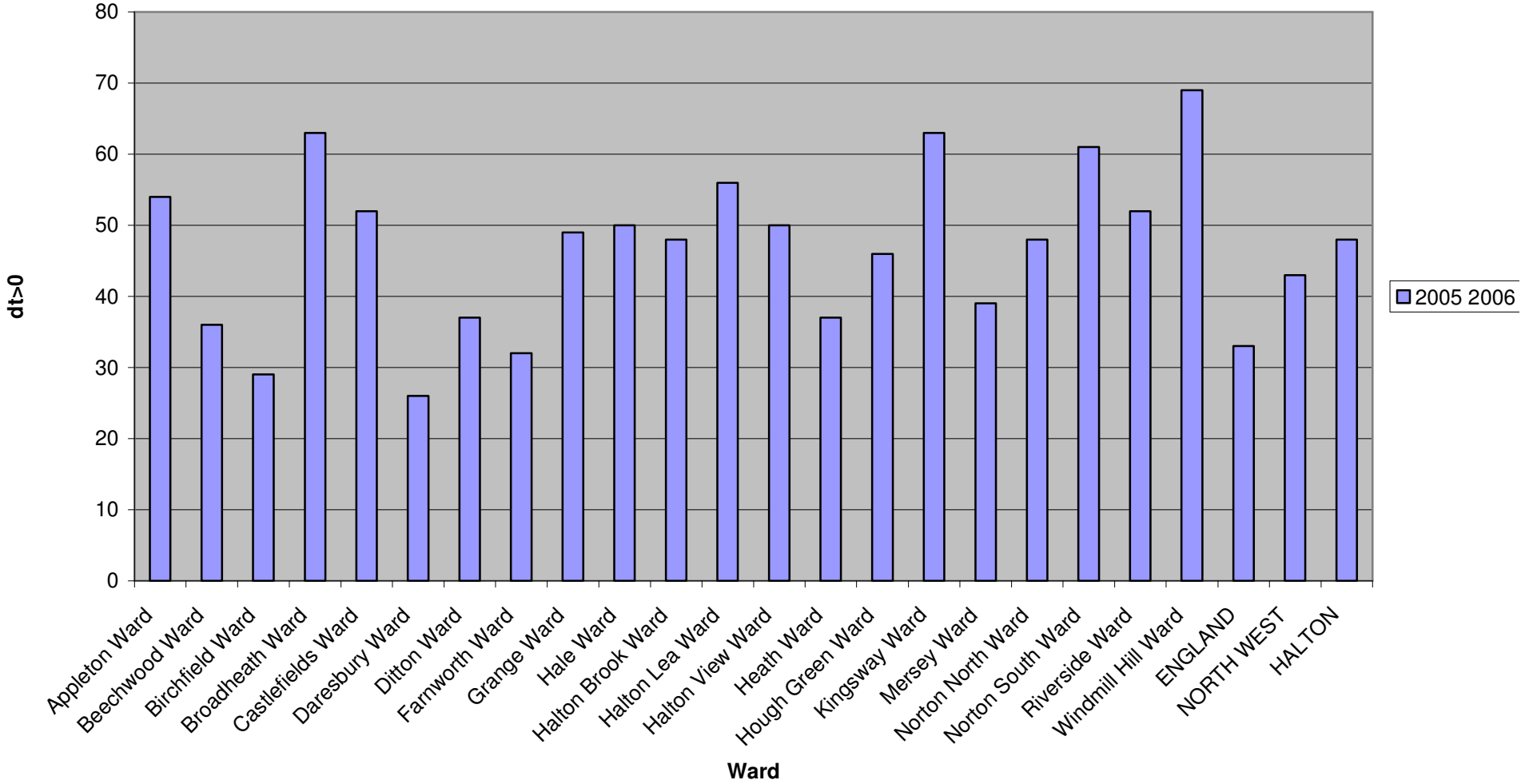
5yr old BASCD survey 2005 / 2006
Mean decay experience (dmft) in Halton by electoral ward



5 year old BASCD survey 2005 / 2006
Proportion of children with decay experience (% dmft>0) in Halton by electoral ward



5yr old BASCD survey 2005 / 2006
Proportion of children with active decay (% dt>0) in Halton by electoral ward



REPORT TO:	Healthy Halton Policy & Performance Board
DATE:	13th January 2009
REPORTING OFFICER:	Strategic Director, Health & Community Directorate
SUBJECT:	Review of Direct Payments Policy & Procedure
WARDS:	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present to the Healthy Halton PPB the Executive Board Sub Committee Report of 18th December 2008 of a review of Direct Payment Policy and Procedure for comment. The report is attached as Appendix A.

2.0 RECOMMENDATIONS:

(1) That Healthy Halton Policy and Performance Board note and comment on the contents of the report and the three options presented for consideration.

3.0 SUPPORTING INFORMATION

3.1 Healthy Halton PPB received a report on 10th June 2008 on proposals for some changes to the Direct Payment Policy and Procedure. Since then further consultation has taken place across the Borough on proposed amendments to the Direct Payments Policy. These are :

- An eligibility criteria to determine the rate of which Direct Payments (DPs) will be set based on best practice practice.
- Changes introduced by the Mental Capacity Act 2005.
- Proposals to include payroll charges in set up costs given the growth of personal assistants (PA's).

3.2 This report was presented to Executive Board Sub Committee on 18th December and it was recommended that Healthy Halton PPB had an opportunity to scrutinise in detail the amendments.

3.3 The overall thrust of the report is to ensure that there is a clear eligibility criteria for those people seeking Direct Payments.

3.4 It also seeks to address the historical situation whereby different service users have received different payments. The report sets out a number of options to address this. Appendix B gives detailed results of the consultation on changes for new and existing Direct Payment service users.

4.0 POLICY IMPLICATIONS

The proposed amendments seek to ensure clear criteria are available which sets out eligibility for Direct Payments and the level at which they should be set. The policy supports the Personalisation agenda by promoting choice and control.

5.0 OTHER IMPLICATIONS

None identified.

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 Children and Young People's Directorate.

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 identified.

6.5 Halton's Urban Renewal

None identified.

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. The delayed introduction of these new arrangements for existing service users, could reduce transitional difficulties. Some service users and carers may continue to express their dissatisfaction at a rate cut for care and social activities which are on review are not considered complex. The Council will need to ensure that they have ongoing dialogue with existing direct payment service users during the implementation phase and to monitor any future impact on care and services.

7.2 To date, all service users when paid at the average agency rate of £10.70 top up the funding privately or if employing social activity providers, 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 complex needs to be met, 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.

REPORT TO: **Executive Board Sub Committee**

DATE: **18th December 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 consultation events held across the Borough and seek approval for the proposed changes to the draft Direct Payments Policy & Procedure for Adult Social Care.

2.0 **RECOMMENDED: That**

i) The findings of the consultation process held on Direct Payments Policy and Procedural changes for Adult Social Care (Appendix 1) are noted.

ii) The Sub Committee consider the impact this policy may have on existing service users if their assessed needs change,

iii) Option 3 as set out in section 5.2 be approved.

iv) The Direct Payments policy and procedure (Appendix 2) be amended as follows as set out below to: -

- **To introduce an eligibility criteria to determine the rate at which DP's will be set, based on current good practice (Appendix 3)**
- **To reflect the changes introduced by the Mental Capacity Act 2005, with additional detail on capacity**
- **To reflect the growth in Personal Assistants (PAs) and, if required, include payroll charges in the set-up costs, and annually thereafter as a supplement to be paid to the service user if required, when employing a PAs from 01.04.2009.**

3.0 **SUPPORTING INFORMATION**

3.1 **Background**

3.1.1 Following presentation to Healthy Halton PPB on 10th June 2008, Executive Board Sub Committee approved a number of changes to the Direct Payment Policy & Procedure on 25th July 2008, for public consultation. These are stated in full in section 4.1 and Appendix 2.

3.1.2 Halton Borough Council's Direct Payment rates for 2008/9 are

2008/9 RATES	AGENCY	Personal Assistant (PA)
Standard	£10.70	£9.35
Complex	£11.36	£11.36

3.1.3 Appendix 4 benchmarks Halton's Direct Payment rates for new and existing service users against neighbouring Councils. This highlights significant differences – Knowsley's rates are £7.85, £9.28 or £11.47(enhanced), St Helens pay £9.13 for a PA and £11.05 for an agency.

3.1.4 Currently, there are no criteria for assessing which level of hourly rate service users should be receiving. Therefore, a review was undertaken to establish current best practice, aiming for a greater degree of equity and consistency in how rates are applied across all service user groups.

3.1.5 Implementation of the criteria 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.

3.1.6 Consultation on changes to the policy for Direct Payment Service users was undertaken in October and November 2008 for existing and potential future Direct Payment service users and residents of Halton. All current direct payment service users were sent a copy of a survey form to complete and seven presentations/ open forums were held in locations across the Borough so that people could come to talk to officers about the proposals and make their views known.

3.1.6 Appendix 1 attached to this report summarises comments made by Direct Payment service users, their carers and potential future recipients of Direct Payments. Copies of the detailed individual comments are available on request.

3.1.7 The results of the survey have been considered as regards the impact the introduction of the proposed eligibility criteria would have on new and existing service users and the direct payment rate paid now for new service users and for existing service users. A number of options for Members to consider are stated in section 5 of this report.

4.0 **POLICY IMPLICATIONS**

4.1 The DP Policy & Procedure (Appendix 2) has been amended in the following areas:

- To introduce eligibility criteria to determine the rate at which DP's will be set based on current good practice (see page 6-7 of the Policy)
- 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 1.4.2009.

- To reflect the changes introduced by the Mental Capacity Act 2005, with additional detail on capacity – Appendix 1 to the Policy.

5.0 FINANCIAL IMPLICATIONS

5.1 Context: Analysis of Existing Direct Payment Service Users

5.1.1 An analysis for Existing Direct Payment Service Users as at 30th September 2008, revealed that 194 Adult Services users received DP for services (excluding respite and children's services), with: -

- 44 (23%) paid at £9.35;
- 23 (12%) paid at the agency rate of £10.70 and
- 127 (65%) paid at £11.36.

5.1.2 Employment of PAs now represents 52% of all activity with service users employing one of more carers.

5.1.3 An analysis of sample payroll data showed that, where HBC pay the service user £9.35 per hour, the majority of employees' gross pay is £7.00 per hour (average £7.05 per hour) and average £8.56 if the service user is paid £11.36 per hour.

5.1.4 These rates are well above the legal minimum wage (from 01.10.2008) of £5.73, if service users employ a PA, including on-costs of employer's National Insurance, 20 days' holiday entitlement and 8 public holidays.

5.1.5 If the basic PA rate of £9.35 (2008/9 rate) is paid this would still allow service users to pay PAs above the minimum wage up to a maximum of £7.40 an hour allowing for full holiday cover and employers national insurance at 12.8%, and meet the criteria in the Direct Payment guidance notes. This rate is slightly higher than the average Halton BC domiciliary care agency 2008/9 employment rate which ranges from £6.23 to 7.20 an hour.

5.1.6 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.

5.1.7 To ensure a consistent application when determining the Direct Payment rate existing service users may potentially be assessed as standard and not complex and the assessed DP rate of payment could fall. ***Seventy-eight personal assistants are currently paid above the £7.40 threshold rate*****,** including full holiday pay and employers NI.

5.1.8 Members are thus asked to consider the following options, given the positive consultation response for the adoption of the criteria for new and existing service users and comments made by existing service users.

5.2 Financial Options

5.2.1 Option 1

Approve the eligibility criteria for new service users only with immediate effect. Current DP payments rates for existing service user packages would be unchanged. When existing packages of care are reviewed any additional hours would be paid at the new assessed rate.

The present perceived inequality would not be addressed for existing DP service users as noted by service users in all service areas. Existing PA's would continue to be paid at above market care pay rates for Halton. No potential savings would be generated and best value would not be achieved when comparing PA rates in particular across neighbouring LA's. The Council may be subject to legal challenge having two systems for new and existing service users.

5.2.2 Option 2

Approve the eligibility criteria for new service users with immediate effect and existing service users from 1.4.2009. When existing packages of care are reviewed any additional hours would be paid at the new assessed rate.

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 potential reduction in pay. The short lead in time could cause financial uncertainty to both the PA and service user.

5.2.3 Option 3

Approve the eligibility criteria for new service users with immediate effect and for existing service users from 1.10.2009. When existing packages of care are reviewed any additional hours would be paid at the new assessed rate.

The longer lead in time would allow service users and PAs more time to adjust to any potential charge. The effect of the longer lead in time could allow the Direct Payment team to support the service user in assessing the maximum PA hourly rate which could be paid given NI earning thresholds, hours worked and if full holiday cover was taken by the service user. Guidance could also be given to the service user if a potential top up would be required if the service user wished to continue paying the carer or family member at the same rate.

5.2.4 With options 2 and 3 potential savings would be generated if existing 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. The full year effect may be up to a £100K saving if on review assessed need reduces from standard to complex. This money would then be available to provide additional services where necessary.

5.2.5 Of the above, option 3 strikes the best balance between equity, appropriate remuneration to the PA and Service user, retaining valued PAs with support provided during the implementation process.

5.2.6 In addition, DP agency 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. Concerns over outlier agency rates will be addressed with both domiciliary care and group social activity external agency providers, as part of the current tendering and commissioning process.

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 Children and Young People's Directorate.

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. The delayed introduction of these new arrangements for existing service users, could reduce transitional difficulties. Some service users and carers may continue to express their dissatisfaction at a rate cut for care and social activities which are on

review are not considered complex. The Council will need to ensure that they have ongoing dialogue with existing direct payment service users during the implementation phase and to monitor any future impact on care and services.

7.2 To date, all service users when paid at the average agency rate of £10.70 top up the funding privately or if employing social activity providers, 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 complex needs to be met, 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

Health & Community Directorate

Summary results of the consultation on Direct Payment Policy and Procedure Changes for new and existing Direct Payment service users

18th December 2008

1.0 Introduction

1.1 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. The Direct Payment Policy and Procedure has been revised annually to take into account legislative changes and increases to direct payment rates approved by members.

1.2 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."

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

1.4 The 2008/9 Direct Payment approved rates are as follows:-

	AGENCY	**PA**
2008/9RATES	£10.70 Standard	£9.35 Standard
from 7.4.2008	£11.36 Complex	£11.36 Complex

1.6 Appendix 4 shows an updated comparison of Personal Assistant (PA) and agency rates for HBC's nearest neighbours who responded to HBC's survey in 2008/9. It can be seen that HBC's PA hourly rate is considerably higher than that of other neighbouring authorities.

1.7 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. Additional to this, service users employing a personal assistant currently receive if required financial support via Disability Direct, who provides competitively priced payroll service under a successful pilot initiative. Annual payroll charges for a four weekly payroll are £7 per payroll including VAT, and online e filing of year-end returns, £58.75 per client including VAT. Thus total cost per service user is £142.75 by Disability Direct, which represents good value for money also demonstrating a high level of service user of satisfaction.

1.8 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.

2.0 Methodology

2.1 All Direct Payment service users were made aware via the October quarterly Direct Payment Newsletter of the proposed changes to the Direct Payment Policy and Procedure and consultation events to be held to capture people's ideas and opinions. A Survey form (Section 4) was also designed and posted out to all Direct Payment service users who did not attend the first consultation event to capture views. Telephone surveys were also conducted for ALD, Older People, Mental Health and PSD service users in addition. This questionnaire was also used to capture the views of future potential recipients of a direct payment service across all service areas.

2.2 Seven consultation events/ open forums were held across Runcorn and Widnes in October and November so that service users and or their carers could come and talk to Halton Borough Council (HBC) officers about direct payment proposals. The HBC officers who attended these events were:

- Paul McWade, Operational Director, Health & Partnerships
- Hazel Coen, Divisional Manager, Finance & Support
- Kerry Bibby, Acting Senior Finance Officer Direct Payments
- Julie Dearden, Client Finance Officer, Direct Payments Team
- Social Worker Representatives from Older Peoples Services, PSD and Mental Health Services

2.3 Consultation was held in a variety of venues to seek views from new and existing service users:

- The Stobart Stadium, Widnes – Main advertised event also publicised in Libraries, Health Centres and Community Centres
- An informal meeting of physical and sensory disability service users at Bridgewater Day centre.
- "Happy Hearts Club" at Ditton Community Centre, Widnes
- Mental Health Carers Forum – Runcorn
- Mental Health Carers Forum – Widnes
- Residents of Dorset Gardens, Palace fields
- Halton Speak Out – an event organised for ALD service users. Officers of HBC did not attend this last mentioned event.

2.4 A summary of the responses made is provided in Section 3 of this report, with a copy of the questionnaire included in section 4.

3.0 Summary of Results

3.1 Future Use of an Eligibility Criteria

- **Yes** **75** **(82% of respondents)**
- No 16 (17 % of respondents)
- No Opinion Given 1 (1% of respondents)

Overall 82% of respondents thought that the introduction of a criterion was a good idea whilst 17% disagreed with the introduction of a criterion. Some ALD and PSD existing service users who on review may no longer be considered as complex for social activities, mainly held this view.

3.2 Consideration if this proposed criterion is fair and equitable to all service users

- **Yes** **68** **(74% of respondents)**
- No 20 (22% of respondents)
- No Opinion Given 4 (4% of respondents)

The majority of respondents 74% thought the criterion is fair to all, 22% thought it was not fair and 4% had no opinion either way. It was clear from the consultation events held that an imbalance exists now, which needs addressing. There was a general perception that some social workers treat different service users differently when awarding packages and the assessment now is open to interpretation. There was also a comment made voiced by Halton Speak Out that "People who shout the loudest get the most". Concerns were also raised by ALD and PSD existing service users that the person cared for may not on review fall into higher level under new proposal, and have been previously assessed as higher.

3.3 Should we help service users with their payroll costs

- **Yes** **81** **(88% of respondents)**
- No 6 (7% of respondents)
- No Opinion Given 5 (5% of respondents)

The majority of respondents 88% were in favour of mainstreaming the present pilot to help Direct Payment Service users with their payroll costs as a supplement, if required, to be paid from 1.4.2009. 5% had no opinion either way and 7% voted "no" with comments made including "Ratepayers should not pay any more to give someone a choice. The council has to get the full money off ratepayers".

3.4 Changes to the Mental Health Capacity Act

Legislative changes affecting Mental Health Service users were in particular discussed with two Mental Health Carers Forums to widen the scope of Direct Payments to this under represented group. Several carers of service users with mental health problems supported the idea of a DP but were concerned, if their carer held this money, they would be pressurised by the service user to spend on drink and drugs. Carers felt support via the Appointee team (to hold money and pay bills), was a good idea and would encourage them to use a DP.

3.5 **Overall comments about Direct Payments**

A range of general comments both positive and negative were made from positive comments made about “members of the Direct Payments team, they have always come across to me as polite, professional and caring and very on the ball. I have always over the past 18 months found it a pleasure to deal with them. Thank You.” to concerns over the social work assessment process which will be addressed individually with service users.

3.6 Current rates for a Personal Assistant were considered reasonable “ in line with Knowsley and local market rates“. Others commented on the fact they currently receive £11.36 an hour and pay £9.00 an hour to their PA and may in future be assessed at the standard rate. This would mean that the service user would have to cut the payment rate under the contract or top up payments to the carer, and were concerned how this potential reduction may be perceived by a carer or a family member “She’s valued and does a good job. How can we turn around and tell her we’re cutting her money? It devalues her, puts a strain on our good relationship. What if she decides to leave?”

3.7 For agency providers comments were also made that £10.70 is too low does not cover the cost of care from some domiciliary care agencies, which charge more than this if service users choose this agency. The current contracted rates of certain social activity providers was also raised as a concern who charge £12.98 per hour plus mileage, plus entrance fee, plus subsidiary costs (lunch etc). Whilst service users commented that “ this provider offers access meaningful, structured, stimulating activities. In short they offer what young, active people want to do”, other commented “M Power is great but too expensive”. Halton Speak Out also commented that Direct payments do not seem to be currently used to access meaningful work.

Section 4 QUESTIONNAIRE: Asking you about Direct Payments

The Council needs to look at our Direct Payment Policy and Procedure for new and existing service users and have asked us to consult with people who get Direct Payments.

At the moment people get £9.35 an hour, £10.70 an hour or £11.36 an hour depending on your assessed need?

What are your views on the following:

- **Do you think the council should use an eligibility criteria to work out who gets what rate of Direct Payment, for example who should get £9.35 an hour, £10.70 an hour or £11.36 an hour?**

  ❑ YES ❑ NO

  If yes, do you have any comments on the proposed eligibility criteria?

  If no, please state what eligibility criteria should be used?

- **Do you feel the criterion is fair and equitable to all Direct Payment service users?**

  ❑ YES ❑ NO **If no, please state why not**

- **Should we help Direct Payment Service users with their payroll costs as a supplement to be paid from 1.4.2009?**

  ❑ YES ❑ NO **If no, please state why not**

- **Any other comments, please write below**

Name (Optional)……

Please return the attached to a member of Staff from Halton BC or speak to a member of staff directly if you have any questions on the presentation today

APPENDIX 3

Prior to a decision being made with the service user and Halton BC, 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 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.

- Complex needs which are eligible for SS/PCT joint funded package

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

And/ or

Mental Health Needs that meet critical/ substantial FACS criteria or are demonstrably preventative and require support.

Appendix 4- Comparison of Local Authority Direct Payment Rates 2008/9

APPENDIX 1	HALTON	CHESHIRE	TAMESIDE	KNOWSLEY	WIGAN	ST HELENS	STOCKPORT
AGENCY RATES	Standard Rate £10.70 per hour Complex Rate: £11.36 per hour The rate for any part of an hour is achieved by dividing the hourly rate	East Rates £12.30 per hour £11.19 per 3/4 hour £7.87 per 1/2 hour £5.66 per 1/4 hour West Rates £11.00 per hour £9.73 per 3/4 hour £7.52 per 1/2 hour £5.41 per 1/4 hour Sleeping Night £65.59 Waking Night £83.39	Hourly rate of £9.25 per hour	£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.	Standard Rate: £11.05 If anyone wants to use an agency who charge more, then they have to make up the difference with their own money. Any special rates are negotiated Individually.	£9.71 per hour £5.20 per 1/2 hour Same if using a PA No different rates for complex / challenging packages. No lower rates for gro activities. Standard annual incre of 2% 2% inflation each yec
PERSONAL ASSISTANT RATES	Standard Rate £9.35 per hour Complex Rate: £11.36 per hour The rate for any part of an hour is achieved by dividing the hourly rate	£10.18 per hour £9.23 per 3/4 hour £6.75 per 1/2 hour £4.76 per 1/4 hour	Hourly rate of £9.25 per hour	£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.	£7.20 8.00am-8.00pm £9.60 evenings/weekends £45.11 midweek sleep £47.54 weekend sleep These rates do not include Holiday Pay. Consider the higher rate for all hours for complex needs, sometimes negotiated rates	Standard Rate: £9.13 People need to budget in these amounts for any NI employer contributions. Any special rates are negotiated Individually.	£9.71 per hour £5.20 per 1/2 hour No different rates for complex / Challenging packages Standard annual increas of 2% 2% inflation each year
	2 weeks contingency	4 weeks contingency paid with				4 weeks contingency at the	

Appendix B

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 25.7.2008 • Executive Board Sub Committee 18.12.2008
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

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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

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).
- 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.

What Direct Payments cannot be used for

"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 are 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's employed Carers require additional skills as certified by formal training. Certificates will need to be produced.

And /Or

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

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.

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.'

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.

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.

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:

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 …….

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 13 January 2009

REPORTING OFFICER: Strategic Director – Health & Community

SUBJECT: Care Standards Commission Performance Rating

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To advise the Policy & Performance Board of the increase in the performance rating of the Health and Community Directorate.

1.2 To notify the Policy & Performance Board of impending changes in the way performance of Social Care services will be assessed commencing 2008/09.

2.0 **RECOMMENDATION:**

That the:

i) Improved performance of the Directorate be noted.

ii) Executive Board note that the performance assessment framework is undergoing a period of continuous change and that the framework will change again in 08/09.

3.0 **SUPPORTING INFORMATION**

3.1 The Health & Community Directorate have their performance rated annually by the Care Standards Commission (CSCI). The performance rating is linked to how well the Directorate provides social care services to both adults and older people. The rating the Directorate receives feeds into the Comprehensive Performance Assessment rating for Halton Borough Council.

3.2 In September 2006 CSCI announced that as well as looking at quantitative data they would also be judging performance based on the outcomes that were delivered for people. 7 new outcomes and 2 new domains were announced against which performance would be judged. These were:

No	Outcome
1	Improved Health & Well being
2	Improved Quality of Life
3	Making a positive contribution
4	Increased Choice & Control
5	Freedom from Discrimination & Harassment

6	Economic Well being
7	Maintaining Personal Dignity & Respect
No	**Domain**
8	Leadership
9	Commissioning & use of Resources

3.3 Performance for 2007/08 has been rated by CSCI as being 3 star and this was announced on 27th November 2008. The actual performance judgement based on the new performance ratings was as follows:

- Delivering outcomes: **Excellent**
- Capacity for improvement: **Excellent**

A copy of the performance judgement letter and summary report received from CSCI is attached as Appendix 1.

3.4 Our key strengths have been identified as:

Areas for judgment	**Grade awarded**
Delivering Outcomes	Excellent
Improved health and emotional well–being	Excellent
Improved quality of life	Excellent
Making a positive contribution	Excellent
Increased choice and control	Good
Freedom from discrimination and harassment	Good
Economic well-being	Excellent
Maintaining personal dignity and respect	Good
Capacity to Improve (Combined judgment)	Excellent
Leadership	Excellent
Commissioning and use of resources	Excellent

Performance Rating 3 Star

3.5 Prior to this the Directorate had been rated as:

Star Rating	**Year**	**Serving People**	**Prospects for Future**
1 Star	2002	Some	Uncertain
1 Star	2003	Some	Promising
2 Stars	2004	Most	Promising
2 Stars	2005	Most	Promising
2 Stars	2006	Most	Promising
		Delivering outcomes	**Capacity for improvement**
3 Stars	2007	Good	Promising

3.6 This is the last year that the Star Ratings and Performance Judgements will be sued as a new system will be implemented next year, we have, therefore, finished at the highest level within the existing performance assessment framework and are one of only 25 local authorities in England in this position.

3.7 This performance improvement reflects the invaluable contributions of all Halton Borough Council staff, particularly Halton Direct Link who have helped us to input helped to live at home data and who carry out post service quality assurance surveys for us. Welfare Benefits who help us maximise service users/carers income and Corporate ICT who are assisting us to implement new computer based systems. Additionally at the Annual Performance Meeting with CSCI we were supported to demonstrate our performance by colleagues from across the Council including, Supported Employment Services, David Parr, Chief Executive and many of our partners from Health Services.

3.8 The Government has recently announced a new National Indicator set of 198 indicators, which the Council will be also judged against for 08/09. In addition to this new indicators for both health and social care are due to be announced by the Care Standards Commission. The indications are that any performance judgement for 08/09 will continue to focus on the results that people who use our services tell us have been delivered.

4.0 POLICY IMPLICATIONS

4.1 None

5.0 OTHER IMPLICATIONS

5.1 None

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

To ensure that adults carers continue to be supported in their caring roles.

6.2 Employment, Learning & Skills in Halton

To ensure that employment and educational opportunities continue to be maximised for the people that we provide services to.

6.3 A Healthy Halton

To ensure that the Council continues to engage in and provide activities that promote the health & well being of people in Halton

6.4 A Safer Halton

To continue to safeguard the people that we provide services to.

6.5 **Halton's Urban Renewal**

To ensure that performance evidence collected continues to evidence how local communities are supported and people are enabled to continue to live in their own homes.

7.0 **RISK ANALYSIS**

7.1 The risk of the changing performance framework must be managed so that performance continues to improve. The Directorate will ensure that it monitors performance regularly in accordance with the performance-monitoring framework it has adopted.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None

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

Document	**Place of Inspection**	**Contact Officer**
Self Assessment Survey, CSCI 2008	Grosvenor House	Amanda Lewis, Performance Manager

Commission for Social Care Inspection
Making Social Care Better for People

Unit 1
Tustin Court
Port Way
Preston PR2 2YQ

Tel: 01772-730122
Fax: 01722-730124
Email: apa.northwest@csci.gsi.gov.uk
www.csci.org.uk

27th October 2008

Ref DW/DK

Dwayne Johnson
Strategic Director – Health & Community
Halton Borough Council
Municipal Building
Kingsway
Widnes
Cheshire
WA8 7QF

Dear Director

PERFORMANCE SUMMARY REPORT of 2007-08 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES FOR HALTON BOROUGH COUNCIL

Introduction
This performance summary report summarises the findings of the 2008 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is the final copy of the performance assessment notebook (PAN), which provides a record of the process of consideration by CSCI and from which this summary report is derived. You will have had a previous opportunity to comment on the factual accuracy of the PAN following the Annual Review Meeting.

The judgments outlined in this report support the performance rating notified in the performance rating letter. The judgments are

- Delivering outcomes using the LSIF rating scale

And

- Capacity for Improvement (a combined judgement from the Leadership and the Commissioning & Use of Resources evidence domains)

The judgment on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31st January 2009) and to make available to the public, preferably with an easy read format available.

ADULT SOCIAL CARE PERFORMANCE JUDGMENTS FOR 2007/08

Areas for judgment	**Grade awarded**
Delivering Outcomes	**Excellent**
Improved health and emotional well–being	Excellent
Improved quality of life	Excellent
Making a positive contribution	Excellent
Increased choice and control	Good
Freedom from discrimination and harassment	Good
Economic well-being	Excellent
Maintaining personal dignity and respect	Good
Capacity to Improve (Combined judgment)	**Excellent**
Leadership	Excellent
Commissioning and use of resources	Excellent
Performance Rating	**3 Star**

The report sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action CSCI will take.

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for development
All people using services	
• The continued promotion of healthy lifestyles with clear links to the overall Corporate Strategy • Positive joint working with all partners addressing priority issues to improve the health, independence and well-being of all people residing in the borough • Development of the Local Area Agreement (LAA), focussing on priorities and outcomes for people • Continued very good performance in helping all adults to live at home • Continued increased provision of telecare services improving people's quality of life and independence • Consultation and publication of a Commissioning Strategy for extra care housing • Good progress made in relation to the key action points resulting from the Housing Strategy • Continued monitoring of onward referrals to grant funded services to ensure effective provision is in place • The provision of specialist services for people in the borough • Mechanisms in place to ensure people feel safe in their communities and safer as a result of direct service provision • Users satisfaction about services in the borough is strong • The continued development of self-assessment questionnaires improving access to services for people as a result • Consultation with all groups of people who use services and their carers in the development, modernisation and planning of services • Encouraging and supporting	• To continue to negotiate with housing providers and partners in relation to the provision of further extra care housing tenancies • To develop and support Local Involvement Networks to ensure a smooth transition from existing arrangements • To continue to promote and progress volunteering as a means of improving services to communities • To continue to implement, monitor and review the roll out of the Single Assessment Process • To continue to plan and progress the implementation of Individualised Budgets • To continue to ensure that people from BME communities have access to appropriate services • To continue to work towards the achievement of Level 4 of the Local Government Equality Standard • To further increase the percentage of relevant staff trained to identify and assess risks to vulnerable adults • To continue to ensure that all partners and members are fully engaged with safeguarding protocols • To continue to drive forward the personalisation agenda • To continue to review workforce development strategies supporting the wider agenda • To continue to improve the numbers of days/shifts lost to sickness absence • To continue to work towards achieving implementation of the

volunteers to work within social care • Overall effective care management processes • An effective complaints procedure • The provision of accurate and accessible information to ensure people remain well informed • Development of a Joint Emergency Duty Team (EDT) with a neighbouring authority • The provision of advocacy and the development of an Independent Mental Capacity Act (IMCA) service • The promotion and development of family based care as an alternative to traditional models • Continued very good performance on the number of people using direct payments as a way of purchasing services • A clear published eligibility criteria • Continued good progress in understanding and addressing the equality and diversity agenda with the attainment of Level 3 of the Local Government Equality Standard • A partnership approach to Gypsy and Traveller issues with the employment of a co-ordinator to support the equality and diversity agenda • Good progress made against the Disability Equality Scheme Action Plan • Effective joint protocols with health in relation to continuing health care disputes • Continued positive outcomes for people who use services and carers in both volunteering and employment opportunities • Continued effective benefits and debt management service targeting the most deprived areas of the borough to maximise peoples income and avoid financial difficulty • Well developed and effective arrangements are in place to effectively safeguard people against abuse, neglect or poor treatment	electronic social care record • To continue to implement the Joint Strategic Needs Assessment (JSNA)

• Updated and published Inter Agency Policy, Procedures and Guidance in relation to safeguarding • The development of formal joint protocols with other agencies involved in the protection of vulnerable adults • Increased numbers of council staff and staff and independent sector staff trained to address work with vulnerable adults • All people going into permanent residential and/or nursing care continued to be offered a single room • Strategies, policies and guidance in place to ensure people's privacy and confidentiality are met • Improved outcomes for people using services as a result of the Dignity in Care Grant enhancing privacy and dignity • A clear and ambitious vision in line with changes in national policy agendas, with clear synergies to the Corporate Strategy and Community Strategy priorities • Effective leadership at all levels centring on delivering high quality value for money services for local people • Positive partnership working with evidence this is leading to better outcomes for people who use services • A multi-agency Transition Protocol that clearly demonstrates the Transition Process and the council's commitment to transition. • Continued very good performance on the numbers of social work staff accessing practice learning • The recording of staff ethnicity • Good progress made against the Workforce Development Plan to develop the skills, knowledge and quality of the social care workforce • Robust performance management frameworks • Good progress made in relation to	

the Joint Strategic Needs Assessment (JSNA) reflecting national and local priorities • Consultation and development of a Domiciliary Care Strategy • Very Good performance on the number of people receiving intensive home care as a percentage of all people receiving services • Well established financial arrangements and proven track record of strong budgetary control • Clear understanding of the social care market • The review and development of integrated commissioning for the whole health and well-being agenda • Continued scrutiny of provider performance and appropriate responses to failing services	
Older people	
• Continued emphasis on the preventative agenda reducing hospital admissions and helping people return home after a hospital stay • Continued improved performance on the number of reviews for people who use services • A continued focus on early prevention to reduce higher-level support services • Very good performance in the percentage of services for older people within 4 weeks of assessment • Continued good performance on the number of older people receiving a statement of their need • Continued very good performance on the number of older people admitted to residential care	• To formally develop the Single Point of Access Team • To continue to progress and develop services for people with long-term neurological conditions • To continue to improve performance on acceptable waiting times for assessment
People with learning disabilities	
• Robust protocols and policies for Transition Planning and Person Centred Planning (PCPs)	• To continue to develop locally based specialised services • To continue to ensure there is a wide choice of pathways to employment and volunteering

	opportunities to meet the needs of people with a learning disability
People with mental health problems	
• Good progress made within mental health services promoting and protecting mental well-being • The successful implementation of recommendations made in the Mental Health Service Review	• To continue to develop drug and alcohol services to ensure positive outcomes for people are maintained
People with physical and sensory disabilities	
• The continued prompt delivery of equipment and minor adaptations and improvements to waiting times for major adaptations	
Carers	
• Good progress made in relation to the key action points arising from the Carers' Strategy with very good performance in the provision of services to carers	

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY OUTCOME

Improved health and emotional well–being

The contribution that the council makes to this outcome is excellent.

The council continues to ensure that people have access to information and advice to enable them to understand how to stay healthy. A number of initiatives have demonstrated positive outcomes for people, promoting independent living and reducing social isolation. The council continues to work in partnership with health colleagues supporting the health and well-being agenda. Halton's 'Advancing Well Strategy' launched during the year, has a clear link to healthy improvement targets. The 'Bridgebuilding' initiative has continued to expand its services and links into all other health promotion services to ensure a seamless approach. There are well-developed joint working arrangements with health and clear pathways in place to prevent unnecessary admissions to hospital and to facilitate timely hospital discharge. The council anticipates a Single Point of Access service will be operational during 2008-09. With the Primary Care Trust (PCT) work is underway to identify all people with long-term neurological conditions and to re-examine current care pathways. The council continues to develop drug and alcohol services to ensure positive outcomes for people are maintained by supporting service users and carers through treatment and back into the community.

Key strengths

- The continued promotion of healthy lifestyles with clear links to the overall Corporate Strategy
- Positive joint working with all partners addressing priority issues to improve the health, independence and well-being of all people residing in the borough
- Development of the Local Area Agreement (LAA), focussing on priorities and outcomes for people
- Continued emphasis on the preventative agenda reducing hospital admissions and helping people return home after a hospital stay
- Continued improved performance on the number of reviews for people who use services
- Good progress made within mental health services promoting and protecting mental well-being

Key areas for development

- To formally develop the Single Point of Access Team
- To continue to progress and develop services for people with long-term neurological conditions
- To continue to develop drug and alcohol services to ensure positive outcomes for people are maintained

Improved quality of life

The contribution that the council makes to this outcome is excellent.

The council continues to support the independence of people who use services. There continues to be a strong focus on early prevention to reduce higher-level support services and the council effectively signposts to non-care managed support when necessary. The council continues to promote the use of assistive technology to support its preventative agenda. This approach enables people to live their lives in a way they choose and minimises the impact of any disabilities. The council continues to look at ways of developing extra care housing tenancies to ensure peoples' care needs are met in a variety of service provisions. The Carers' Strategy Action Plan is making a difference to the lives of carers within Halton. There continues to be appropriate access to specialist services and there are effective relationships with a number of stakeholders to improve these further. Partnership working is helping to reduce crime and build stronger communities ensuring that people who use services feel safe and secure.

Key strengths

- A continued focus on early prevention to reduce higher-level support services
- Continued very good performance in helping all adults to live at home
- Continued increased provision of telecare services improving people's quality of life and independence
- The continued prompt delivery of equipment and minor adaptations and improvements to waiting times for major adaptations
- Good progress made in relation to the key action points arising from the Carers' Strategy with very good performance in the provision of services to carers
- Consultation and publication of a Commissioning Strategy for extra care housing
- Good progress made in relation to the key action points resulting from the Housing Strategy
- Continued monitoring of onward referrals to grant funded services to ensure effective provision is in place
- The provision of specialist services for people in the borough
- Mechanisms in place to ensure people feel safe in their communities and safer as a result of direct service provision

Key areas for development

- To continue to negotiate with housing providers and partners in relation to the provision of further extra care housing tenancies
- To continue to develop locally based specialised services

Making a positive contribution

The contribution that the council makes to this outcome is excellent.

The council actively involves people and their carers in policy development and decision making. The council uses this information to drive forward improvement. The council continues to progress and evaluate the use of self-assessments and self-directed care. A number of other new self-assessments were introduced during the year and this has demonstrated improved outcomes for people who use services and for carers. User satisfaction is strong. The council anticipates implementation of the Local Involvement Network (LINKs) during 2008-09 enabling communities to influence the health and social care they receive. The council recognises the importance of volunteering as a means of improving all services to communities and has a range of volunteering opportunities in place. The 'Bridgebuilding' and Sure Start programmes offer both support and volunteering opportunities for people in a vulnerable position. There is a significant commitment within adult social care and corporately to develop ways of expanding the number of volunteers working in social care settings.

Key strengths

- Users satisfaction about services in the borough is strong
- The continued development of self-assessment questionnaires improving access to services for people as a result
- Consultation with all groups of people who use services and their carers in the development, modernisation and planning of services
- Encouraging and supporting volunteers to work within social care settings

Key areas for development

- To develop and support Local Involvement Networks to ensure a smooth transition from existing arrangements
- To continue to promote and progress volunteering as a means of improving services to communities

Increased choice and control

The contribution that the council makes to this outcome is good.

Overall the council continues to ensure that care management processes are undertaken in a timely manner. The council provides sufficient, accurate and accessible information to ensure people are well-informed about services and how to make a complaint if they are dissatisfied. In partnership with the Primary Care Trust (PCT) the council has progressed the implementation of the Single Assessment Process and is aware this remains an area of development. Person Centred Transition Planning (PCP) for people with a learning disability continues to be progressed. The council continues to support advocacy services for all vulnerable groups and there is an effective out of hour's service. The council

continues to promote independence and choice enabling people to take control of their lives. There continues to be an upward trend in the number of people using direct payments as a way of purchasing services. The council anticipates further developments to the implementation of Individualised Budgets during 2008-09 with a dedicated project officer to support this agenda. Family based care continues to be promoted and developed as an alternative to more traditional forms.

Key strengths

- Overall effective care management processes
- Very good performance in the percentage of services for older people within 4 weeks of assessment
- An effective complaints procedure
- The provision of accurate and accessible information to ensure people remain well informed
- Development of a Joint Emergency Duty Team (EDT) with a neighbouring authority
- Continued good performance on the number of older people receiving a statement of their need
- Continued very good performance on the number of older people and adults admitted to residential care
- Robust protocols and policies for Transition Planning and Person Centred Planning (PCPs)
- The provision of advocacy and the development of an Independent Mental Capacity Act (IMCA) service
- The promotion and development of family based care as an alternative to traditional models
- Continued very good performance on the number of people using direct payments as a way of purchasing services

Key areas for development

- To continue to improve performance on acceptable waiting times for assessment
- To continue to implement, monitor and review the roll out of the Single Assessment Process
- To continue to plan and progress the implementation of Individualised Budgets

Freedom from discrimination and harassment

The contribution that the council makes to this outcome is good.

The council has clear published eligibility criteria and continues to ensure that residents can access appropriate advice and information about their needs. There is a robust framework in place to support equality and diversity with the council focussing on those living in the most deprived parts of the borough to narrow the deprivation gap. The council has made considerable progress in understanding

and addressing the equality and diversity agenda across all services, attaining Level 3 of the Local Government Equality Standard. There is an All Party Members Equality and Diversity Group to ensure strong political commitment to champion equality issues. The council is actively looking at ways of encouraging the take up of services from under represented groups. In partnership with people who use services the council has continued to progress the areas outlined within the action plan relating to the Disability Equality Scheme. There has been good progress on improving access to services.

Key strengths

- A clear published eligibility criteria
- Continued good progress in understanding and addressing the equality and diversity agenda with the attainment of Level 3 of the Local Government Equality Standard
- A partnership approach to Gypsy and Traveller issues with the employment of a co-ordinator to support the equality and diversity agenda
- Good progress made against the Disability Equality Scheme Action Plan

Key areas for development

- To continue to ensure that people from BME communities have access to appropriate services
- To continue to work towards the achievement of Level 4 of the Local Government Equality Standard

Economic well being

The contribution that the council makes to this outcome is excellent.

There is a clear and effective protocol in place between the council and Primary Care Trust (PCT) covering continuing care. There is a wide choice of pathways available to meet the employment needs of people who use services and their carers. The 'Bridgebuilding' service continues to support people into employment and volunteering. Employment opportunities for carers improved during the year and the council has introduced a 'Flexible Working Strategy' to reinforce its commitment to carers employed in the organisation. The council has demonstrated how it intends to improve pathways to employment and volunteering to meet the needs of people with a learning disability. This includes the expansion of a permitted work scheme with the intention of increasing the number of people with a learning disability employed in the council. There continues to be an effective benefits advice and debt management service in place to maximise people's income and avoid financial difficulties.

Key strengths

- Effective joint protocols with health in relation to continuing health care disputes

- Continued positive outcomes for people who use services and carers in both volunteering and employment opportunities
- Continued effective benefits and debt management service targeting the most deprived areas of the borough to maximise peoples income and avoid financial difficulty

Key areas for development
- To continue to ensure there is a wide choice of pathways to employment and volunteering opportunities to meet the needs of people with a learning disability

Maintaining personal dignity and respect

The contribution that the council makes to this outcome is good.

The council continues to ensure that people are adequately safeguarded. The multi-agency Safeguarding Vulnerable Adults Partnership Board has matured over the year with an increase in membership and consistency of attendees. The council, working collaboratively with health colleagues refreshed Inter-Agency Policy, Procedures and Guidance. The council also developed formal joint protocols with the police. Staff awareness training increased further to ensure staff deal appropriately with concerns. The council is aware it will need to continue to work with all partners to ensure all are fully engaged with safeguarding issues. All single adults and older people going into permanent residential and nursing care were allocated single rooms. Strategies, polices and guidance are in place to ensure people's privacy and confidentially are met.

Key strengths
- Well developed and effective arrangements are in place to effectively safeguard people against abuse, neglect or poor treatment
- Updated and published Inter Agency Policy, Procedures and Guidance in relation to safeguarding
- The development of formal joint protocols with other agencies involved in the protection of vulnerable adults
- Increased numbers of council staff and staff and independent sector staff trained to address work with vulnerable adults
- All people going into permanent residential and/or nursing care continued to be offered a single room
- Strategies, policies and guidance in place to ensure people's privacy and confidentiality are met
- Improved outcomes for people using services as a result of the Dignity in Care Grant enhancing privacy and dignity

Key areas for development
- To further increase the percentage of relevant staff trained to identify and assess risks to vulnerable adults
- To continue to ensure that all partners and members are fully engaged

with safeguarding protocols

Capacity to improve

The council's capacity to improve services further is excellent.

The council continues to make year on year improvements in many of its key areas demonstrating improved outcomes for people who use services. There is strong and effective leadership at all levels and evidence of good political support. Plans are comprehensive and linked strategically addressing key development areas. The council continues to promote the personalisation agenda and has strong working relationships with health colleagues. The council's Workforce Development Plan addressed a number of issues during the year supporting commissioning, service redesign and quality. The council and its partners are working together to ensure that a suitable workforce is available to support the personalisation agenda. The council has revised policies in place to monitor sickness absence and is confident this will evidence positive outcomes. There is good transition planning for young people. Performance management arrangements remain robust and effective scrutiny arrangements are in place. The council has implemented the Electronic Social Care Record and is aware this remains an area of further development.

Together with its major partners, the council has developed strong, clear and challenging ambitions that are based on a detailed knowledge about the needs of its communities and the views of local residents. Good progress is being made in relation to the Joint Strategic Needs Assessment (JSNA). The council is aware that future commissioning strategies will need to take account of demographic changes in Halton to ensure commissioning reflects present and future need. Financial arrangements are well established and the council's medium term financial forecast links to its corporate priorities and forms an integral part of the corporate planning process. Risk management is effectively integrated into service planning and project management. The council has a proven track record of strong budgetary control with performance reports including both financial and performance indicator information. The council makes effective use of contracting processes to improve the quality of services it commissions embedding a robust approach to addressing poor services.

Key strengths
Leadership

- A clear and ambitious vision in line with changes in national policy agendas, with clear synergies to the Corporate Strategy and Community Strategy priorities
- Effective leadership at all levels centring on delivering high quality value for money services for local people
- Positive partnership working with evidence this is leading to better outcomes for people who use services

- A multi-agency Transition Protocol that clearly demonstrates the Transition Process and the council's commitment to transition.
- The successful implementation of recommendations made in the Mental Health Service Review
- Continued very good performance on the numbers of social work staff accessing practice learning
- The recording of staff ethnicity
- Good progress made against the Workforce Development Plan to develop the skills, knowledge and quality of the social care workforce
- Robust performance management frameworks

Commissioning and use of resources

- Good progress made in relation to the Joint Strategic Needs Assessment (JSNA) reflecting national and local priorities
- Consultation and development of a Domiciliary Care Strategy
- Very Good performance on the number of people receiving intensive home care as a percentage of all people receiving services
- Well established financial arrangements and proven track record of strong budgetary control
- Clear understanding of the social care market
- The review and development of integrated commissioning for the whole health and well-being agenda
- Continued scrutiny of provider performance and appropriate responses to failing services

Key areas for development

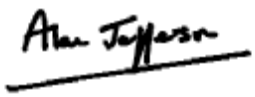
Leadership

- To continue to drive forward the personalisation agenda
- To continue to review workforce development strategies supporting the wider agenda
- To continue to improve the numbers of days/shifts lost to sickness absence
- To continue to work towards achieving implementation of the Electronic Social Care Record

Commissioning and use of resources

- To continue to implement the Joint Strategic Needs Assessment (JSNA)

Yours sincerely



Alan Jefferson
Regional Director
Commission for Social Care Inspection

Copy to David Parr, Chief Executive Officer

Commission for Social Care Inspection
Making Social Care Better for People

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CONFIDENTIAL: EMBARGOED UNTIL 27 NOVEMBER 2008

Dwayne Johnson
Strategic Director – Health & Community
Halton Borough Council
Municipal Building
Kingsway
Widnes
Cheshire
WA8 7QF

27th October 2008

Dear Director

Performance Ratings for Adult Social Care Services

I am writing to inform you of the 2008 performance rating and judgments for your council's adult social care services. The delivering outcomes judgment contributes to the Comprehensive Performance Assessment (CPA) for all local government services. The council's overall CPA rating will be announced by the Audit Commission in February 2009.

The performance judgments for your Council are as follows:

- Delivering outcomes: **Excellent**
- Capacity for improvement: **Excellent**
- Your adult social care services performance rating is **3 Stars**

If your council has been rated zero stars the Chief Inspector will write to you separately to explain the next steps.

Performance Summary Report and Quality Assurance and Moderation Summary (attached)

The final performance summary report that will be published on the CSCI website on 27th November, the final Performance Assessment Notebook and a summary of the Quality Assurance and Moderation form for your council are attached to this letter.

Priority for Improvement Councils

In November 2008, CSCI will provide an account to the Minister on all councils' performance in adult social care for 2007/8. This report will also update the Minister on the progress of any council currently identified as a Priority for Improvement Council and any councils newly rated as zero stars.

Written Representations

A Chief Inspectors letter informed you on 25th September 2008 of the revised timetable for notification of performance ratings. Guidance on the written representation process is available at http://www.csci.org.uk/ as Annex 9 of the Performance Assessment handbook. The process provides for an opportunity at this stage to make a formal written representation.

All notifications of intent to make representation, and actual written representations should be sent to CSCI for the attention of Louise Guss Head of Legal Services, copied to the relevant CSCI Regional Director. Please use the e-mail address of Louise Guss's Personal Assistant, Jenny Wright using one of the following methods:

- Email: jenny.wright@csci.gsi.gov.uk
- Faxination: 01484 770 421

The revised timetable for written representations is as follows:

- Council intention to make written representations to be received by Representations Office no later than Tues 28th October at 4.00pm.
- Council confirmed written representations received by Representations office no later than Sunday 2nd November at 9.00am.

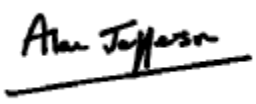
Further Information and Publication

The new performance ratings and underlying judgments will be published on 27th November 2008. The summary report for your council and your performance ratings will also be available on our website at **www.csci.org.uk** on 27th November 2008.

We will send you a letter via email from our Chief Inspector confirming your performance ratings and information to access the WebPages containing the embargoed star ratings for all councils and the Performance Indicators report on 25th November 2008 at 08.00am. Both this letter and the e-mail setting out the star ratings for all councils are sent to give you time to prepare local briefings - for example, to handle press enquiries. If you require help or advice on dealing with the media, CSCI press officers, Andy Keast-Marriot, Ray Veasey and Chris Salter are available to assist. Their contact numbers are 0207 979 2093/2094/2089.

Any questions about your performance rating that are not answered by the guidance, or by the contents of this letter should be addressed in the first instance to your Business Relationship Manager.

Yours sincerely



Alan Jefferson
Regional Director
Commission for Social Care Inspection

cc: David Parr, Chief Executive Officer

REPORT TO: Health Halton Policy & Performance Board

DATE: 13th January 2008

REPORTING OFFICER: Strategic Director, Health & Community

SUBJECT: Annual Health Check

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 To describe process for responding to annual health check 2008/09.

2.0 RECOMMENDATION: That

i) The report is noted and the approach in 3.9 and 3.10 undertaken.

3.0 SUPPORTING INFORMATION

Introduction

3.1 Since its introduction in 2005, the Healthcare Commission's new approach to assessing performance, known as the annual health check, has remained largely unchanged. This enables patients and the public to compare performance over time and identify where improvement has been made. Each NHS trust receives an overall performance rating in two parts – one rating for the quality of services and one for financial management. The detail behind the annual assessment has, however, been refined to make it relevant to particular trust types. More specifically, to do well trusts will need to give greater priority to the experience of their patients and service users, safety, the quality of clinical care, and the commissioning of services.

Applying the powers of health scrutiny to the annual health check

3.2 The Health and Social Care Act 2001 enables OSCs to consider factors impacting the health of local people (the overview role) and to call the NHS to account on behalf of the local communities (the scrutiny role). The powers vested in local authorities to scrutinize health and healthcare are part of a package of the government public service reform agenda to ensure that communities, patients and the public can influence local services. The annual health check is thus a key opportunity for health scrutiny to comment on the performance of local trusts.

Feedback on Annual Health Check for 2007/08

3.3 The Healthcare Commission says that the picture is one of "general improvement" with more trusts scoring "excellent" and "good", and fewer scoring "fair" and "weak" for both parts of the overall performance rating. The report highlights good performance in relation to cancer waiting times, with improvements in smoking cessation. Performance in relation to convenience and choice in relation to hospital appointments "remains a concern". The Healthcare Commission also expresses concern about the consistent failure of a significant number of trusts to meet hygiene standards, despite an improvement in reducing levels of MRSA.

3.4 The health check has received a largely favourable response from professional bodies and policy organisations, with some reservations. For example, The King's Fund has expressed a worry that trusts are "responding to the measuring system more than the actual issues", but points out that once Patient Recorded Outcome Measures become available, quality of service will be assessed in areas that matter most to patients and their families. The importance of the patient, carer and service-user perspective is something that HHPPB may wish to highlight in any submissions to the Care Quality Commission about how it goes about its work.

The Use of Evidence

3.5 OSCs are not being asked to judge compliance, as that is the job of the Commission. They are being asked to provide evidence-based comments about how the NHS commissions and provides services, that relate to the Department of Health's standards for healthcare services, and which the Healthcare Commission can use as part of its assessment to gauge whether the NHS body's own assessment of compliance is accurate.

3.6 As with all forms of scrutiny, it is important that the comments made by a committee as part of the annual health check are supported by evidence:

3.7 'Evidence' can be defined as *information and facts that are helpful in forming a conclusion or judgement.*

3.8 If the OSC commentary differs substantially from the Trust's self-assessment, the OSC may be asked for further information to substantiate comments made.

Recommended approach for HHPPB

3.9 Members of the HHPPB may find it helpful to receive a presentation from each of the local NHS trusts on progress to meeting the core standards followed by a formal presentation to the March HHPPB. It is therefore recommended that a working group be established in keeping with the approach adapted for the last annual health check. In addition, to evidence arising from these meetings, the response of the HHPPB would be enhanced by seeking the views and experiences of LINk members as

well as LINk representative being a member of the board from the end of 2008.

3.10 This annual health check report will be the final report that the Healthcare Commission will produce, as it is being merged into the new Quality Care Commission, which will commence work in April 2009. HHPPB may wish to give their views on the assessment criteria and process at an early stage to the new Commission-in-waiting, so as to influence its policy development in relation to the standards it prioritises when making assessments and how it goes about that process with individual trusts.

4.0 POLICY IMPLICATIONS

Local government and primary care trusts have a joint responsibility for improving the health and well-being of the local population through effective commissioning. As a consequence these two bodies are mutually dependent on each other's performance in order to make a significant difference to the lives of local people.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

The annual health check covers all NHS Trusts including maternity services and childrens hospitals. Given these services are checked against national quality standards, the outcome of this process will have a detrimental or beneficial effect on the realisation of council priorities.

5.2 Employment, Learning and Skills in Halton

None identified.

5.3 A Healthy Halton

Effective health service delivery supports and complements HBC efforts to improve the health and well-being of the people of Halton.

5.4 A Safer Halton

None identified.

5.5 Halton's Urban Renewal

None identified.

6.0 RISK ANALYSIS

6.1 Evidence provided to the Board will assess the extent to which local NHS trusts are meeting Better Standards for Health.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 The key standards for self-assessment include equality and diversity issues.

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

None

REPORT: Healthy Halton Policy & Performance Board

DATE: 13th January 2009

REPORTING OFFICER: Strategic Director Corporate and Policy

SUBJECT: Healthy Halton Policy and Performance Board Work Programme 2009/10

WARDS: Boroughwide

1.0 PURPOSE AND CONTENT OF REPORT

1.1 This report is the first step in developing a work programme of Topics for the Board to examine in 2009/10. While the Board ultimately determines its own Topics, suggestions for Topics to be considered may also come from a variety of other sources in addition to Members of the Board themselves, including members of the Council's Executive, other non-Executive Members, officers, the public, partner and other organisations, performance data and inspections.

1.2 The key tasks for Board Members are:

- to suggest and gather Topic ideas on issues relevant to the Board's remit:
- to develop and prioritise a shortlist of possible Topics for examination in 2009/10, bearing in mind the Council's agreed selection criteria (Annex 1):
- to decide on a work programme of 2 or 3 Topics to be undertaken in the next municipal year.

1.3 A non-exhaustive list of initial Topic ideas is attached as Annex 2 to help prompt discussion. However, Members should not be inhibited from offering additional ideas of their own for discussion and prioritisation by the Board.

2.0 RECOMMENDED: that the Policy and Performance Board

(1) Put forward and debate its initial suggestions for Topics to be included in the Board's 2009/10 work programme

(2) Develop and informally consult on a shortlist of its own and others' 2009/10 Topic suggestions ahead of the Board's meeting on 13th January, 2009, bearing in mind the Council's Topic selection criteria

(3) Decide at its March 10th 2009 meeting on a work programme of 2 or 3 Topics to be examined in 2009/10.

3.0 SUPPORTING INFORMATION

Annex 1 – Topic selection checklist

Annex 2 – Initial list of possible Topic ideas for discussion

Annex 1
OVERVIEW AND SCRUTINY WORK PROGRAMME

Topic Selection Checklist

This checklist leads the user through a reasoning process to identify a) why a topic should be explored and b) whether it makes sense to examine it through the overview and scrutiny process. More "yeses" indicate a stronger case for selecting the Topic.

#	CRITERION	Yes/No
Why? Evidence for why a topic should be explored and included in the work programme		
1	Is the Topic **directly aligned with and have significant implications for at least 1 of Halton's 5 strategic priorities & related objectives/PIs, and/or a key central government priority?**	
2	Does the Topic **address an identified need** or issue?	
3	Is there a **high level of public interest or concern about the Topic** e.g. apparent from consultation, complaints or the local press	
4	Has the Topic been **identified through performance monitoring** e.g. PIs indicating an area of poor performance with scope for improvement?	
5	Has the Topic been **raised as an issue requiring further examination through a review, inspection or assessment, or by the auditor?**	
6	Is the Topic area likely to have a **major impact on resources or be significantly affected by financial or other resource problems** e.g. a pattern of major overspending or persisting staffing difficulties that could undermine performance?	
7	Has some **recent development or change** created a need to look at the Topic e.g. new government guidance/legislation, or new research findings?	
8	Would there be **significant risks** to the organisation and the community **as a result of not examining this topic**?	
Whether? Reasons affecting whether it makes sense to examine an identified topic		
9	**Scope for impact** - Is the Topic something the Council can actually influence, directly or via its partners? Can we make a difference?	
10	**Outcomes –** Are there clear improvement outcomes (not specific answers) in mind from examining the Topic and are they likely to be achievable?	
11	**Cost: benefit** - are the benefits of working on the Topic likely to outweigh the costs, making investment of time & effort worthwhile?	

12	**Are PPBs the best way to add value** in this Topic area? Can they make a distinctive contribution?	
13	Does the organisation have the **capacity** to progress this Topic? (e.g. is it related to other review or work peaks that would place an unacceptable load on a particular officer or team?)	
14	Can PPBs contribute meaningfully given the **time** available?	

Annex 2

Initial List of Topic ideas:

- Employment opportunities for disabled people
- Disabled Facilities Grant