



Health Policy and Performance Board

**Tuesday, 9 November 2010 6.30 p.m.
Civic Suite, Town Hall, Runcorn**

A handwritten signature in black ink, appearing to read 'David W R', positioned above a faint rectangular stamp.

Chief Executive

BOARD MEMBERSHIP

Councillor Ellen Cargill (Chairman)	Labour
Councillor Joan Lowe (Vice-Chairman)	Labour
Councillor Dave Austin	Liberal Democrat
Councillor Marjorie Bradshaw	Conservative
Councillor Mark Dennett	Labour
Councillor Mike Fry	Labour
Councillor Robert Gilligan	Labour
Councillor Margaret Horabin	Labour
Councillor Martha Lloyd Jones	Labour
Councillor Ernest Ratcliffe	Liberal Democrat
Mr Paul Cooke	Co-optee

*Please contact Lynn Derbyshire on 0151 471 7389 or e-mail lynn.derbyshire@halton.gov.uk for further information.
The next meeting of the Board is on Tuesday, 11 January 2011*

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

Part I

Item No.	Page No.
1. MINUTES	
2. DECLARATIONS OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)	
<p>Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda, no later than when that item is reached and, with personal and prejudicial interests (subject to certain exceptions in the Code of Conduct for Members), to leave the meeting prior to discussion and voting on the item.</p>	
3. PUBLIC QUESTION TIME	1 - 3
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5. SSP MINUTES	12 - 19
6. DEVELOPMENT OF POLICY ISSUES	
(A) PRESENTATION: CONSULTATION ON THE SERVICE REDESIGN OF DENTAL SERVICES	20 - 34
(B) JOINT CARERS COMMISSIONING STRATEGY 2009/12	35 - 125
(C) HALTON & ST. HELENS SOCIAL SERVICES EMERGENCY DUTY TEAM REVIEW	126 - 135
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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.

REPORT TO: Health Halton Services Policy & Performance Board

DATE: 9 November 2010

REPORTING OFFICER: Strategic Director, Resources

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 34(9).
- 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(9) states that Public Questions shall be dealt with as follows:-

- (i) A total of 30 minutes will be allocated for dealing with questions from 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 given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one 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 your 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 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: Health Halton Services Policy and Performance Board

DATE: 9 November 2010

REPORTING OFFICER: Chief Executive

SUBJECT: Executive Board Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

- 1.1 The Minutes relating to the Health and Social Care 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

- 3.1 None.

4.0 OTHER IMPLICATIONS

- 4.1 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 Health Policy and Performance Board

EXECUTIVE BOARD MEETING HELD ON 9 SEPTEMBER 2010

EXB40 INTIMATE RELATIONSHIPS AND SEXUAL HEALTH NEEDS FOR ADULTS

The Board received a report of the Strategic Director, Adults and Community on the revised Intimate Relationships and Sexual Health Needs for Adults Policy, Procedure and Practice.

Members were advised that the original policy, Sexual Health Policy, Strategy and Guidelines, (2003) was developed under the previous council structure of Social Care, Housing and Health Directorate. A review was required to update the policy in line with the Authority's current structure and legislation.

A review took place during 2009/10 and involved input from and consultation with a number of sources which were detailed in the report. Following this review, the main amendments to this policy included reference to :-

- Sexual Offences Act 2005
- Mental Capacity Act 2005
- General Social Care Council's Codes of Practice
- Information Sharing
- Adult Safeguarding

The revised policy and associated guidance aimed to draw together the legal framework, whilst also recognising:-

- Service Users' individual uniqueness and diversity
- Their right to privacy and independence, and to make informed decisions which might include risks
- That some individuals' circumstances might make them vulnerable to abuse and may need support with minimising or eliminating those risks
- The importance of their physical and emotional wellbeing.

RESOLVED: That the Board

- (1) note the contents of the report; and

- (2) agree the revised policy, procedure and practice document attached to the report as Appendix 1.

EXECUTIVE BOARD MEETING HELD ON 23 SEPTEMBER 2010

EXB45 SCRUTINY REVIEW OF EMPLOYMENT PRACTICES FOR PEOPLE WITH LEARNING OR PHYSICAL DISABILITIES OR MENTAL HEALTH ISSUES

The Board received a report of the Strategic Director, Environment and Economy on the outcome of the scrutiny review of employment practices for people with learning or physical disabilities or mental health issues. Councillor Sue Edge, Chairman of the Employment, Learning, Skills and Community Policy and Performance Board attended to present the report.

Members were advised that, as part of a Care Quality Commission performance assessment in 2008, it had been noted that although Halton supported more people with learning or physical disability or mental health issues into employment than had been predicted, performance was lower than comparators. The Commission also noted that targets set in relation to supported employment were relatively low.

Despite a number of interventions through employment and social care programmes in Halton, the number of people with learning disabilities progressing into employment remained low and was significantly lower than north west averages. As a result, of this assessment, a scrutiny review of current practice was commissioned.

The report outlined the methodology used and Appendix 1 contained the Scrutiny report, together with a series of recommendations discussed and agreed by the Members of the Employment Topic Group.

The Chairman thanked Councillor Edge for her presentation.

RESOLVED :That

1. the contents of the report be noted; and
2. where resources allowed, the recommendations made by the Employment, Learning, Skills and Community Policy and Performance Board and the Health Policy and Performance Board, as set out in the scrutiny report and action plan (Annex 5), be supported.

EXB46 REVIEW OF HALTON HOUSING TRUST BOARD COMPOSITION

The Board received a report of the Strategic Director, Adults and Community, seeking agreement to a proposal from Halton Housing Trust (HHT) to reduce the membership of the HHT Board from 15 to 12 members, including a reduction in tenant and Local Authority Member representation.

The HHT Board recently asked a working group to review governance arrangements in terms of Board membership and a range of options were present for their consideration on 1 July 2010. IN coming to a decision, the Trust had taken into account good practice guidance from the National Housing Federation and Department for Communities and Local Government which suggested Board size should be between 5 and 12. The appendix attached to the report also showed the findings of a survey of 32 stock transfer Housing Associations which showed the size and composition of the Board in each organisation and how long both had existed.

Members were reminded that, under the housing transfer agreement, the authority's consent was required for any changes in so far as they relate to local authority or tenant representation. The Trust's Board wished to reduce the Board size to 12, with 4 local authority nominees, 4 tenant members and 4 independent members.

RESOLVED: That Halton Housing Trust's proposal to reduce its Board from 15 to 12 members, comprising 4 local authority nominees, 4 tenant members and 4 independent members be approved

EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 9 SEPTEMBER 2010

ES34 BEERS, WINES & SPIRITS CONTRACT

The Sub-Committee considered a report of the Strategic Director Adults and Community which outlined the current position with regard to the Beers, Wines and Spirits Contract. It was reported that the Council had an annual spend of £245,000 Beers, Wines and Spirits, which was split between the Stobart Stadium Halton £228,000 and The Brindley Arts Centre £17,000 per annum.

The Stadium and The Procurement Centre of Excellence had worked together to scope the marketplace and identify an alternative source of supply that would deliver value for money and increase revenue for the authority, whilst addressing efficiency savings around the tender procedure. As such, a variety of tendering opportunities had been identified that would be open for the Council to participate in. These had been

benchmarked against the current contract prices to assist with the decision on which procurement route to take.

It was proposed that in order for the Council to participate in a new collaborative Framework Agreement with either Stockport Metropolitan Borough Council as lead representing the Associated Greater Manchester Authorities (AGMA) or ESPO (Eastern Shires Procurement Organisation) and Stockport Metropolitan Borough Council, the existing contract arrangements which finish at the end of October 2010 be extended for a further 8 months, up to June 2011.

The collaborative opportunity would improve the market profile of the framework by increased aggregated volumes, opportunities of supply to a wider customer base of Local Authorities which would attract key suppliers within this supply chain to influence the market and stimulate competition to deliver improved efficiency savings. In addition, efficiency savings would also be gained from the Council not having to manage the tender procedure independently from reduced resource and time preparing the documentation as this would be done by ESPO.

RESOLVED: That

(1) the report be accepted; and

(3) Procurement Standing Orders part 3 be waived.

EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 23 SEPTEMBER 2010

ES38 ADDITIONAL IDVA CAPACITY FOR HALTON DOMESTIC ABUSE SERVICE

The Sub-Committee considered a report which sought agreement to enter into a temporary contract with Halton and District Women's Aid Association for provision of temporary additional Independent Domestic Violence Advocacy. The Partnership had been notified at the beginning of August 2010 that it had been successful in its bid for grant funding towards the provision of additional Independent Domestic Violence Advocacy (IDVA) capacity. The area was awarded £16,000 of the requested £20,000 from its March 2010 bid. This revised grant value offered sufficient funding for a temporary increase in IDVA capacity. The lifespan of the post would depend on whether a full time or part time post was recruited but it was envisaged that these funds would offer additional capacity for a minimum of six months.

It was noted that at the time of going to tender for the new Halton Domestic Abuse Service in 2009 this grant was not available so could not be offered as part of the tender package. Subsequently, the contract had

now commenced and the area had additional funds to add to the contract as a temporary addition to value.

As detailed in the Council's Standing Orders, this additional capacity should be put out to tender. However the tender process could take approximately three months for a contract value under £50,000 which would leave the area with less than three months to spend the allocated grant within Government Office North West grant conditions.

Members were advised that if current tender requirements were waived, the service could advertise and recruit a temporary post within potentially a four week period. Thus ensuring the funds were utilised within the deadline of 31st March 2011. In addition, inclusion of this post within the current service also offered best utilisation of the additional capacity that they would be situated alongside an already embedded service which would ensure the post was supported by experienced specialist staff to respond to need immediately.

Whilst the post would not have been market tested it was anticipated that best value could be achieved for the following reasons:

- the new Halton Domestic Abuse Service had brought a number of services together to ensure cost savings were made via back office and management costs as opposed to posts. Thus, inclusion of this temporary post into the existing structure should ensure these savings are maintained across this post;
- if the post was allocated to another provider there would likely be management costs that reduced the actual amount of capacity offered;
- the current service provider offered the most competitive and cost effective option for provision of an IDVA, floating support and Sanctuary Scheme service.

RESOLVED: That

- (1) the Strategic Director, Adults and Community, in consultation with the relevant portfolio holder, be authorised to enter into a contract with Halton and District Women's Aid in respect of temporary delivery of additional IDVA capacity to adults who were victims of domestic abuse in the sum of £16,000 between September 2010 and April 2011; and
- (2) on this occasion, in the light of exceptional circumstances, due to the need to retain the service delivery gains made by the combining of three existing contracts and the time and spend

conditions of the Home Office grant, Standing Orders 4.1 relating to Tendering for Contracts be waived pursuant to Standing Order 1.6.

REPORT TO: Healthy Halton Policy and Performance Board
DATE: 9 November 2010
REPORTING OFFICER: Chief Executive
SUBJECT: Specialist Strategic Partnership minutes
WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Health and Social Care Portfolio which have been considered by the Health Specialist Strategic Partnership are attached at Appendix 1 for information.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 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.



Halton Strategic **PARTNERSHIP**

HALTON HEALTH PARTNERSHIP BOARD

MINUTES OF THE MEETING held on

29 July 2010

Present: **Fiona Johnstone** (Chair) (FJ)
 Debbie Ainsworth (DA)
 Steve Burrows (SB)
 Glenda Cave (GC)
 Melissa Critchley (MC)
 Dwayne Johnson (DJ)
 John Kelly (JK)
 Diane Lloyd (DL)
 Eileen O'Meara (EO'M)
 Sue Parkinson (SP)
 Dave Sweeney (DS)
 Karen Tonge (KT)

In attendance **Mark Holt** (MH)

In Support: **Margaret Janes**

		ACTION
1.	<p>Apologies</p> <p>Eugene Lavan, Sue Wallace-Bonner, Jim Wilson, Lorraine Crane, Ian Stewardson, Yeemay Sung, Ann Gerrard</p> <p>Fiona Johnstone advised at the last meeting it was agreed the theme of this meeting would be Personalisation Update and Early Prevention strategy which would be presented by Mark Holt.</p> <p>Fiona Johnstone welcomed Sue Parkinson, the LINK representative. Sue was Area Manager for Shap St Helens.</p> <p>This would be Melissa Critchley's last meeting, Fiona Johnstone wished to formally acknowledge and thank her for the contribution made to the Partnership and the commitment shown to local communities. Dwayne Johnson wished to endorse this. The Board agreed and thanked Melissa for all her work with the Health Partnership and in her role for Age Concern.</p> <p>Fiona Johnstone wished to inform the Board this would be her last meeting as she would be taking up a new role with Wirral PCT. She wished to thank the Board and advised it had been a privilege to work with people who were committed to making a difference to local communities. Dympna Edwards would chair future meetings in her role as Interim Director of Public Health. On behalf of the Board, Dwayne Johnson acknowledged how well the meeting had been chaired through Fiona Johnstone's leadership and wished her well for the future.</p>	
2.	<p>Minutes of the Meeting 20 May 2010</p> <p>Amendment as follows:</p> <p>Page 2 Item 5 – Age Concern are now known as "Age Concern Mid Mersey". Dwayne Johnson had met with Halton Speak Out and put forward framework to produce a DVD. Halton Borough Council will be paying for the DVD.</p> <p>The minutes were agreed as a correct record</p>	
3.	<p>Matters Arising</p> <p>LIT Group – Visit still to be organised.</p>	FJ



4.	<p>Community Feedback</p> <p>Karen Tonge advised a process was in place to replace Melissa Critchley at the Health SSP Board as she will be leaving ACMM at the end of August. Over the past few months the third sector had held training courses aimed at increasing the skills of the sector around a number of topics. The training will continue until January 2011 and includes Outcomes, Effective Tendering, Personalisation, Strategic Planning, and Dementia Awareness. In addition Laura Neilson had also been involved in organising and facilitating a number of events which include safeguarding, mental health and wellbeing. The Third Sector trade show will take place in September, and a number of voluntary groups will be attending and have the opportunity to share information with local groups. Publications this year include Health 'e' Times and a guide to quality standards. In addition, the "Here to Help" directory is now online – www.here-help.info. As part of the cuts being made £7k WNF funding was returned which will have an impact on support given to projects and groups.</p> <p>Sue Parkinson had attended personalisation training and myths on tendering which had been shared through her organisation. Mark Holt advised from the commissioning viewpoint it had been noted that the quality of volunteer sector tenders had improved but that the presentation/interview still needed to be strengthened. Fiona Johnstone confirmed there had been good development in the approach and quality of applications from the third sector and they were to be congratulated.</p>	
5.	<p>Prevention and Early Intervention Policy</p> <p>Mark Holt gave a presentation on the above, copies of which were distributed.</p> <p>Fiona Johnstone asked who was the target population for this strategy. Mark Holt advised 18+ by its very nature it would be certain areas that it would apply to. Eileen O'Meara asked how this tied in with other prevention strategies. Mark Holt advised it signposts/directs. Dwayne Johnson advised this was more about communities and lifestyles – from page 33 onwards it looked at citizenship, etc. Fiona Johnstone felt it may be useful to share with PBC consortia; it may be worth approaching chairs to put on their agenda. In addition a risk assessment of all national policy and how it will affect us positively and negatively may be worth mapping in terms of delivery.</p> <p>Mark Holt was looking at the White Paper in terms of strategy - work with Eileen O'Meara around SAS in order to ensure the public know about services offered. A steering group will develop communications strategy.</p> <p>Befriending was an issue – for people waiting for this service they are often unable to get out, this was a major issue. Mark Holt advised this was an action to raise at the next Older People's LIT.</p> <p>Fiona Johnstone asked whether this had been to NHS Halton and St. Helens. Dave Sweeney questioned which Board it should go to and was advised the Clinical Commissioning Committee. Dwayne Johnson advised this had been emailed to Eugene Lavan in April. Fiona Johnstone would talk to the Chair of CCC to put this on the September agenda.</p> <p>Fiona Johnstone confirmed the Board approved and endorsed the prevention strategy and asked Board members to look at ways of embedding in their own organisations.</p>	<p>MH/EO'M</p> <p>MH</p> <p>FJ</p>
6.	<p>Personalisation</p> <p>Dwayne Johnson advised this had been outlined by the previous government in 2007 and it would give more power and control to individuals by offering a budget and Local Authorities had been asked to take a lead in implementing in the Adult Social Care Service. Funding had been given in order to implement this. At a local level a Reform Board had been set up whereby individuals were offered a budget to have more control over their care. A pilot scheme had been established – this involved 30% of</p>	



	<p>people on the existing database, however three quarters of people preferred the Council to arrange services for them. Around 15% of brokerage/advocacy had been built into the infrastructure of this. The pilot would be done on a points per need basis, eg washing = 10 points, this would be based on how many pounds you received ie £10. You would then have the opportunity to go through a broker or the Council. A panel will be established to look at areas of risk. Some LAs are insisting on CRB checks. There was a need to balance safeguarding issues against needs of the individual. Packs are being prepared for personal assistants so that they are aware of the obligations they have. Work is also being carried out on an advocacy/brokerage model. There is the potential to work across Merseyside which may be more cost effective for the individual.</p> <p>Progress was being made, this needed to be set up by 1 April 2011 with an uptake of 30% of people being offered an individual budget.</p> <p>Melissa Critchley asked whether the Council were linked into the North West Personal Assistants register. Dwayne Johnson advised they hoped to use their portal and develop locally; he was unsure whether they would use that facility or develop an independent system.</p> <p>Fiona Johnstone advised the update was very useful and thanked Dwayne Johnson.</p>	
7.	<p>Liberating the NHS</p> <p>Fiona Johnstone referred to the White Paper outlining how the NHS will operate in the future. Over the next 2 years there will be change and a significant role for Local Authorities and Health and Wellbeing Boards. It would be useful for this partnership to discuss what that may mean, the policy was still being developed and currently out to consultation.</p> <p>Group commissioning will be developed over the next few years and will be responsible for the majority of the £80 billion spend in the NHS. PCTs and the SHA will no longer be required by 2012/13. GP commissioning groups will shadow services by April 2011 and will then take over from April 2013, however if some are able to take over sooner they will be encouraged to do so. The policy states that commission consortia can obtain support from wherever they wish.</p> <p>The Public Health service will remain directly accountable to the Secretary of State; there are a number of different functions and roles that will transfer into this service. The Public Health service and implications for Local Authority Directors of Public Health will be outlined in the Public Health White Paper which will be available in December. Public Health responsibility will transfer to Local Authorities with a budget.</p> <p>This Board needed to be conscious of all changes as it will impact on how we do business in the future.</p> <p>Fiona Johnstone felt it may be useful for the Board to consider the matter before the next meeting as putting it into context would be beneficial. The consultation period was until 5th October and the Board may want to consider a response.</p>	
8.	<p>Performance Group Feedback</p> <p>Diane Lloyd advised that Q1, 2010/11 performance data/information had been received that morning and would be circulated to members via email following the meeting. Glenda Cave informed the Board that the PSG, at its last meeting, had focussed on looking at the 2009/10 outturn position for All Age, All Cause mortality (AACM), cardio vascular disease (CVD) and cancer. The latest provisional figures for both males and females for 2009 indicate a reduction in both AACM and CVD however, the issue around cancer rates (especially females) remains. The Group also considered the actions taken to address the needs identified in both the 2009 Cancer Equity Audit and Cardiovascular Disease Healthy Equity Audit which should impact on AACM for 2010. Teenage pregnancy had been deferred to the next meeting when</p>	



Halton Strategic **PARTNERSHIP**

	<p>Yvonne Briers would be updating the Group and Collette Walsh will be attending the next Health SSP to update them on alcohol. It had also been agreed that in order to provide a more structured approach at future meetings, reporting be undertaken on an exception basis with attendance from the relevant lead when required.</p> <p>Diane Lloyd will forward minutes of meeting for information.</p>	DL																																				
9.	<p>Commissioning Group</p> <p>CSG Feedback</p> <p>Dave Sweeney advised that the Group reviewed the WNF/LPSA2 Government funding cuts of 20% for 2010/11 which had had to be identified by each SSP across the LSP. All project leads had been approached about savings that each could identify and a couple had come forward. The proposed savings were as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;">£</th> <th style="width: 35%; text-align: center;">Notes</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">WNF</td> <td>New Commissioning</td> <td style="text-align: center;">22,550</td> <td>Funding was to be used for communications/community engagement but no SLA developed</td> </tr> <tr> <td></td> <td>Sports Volunteer & Club Development Project</td> <td style="text-align: center;">3,000</td> <td>Reduction in coach education</td> </tr> <tr> <td></td> <td>Complementary Therapies*</td> <td style="text-align: center;">10,000</td> <td>Riverside College unable to provide level/grade of students required to deliver service until Sept. 2010 & subsequent discussions with the College have confirmed that due to funding cuts and job losses are unable to deliver SLA and need to focus on core business.</td> </tr> <tr> <td></td> <td>Capacity Building</td> <td style="text-align: center;">7,000</td> <td>Reduction in training & events</td> </tr> <tr> <td></td> <td>Teenage Pregnancy</td> <td style="text-align: center;">40,000</td> <td>Project funding was to scale up activity. Majority of activity funded via elsewhere.</td> </tr> <tr> <td style="text-align: center;">Total WNF</td> <td></td> <td style="text-align: center;">82,550</td> <td></td> </tr> <tr> <td style="text-align: center;">LPSA2</td> <td>Ignite Your Life</td> <td style="text-align: center;">60,000</td> <td>2nd year funding cut.</td> </tr> <tr> <td style="text-align: center;">Total</td> <td></td> <td style="text-align: center;">142,550</td> <td></td> </tr> </tbody> </table> <p>*A further reduction may be realised from Complementary Therapies but this is unknown until receipt of the Q1, 2010/11 return.</p> <p>Given WNF funding is due to end in March 2011, Rob Mackenzie has written to SSP Chairs to ask them to review exit strategies and what will happen to services and activities post WNF. A template has been devised to facilitate this exercise and Lynda Holland and Glenda Cave will be meeting with all project leads during August to collate this information. It is hoped that this will be available for the next Health SSP meeting on 2 September.</p> <p>. A number of staff were employed through WNF contracts and appropriate notice needed to be given. Following the spending review in January 2011 a meeting will be held to ensure everything is in place, those affected are being supported. The board will be asked to de-commission the group. Eileen O'Meara advised there were certain</p>			£	Notes	WNF	New Commissioning	22,550	Funding was to be used for communications/community engagement but no SLA developed		Sports Volunteer & Club Development Project	3,000	Reduction in coach education		Complementary Therapies*	10,000	Riverside College unable to provide level/grade of students required to deliver service until Sept. 2010 & subsequent discussions with the College have confirmed that due to funding cuts and job losses are unable to deliver SLA and need to focus on core business.		Capacity Building	7,000	Reduction in training & events		Teenage Pregnancy	40,000	Project funding was to scale up activity. Majority of activity funded via elsewhere.	Total WNF		82,550		LPSA2	Ignite Your Life	60,000	2 nd year funding cut.	Total		142,550		DE
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		GC/DL																																				



Halton Strategic **PARTNERSHIP**

	<p>key programmes and thought needed to be given to how we can mainstream some of those programmes. Dave Sweeney advised there was no main stream funding, the reality being that these programmes will cease in March. Eileen O'Meara felt this needed to be raised as a risk.</p> <p>Glenda Cave advised they needed to look at some of the activities and how they can be integrated elsewhere. Dwayne Johnson was looking at what could be merged in order to save services. Diane Lloyd advised there was no available funding for the independent living centre and the bus was full every day; there may be an opportunity to link in with the college.</p> <p>Following further discussion Fiona Johnstone confirmed that the investment of previous years was no longer available and there was a need to be creative. Dave Sweeney felt it would be useful for the Board to produce a letter advising that services were at risk from March 2011 and if there was an opportunity to move elsewhere that may be the sensible option. Fiona Johnstone agreed that once assessments were complete a letter should be sent.</p>	
10.	<p>Sustainable Community Strategy</p> <p>Diane Lloyd advised they were in the process of putting together a new strategy for Halton by April 2011. They were conducting a baseline analysis for health and looking at the issues, this will provide the basis for the health section of the strategy. An officer drafting group and partner group has been set up and the SCS will be consulted upon across the LSP and partner organisations. It was hoped to have the draft SCS available for the My Halton event in terms of consulting with the public. It was hoped to have the final draft for December, it would be circulated to various boards. People will have the opportunity to comment over the coming months.</p>	
11.	<p>SSP Meeting Summaries</p> <p>Diane Lloyd had forward copies of these documents to members of the Board.</p>	
12.	<p>Any Other Business</p> <p>Safeguarding – Dwayne Johnson to discuss as next meeting.</p> <p>Target Wellbeing – Glenda Cave advised that there had been no formal launch of the TWB project when it had commenced therefore she was proposing to hold a celebration event on 8th September 2010 given that some projects will end in December. Some of the TWB projects would provide case studies for the event. Glenda wished to extend the invitation to attend to the Health Partnership and asked that members of the Board contact her direct if they would like to attend. The event will be held on the morning of the 8th September at Halton Stadium. Invitations would be sent out over the next week few weeks.</p> <p>Total Place – Diane Lloyd advised the policy team were working with Strategic Directors of the council - under the new government this is known as the 'Big Society'. A meeting with Colette Walsh re alcohol agenda is planned and they were looking to work with the Police and use opportunities to work together.</p> <p>Fiona Johnstone advised that she would be on annual leave for the next HHP meeting on 2.9.10. Diane Lloyd would check possibility of holding the meeting on an alternative date. Should this not be possible, Eileen O'Meara agreed to chair the meeting on 2nd September.</p> <p>Agenda items for next meeting</p> <ul style="list-style-type: none"> - Safeguarding - Alcohol Needs Assessment - WNF - Public Health Annual Report (DE to table) 	<p style="text-align: right;">DL/EO'M</p> <p style="text-align: right;">DE</p>



13	Date and time of next meeting: 2 nd September 2010 at 10 am, Conference Room 2, Municipal Building	
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Action Summary – previous meetings

Reference	On Whom	Action	Status / Update
3	FJ	LIT Group – visit to be organised	
5	DL	Agenda item for PBC consortia	
	MH/EO'M	Work around SAS	
	MH	Befriending – raise at Older People's LIT	
	FJ	Agenda item for September CCC	
8	DL	Circulate Q1 performance data information	
	DL	Forward minutes of PSG meeting	
9	DE	Once assessments complete produce letter	
12	DL/EO'M	Meeting date to be moved/chair of meeting	

REPORT TO: Health Policy and Performance Board

DATE: 9th November 2010

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: Consultation on the service redesign of Dental Services in Halton and St Helens

WARDS: All

1.0 RECOMMENDATIONS :

1.1 Members are asked to receive the presentation and comment on the proposal.

2.0 PURPOSE OF THE REPORT

2.1 To inform Members of the proposal to redesign dental services in Halton and St Helens.

3.0 SUPPORTING INFORMATION

3.1 Halton and St Helens NHS is seeking to redesign existing services to meet the needs of the local population while at the same time providing better value for money. The attached presentation sets out the proposals.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 FINANCIAL RESOURCE IMPLICATIONS

5.1 None identified.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

All children in Halton need good dental care and accessible services.

6.2 Employment, Learning and Skills in Halton

None at this stage.

6.3 A Healthy Halton

All adults in Halton need good dental care and accessible services.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 None identified.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Services will need to continue to meet the needs of all Halton residents including the most vulnerable.



Developments in primary dental care

Mr Alan Rice, Operational Director for Primary and
Community Care

Mrs Sheila McHale, Senior Dental Commissioning Manager

Prof Keith Milsom, Consultant in Dental Public Health



background

- Rolling PCT dental commissioning strategy
- Wide representation of all stakeholders
- Approved by PCT Board
- Objective driven / measurable outcomes
- Reviewed annually
- Public health and primary care objectives
(inc Review of Dental Access Centres and Dental Out of Hours service)



Dental Access Centres (DACs)

- Set up by Govt in late 1990's
- Designed to meet needs of pts who were unable to access urgent dental care from a 'High Street' practice (9.00am to 5.00pm Mon-Fri).
- DAC role overtaken by events (new dental contract 2006)
- In Halton and St Helens at any one time, 50% of dentists offer NHS care to new patients
- Access problem locally has disappeared
- Need for a dedicated DAC has become unclear



Dental Access Centres (DACs)

- 2008/9 Reviewed DAC service
 - engaged with patients
 - developed a new model
 - piloted
 - evaluated it

- The proposal, supported by the PCT is to:
 - Close the 2 DACs
 - Provide dedicated capacity in High Street for patients requiring urgent care



Benefits of new model of dental care

- Choice for patients (6 sites)
- The offer of long term care including prevention
- Meets the aspirations of local population
- In line with national policy (Steele report)
- Better value for money



When will the proposed change happen?

Hoping to move in current financial year

- TCS programme is running concurrently
 - may compromise the desired timeframe



Dental Out of Hours (OOH)

- Urgent dental care outside office hours (not emergency care)
- The service specification dictated nationally (DoH Fact Sheet 7)- limited room for change
- Current PCT service offers telephone and face to face services evenings, weekends and bank holidays
- Current service offers more than fact sheet 7 requires- inappropriate cases are accepted



Dental Out of Hours

- Reviewed OOH in 2009/10
 - Inappropriate cases
 - OOH attendances have reduced (as access has increased)
 - Two separate service in operation across the PCT
- Researched alternative models
- Consulted with current providers
- Proposed a single alternative model for the PCT
- Secured agreement for change from PCT



Dental Out of Hours

Proposal is:

- Harmonise the services across the PCT
- Have a single contact number for pts to access the service
- Telephone advice service (dentist) 7 evenings per week
- Face to face clinical provision at w/e and bank holidays



Dental Out of Hours

What has altered?

- One unified PCT service
- Pts can speak to an on call dentist 7 evenings per week, extended times
- Face to face evening clinical service in week withdrawn although access to a dentist over phone is available

A common model adopted elsewhere, evidence suggests that the model works well

A decorative graphic on the left side of the slide, featuring a vertical black line intersected by a horizontal black line. To the left of the intersection are three overlapping squares: a yellow one at the top, a red one in the middle, and a blue one at the bottom. The text 'Context of change to OOH dental service' is positioned to the right of this graphic.

Context of change to OOH dental service

- Daytime access has improved substantially
- More dentists opening evenings and week ends
- Reduced demand
- Single service is desirable
- Anticipated cost savings



Child only contracts

- 2 NHS child only contracts value < £50k
- Associated with private practice
- National guidance is to stand down these contracts
- Negotiated agreement with both providers to decommission from 31.3.2011
- Alternative provision will be available
- Relevant stakeholder engagement will be undertaken



Developments in primary dental care

Mr Alan Rice, Operational Director for Primary and
Community Care

Mrs Sheila McHale, Senior Dental Commissioning Manager

Prof Keith Milsom, Consultant in Dental Public Health

REPORT TO: Health Policy and Performance Board

DATE: 9th November 2010

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: Joint Carers Commissioning Strategy 2009/12

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

- 1.1 To present the Board with the Joint Carers Commissioning Strategy 2009/12 attached at Appendix 1, which has recently been updated/refreshed.

2.0 RECOMMENDATION: That the Board: -

- 1) Note contents of the Report
- 2) Comment on the Strategy and associated action plan

3.0 SUPPORTING INFORMATION

- 3.1 The initial Commissioning Strategy was presented to the Board in September 2009. This updated version now includes outcomes and results from targets set within the Strategy's original action plan and it outlines the achievements over the last 12 months as a result of the Carers Consultation event, held in January 2010 and the on going work of the Local Implementation Team (LIT) Sub Groups and the independent Carers Reference Group (Chaired by the Manager of Halton Carers Centre)
- 3.3 The main objectives of the Strategy are to continue to develop a process for the joint commissioning of services across Halton and to continue to assist in the identification of hidden carers and improve information and access to support services. A balance will need to be maintained between commissioning and the work that continues to take place in supporting voluntary sector organisations e.g. Parkinson's Society, Connect etc to develop their services. Some support and information is already being offered to the third sector, in order that they prepare appropriately for the anticipated changes with funding streams, to encourage and advise them to access alternative support, draft funding bids and collate evidence to demonstrate service need.
- 3.4 The LIT Carer Sub Groups and the multi agency Carers Strategy Group will continue to undertake the monitoring of the implementation of the Commissioning Strategy and associated action plan for the immediate future.

4.0 POLICY IMPLICATIONS

- 4.1 A section on Safeguarding Vulnerable adults has been added to the Joint Commissioning Carers Strategy 2009 – 2012 in order to highlight the potential that Carers can also be vulnerable and at risk of abuse.

5.0 FINANCIAL IMPLICATIONS

- 5.1 With the change of focus towards a Commissioning Strategy for Carers, resources will continue to be identified in order that the Strategy is effectively implemented and appropriate monitoring frameworks developed.
- 5.2 The introduction of a Joint Commissioning Strategy in 2009 was critical in ensuring that the Carers Grant continued to be ring fenced for use with carers as the Grant now forms part of the Area Based Grant. It should be noted that the Carers Grant funding is only available until the end March 2011 and consideration of funding arrangements past this date will need to be considered once the implications of the Comprehensive Spending Review are known.
- 5.3 In advance of this, work has already commenced within the Carers Strategy Group on the development of the “sustainability” of the current services for Carers past April 2011. This will involve looking at alternative sources of funding from partner organisations or the redistribution of other funding available to the Local Authority. The involvement of the external funding team within Halton Borough Council will need to be developed further.

6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

6.1 Children and Young People in Halton

Partnership working has increased with both the local authority and the third sector in order to strengthen the transitional frameworks for Children and Young Carers. The strategy aims to continue to raise awareness for the future provision of Carers Services which would benefit children and young people under 18 who have caring responsibilities, whose lives are often restricted in some way because they are supporting or taking responsibility for the care of a person who is ill or who has a disability etc.

6.2 Employment, Learning and Skills in Halton

Partnership working has increased between Jobcentre Plus, Halton People into Jobs and other carers services in order to increase the accessibility of opportunities for work, education and learning for Carers in order that their skills etc are maximised to their full potential.

6.3 A Healthy Halton

The strategy clearly demonstrates the Council’s commitment, as a major stakeholder, in recognising the needs of Carers and in promoting their health and wellbeing within the Community. Funding for 2010/11 from the Carers Grant has been agreed via the LIT Sub Groups to ensure that Carers health needs are considered when funding carers breaks.

6.4 A Safer Halton

None

6.5 Halton’s Urban Renewal

None

7.0 RISK ANALYSIS

- 7.1 The Strategy and associated action plan aims to address issues for carers in Halton in a structured way thus ensuring that, through working in partnership with Health, Voluntary Agencies and Carers that carer’s needs can continue

to be met. In light of the new Government's possible changes and announcements it is important that Halton steps up its stance on the needs of Carers and the vital role and impact that Carers Breaks have on the health and wellbeing of Carers.

- 7.2 The Directorate and it's partners recognise and value the essential role that carers play in supporting some of the most vulnerable people in our community. With that in mind the risks of losing some of the previously "hidden carers" or severely reducing the amount of support that we can offer to those carers poses a real risk, given that the Carers Grant ceases in March 2011.

8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 Using the new corporate procedure, a Community Impact Review and Assessment (CIRA) has been completed, to reflect the changes within the Joint Commissioning Carers Strategy.

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

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



**JOINT COMMISSIONING STRATEGY
FOR
CARERS**

**2009 - 2012
(Refreshed May 2010)**

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PREFACE

It is important that Carers have access to services based on recognition of their rights as individuals, choice in their daily lives and real opportunities to have a life of their own outside of the caring role.

The Joint Commissioning Strategy has been developed via ongoing consultations and contributions from stakeholders who provide services to carers as well as carers themselves. We have listened to what carers have told us about the help and support that they need and have responded by addressing the issues throughout the Strategy.

This Strategy is written as a practical document, including an action plan, to support services in Halton move towards a more focussed way of commissioning services over the next three years. The Strategy will be refreshed each year, following the Annual Carers Consultation, so that the document reflects the influence of Carers involvement and services are funded to meet the needs of Carers. The Action Plan within this document was last updated in May 2010.

We are committed to working jointly and in partnership with the voluntary sector within Halton, providing where possible an integrated response based on services which meet assessed needs and which are designed to improve lives and give new opportunities.

We are proud of what we have achieved for Carers within Halton since the production of the last Carers Strategy, but we also recognise the need for continual improvement and Halton Borough Council and NHS (National Health Service) Halton and St Helens, together with their partners have made a pledge to continually improve services and the quality of life for carers

We recognise and value the essential role that carers play in supporting some of the most vulnerable people in our community and we believe that this Strategy demonstrates our commitment to recognising, valuing and working with local carers.



Paul McWade

**PAUL McWADE - OPERATIONAL DIRECTOR
FOR COMPLEX CARE.**

SECTION ONE: COMMISSIONING IN CONTEXT

INTRODUCTION

This document sets out the overarching strategy for the commissioning, design and delivery of services to people who are carers in Halton. The document stands alongside and complements the Corporate Plan for the Council, the Children and Young People Plan, the Adults and Community Directorate's Business Plan 2010-2011 and the NHS Halton and St Helens Primary Care Trust Plan.

The Strategy outlines the vision, aims and fundamental values and principles underpinning the design and delivery of services to Carers and identifies the local and national drivers and influences that impact on its delivery. It aims to begin a process that outlines the commissioning intentions about the type, volume, quality and price of services that will be purchased and the activity needed to deliver those services. It also initiates exploration of how current supply can be changed, innovation encouraged and redundant or inefficient services decommissioned.

The Strategy attempts to help better business planning for current and prospective provider organisations. It aims to enhance and assure quality with regard to the provision of services to Carers and to demonstrate value for money.

WHAT IS COMMISSIONING?

Commissioning is about enhancing the quality of life of service users and their carers by:

- Having the vision and commitment to improve services.
- Connecting with the needs and aspirations of users and carers.
- Understanding demand and supply.
- Linking financial planning and service planning.
- Making relationships and working in partnership.

Commissioning should be based on:

- A common set of values that respect and encompass the full diversity of individual differences.
- An understanding of the needs and preferences of present and potential future service users and their carers.
- A comprehensive mapping of existing services.
- A vision of how local needs may be better met.
- A strategic framework for procuring all services within politically determined guidelines.
- A bringing together of all relevant data on finance, activity and outcomes.
- A continuous cycle of planning services, commissioning services, contracting services and revising or reviewing those services.

Definitions

Commissioning, procurement (or purchasing) and contracting are not the same activity despite the terms being used interchangeably.

Commissioning

The Audit commission describes commissioning, as “**the process of specifying, securing and monitoring services to meet individual needs both in the short and long term**”. Commissioning adopts a strategic approach to shaping the market for care to meet future needs.

Integrated Commissioning

Integrated commissioning is the ultimate aim of this Strategy and works at both a strategic and individual level.

Integrated strategic (**macro**) commissioning integrates the components of the commissioning process within 4 main functions:

- Information gathering (needs analysis and mapping of resources).
- Establishing policy and strategy for the investment and dis-investment of services.
- Developing good practice in service delivery.
- Research and evaluation

Care management (**micro**) commissioning involves:

- Identifying needs and priorities for the individual.
- Design of care package.
- Developing support arrangements.
- Monitoring and reviewing.

THE COUNCIL’S VISION

Halton will be a thriving and vibrant Borough where people can learn and develop their skills; enjoy a good quality of life with good health; a high quality, modern urban environment; the opportunity for all to fulfil their potential; greater wealth and equality; sustained by a thriving business community; and a safer, stronger and more attractive neighbourhood.’

The Council has five strategic priorities for the Borough, which will help to build a better future for Halton:

- **A Healthy Halton**
- **Halton Urban Renewal**
- **Employment learning and skills in Halton**
- **Children & Young people in Halton**
- **A Safer Halton**

NHS HALTON AND ST HELENS

The NHS (National Health Service) established itself as a learning organisation which continuously strives to be Best in Class; and by working closely with patients and the public, local clinicians and our partners in our local economy, we aim to deliver an effective, proactive health service as well as providing leadership and support to enable improved health for local people.

NHS Halton and St Helens mission statement encapsulates this approach:

Our contribution to the wellbeing of the people we serve in Halton and St Helens is to enable them to have the best possible health and health care.

NHS (National Health Service) Halton and St Helens currently spend approximately £520m on the commissioning and provision of services for local people. It is important that we make our investments wisely in line with local health needs, and that we target our resources to those whose needs are greatest, and design our services to reflect the different needs of our diverse population.

We have developed a strategic framework for action (our health strategy) – ‘Ambition for Health’, which outlines our comprehensive approach to improving health over the next five years. The ambitions are:

- **Improving health and wellbeing, and tackling inequalities in health**
- **Delivering effective and efficient health & related services that place the needs of patient at their core**

The strategy describes how we will make a difference by:

- **Supporting a healthy start in life**
- **Tackling the major killers through prevention**
- **Modernising services for specific disease groups**
- **Modernising services for vulnerable groups**
- **Improving access to services and facilities**
- **Strengthening disadvantaged communities**

HALTON'S VISION AND VALUES FOR CARERS

(These were developed as a part of the 2006 – 2008 Carers Strategy)

Vision

- Carers will be recognised and valued
- Carers will be supported and enabled to care as long as they wish to do so

- Carers will be enabled to have some regular time for themselves, free of their caring duties
- All agencies will work in partnership with carers to provide the help and services carers need
- All agencies will work together to plan and develop services for, and with, carers
- Information on issues of relevance to carers will be made available to carers, Statutory and voluntary agencies, and the wider community.

Values

The Local Authority, the Primary Care Trust, local health trusts, voluntary and independent sector agencies will continue to develop working in partnership to improve support for carers as part of mainstream community care and children's services. A pro-active approach will be taken to identify, accommodate and support diverse needs of the carer

- The major role played by carers in supporting people in the community who are frail, ill or disabled is recognised and valued
- Carers will be encouraged to identify themselves at the earliest possible stage, and will be empowered to ask for the service they require
- Carers will be involved in decision making about their needs and consulted about their preferences for services
- No carer will be compelled to care or to continue caring if they no longer feel able to do so * (*Please refer to paragraph below*)
- Former carers will be helped to access support to enable them to adjust to their new circumstances
- Service providers will ensure equity in the provision of support to carers, whatever the illness or disability of the person they are caring for
- Carers will continue to be involved in planning and determining the types of services available
- Carers will be invited to take part in the evaluation of services.
- Working together to make sure we are accountable to the community by providing services and support which reflect their lives and needs (Halton Children and Young People's Plan April 2009 – March 2011)
- Working together to build an inclusive borough which values diversity and works hard to promote equality of access and opportunity (Halton Children and Young People's Plan April 2009 – March 2011)
- Working together in an honest and open manner, which appreciates different opinions and welcomes alternative perspectives on a path to finding a way forward (Halton Children and Young People's Plan April 2009 – March 2011)

** In respect of children's services the values and visions may differ slightly as parents have a legal responsibility to their children, which adult carers do not have for the people that they care for. The role of the Children's Team within the Local Authority is to provide support to enable parents to continue to care for their children. The needs of the child are paramount and it is not usually in the child's best interests to live away from their family.*

WHO IS A CARER? / WHAT DO CARERS DO?

Who is a Carer?

A carer is someone who cares, unpaid, for a relative or friend who is unable to manage on his or her own because of illness, disability or frailty. The majority are unpaid **family carers**. Carers can be any age and come from all walks of life and backgrounds. More women are carers than men and they are more likely than male carers to care for someone with very demanding care needs and to care for a wider range of relatives.

A parent carer is a parent or guardian who is likely to provide more support than other parents because their child is ill or disabled. Parent carers will probably support their child for many months or years and this is likely to have a significant affect on the other children in the family. *(For more information please see Halton's Parenting Support Strategy 2007-2010, which addresses some of the more complex issues facing parents with disabled children)*

A young carer is someone under the age of 18 years who looks after another member of the family or close friend who is ill or disabled. They may be taking on the kind of responsibility that an adult would usually have. This may affect their education or social opportunities.

Caring relationships can be complex and family members may provide different types of care for each other in order to live independently in the community.

Within Halton, the following 'Definition of a Carer' is used:

Someone who provides regular and substantive care which goes over and above his or her usual role as a spouse / parent / family member. This may include people that do not necessarily live with the 'Cared For' person, but without the care that they provide it would be difficult for the 'Cared For' person to maintain a sense of independence.

What do carers do?

- Carers give practical, physical and emotional support to vulnerable people. They help the person they care for to deal with problems caused by short term or long-term illness or disability, mental distress or problems resulting from alcohol or substance misuse.
- Where the person being cared for no longer has the mental capacity to make a decision, the carer may be required to make decisions on their behalf.
- Carers may supervise someone to keep him or her safe.
- Caring responsibilities may vary over time and may be difficult to predict from day to day.

Anybody can become a carer, as a result of a sudden event such as an accident or this may be a gradual process when someone's physical or mental health slowly deteriorates.

THE NATIONAL CONTEXT

Many national Government policies and legislation influence local policy and the

development, improvement and commissioning of services for carers. Some of these are outlined below:

- **The Carers (Recognition and Services) Act 1995**
- **The Carers and Disabled Children's Act 2000**
- **The Children's Act (1980)**
- **The Carers Equal Opportunities Act 2004**
- **Living Well with Dementia: A National Dementia Strategy (Feb 2009)**
- **The Mental Health Capacity Act (2005)**
- **The NHS and Community Care Act (1990)**
- **Quality Standards**
- **White Paper: Our Health, Our Care, Our Say**

(Further details of these policies and the legislation, can be found in Appendix 1.)

National Carers Strategy

The Government's new National Strategy for Carers published on 10th June 2008 sets out their vision for supporting Carers over the next decade; it includes short-term commitments and identifies longer-term priorities. There is additional investment, primarily for extending planned breaks for carers and to help carers into work.

There is also an increased emphasis on joint agency working, and on the need for the National Health Service to more effectively engage with carers. The national strategy stresses the essential contribution of General Practitioner's in supporting carers and how this needs to be developed.

A survey of carers' health, released for the launch of this year's Carers Week, revealed that more than two-thirds of carers had been unable to find an opportunity to visit a GP about their own health due to time constraints and a general lack of flexibility to leave the house to attend appointments. Over two thirds said they felt that their health is worse because of their caring role, with 95 per cent of the 2,000 carers questioned saying that they regularly disguise the fact that their health is suffering in order to continue their caring responsibilities.

All carers need more support to be able to continue caring and to lead active lives as well. The new strategy is encouraging – there is additional investment; and a clear vision set out, which if delivered, would mean carers are treated with respect, have a degree of financial security, and receive quality advice and support from health, social care and other agencies. Carers would be treated as expert partners and there would be more choice and control over how they receive support.

The following diagram (on page 11) describes the ways in which the needs of the Carers can be effectively assessed

A WHOLE AREA APPROACH TO ASSESSING NEED

- The wheel shows the range of interventions needed to be sure of achieving the five Carers Strategy outcomes in an area.

- Which services deliver which interventions will vary greatly from area to area.

- The middle band shows that all interventions are built on three core approaches.

- It was felt that there should be one wheel for all groups of carers, but many ways of reaching and supporting excluded groups.

Challenges for excluded groups must be a key theme in developing this model.



Personalisation

In January 2008, the Department of Health issued a Local Authority Circular 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*.

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 in 2009.

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. 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.

Halton is in the process of developing the Personalisation agenda; through Self Directed Support and Personal Budgets

THE LOCAL CONTEXT

The challenges and opportunities facing Halton has led to the identification of a number of priorities for the Borough (outlined in the Community Strategy 2006-2011) and NHS Halton & St Helens Commissioning Strategic Plan (CSP) over the medium term with the overall aim of making it a better place to live and work. These include:-

- Improving health
- Improving the skills base in the borough
- Improving educational attainment across the borough
- Creating employment opportunities for all
- Tackling worklessness
- Tackling the low wage economy
- Improving environmental assets and how the borough looks
- Creating prosperity and equality of opportunity
- Reducing crime and anti-social behaviour
- Improving amenities for all age groups
- Furthering economic and urban regeneration
- Tackling contaminated land
- Creating opportunities/facilities/amenities for children and young people
- Supporting an ageing population
- Minimising waste/increasing recycling/bringing efficiencies in waste disposal
- Increasing focus on community engagement
- Running services efficiently

The Community Strategy provides an overarching framework through which the corporate, strategic and operational plans of all the partners can contribute. Halton’s Local Area Agreement (LAA) 2008-11 builds on this overarching framework and provides a mechanism by which key elements of the strategy can be delivered over the next three years. It is an agreement between Central Government and the local authority and its partners about the priorities for the local area, expressed in a set of targets taken from an over National Indicator set of 198 targets. The purpose of the LAA (Local Area Agreement) is to take the

joint thinking of the Partnership enshrined in the Community Strategy, and make it happen through joint planning and delivery. Hence the five strategic themes detailed in the Community Strategy are mirrored in the LAA (Local Area Agreement).

The LAA (Local Area Agreement) will also seek to address the following issues:

- The physical, environmental and social problems resulting from Halton's industrial legacy, particularly from the chemical industries.
- Halton shares many of the social and economic problems more associated with its urban neighbours on Merseyside. The latest Index of Multiple of Deprivation (IMD) for 2006 shows that whilst the level of deprivation is improving Halton is still ranked 30th nationally.
- Health problems through a more discriminating approach is how services are delivered. We need to better concentrate on the wider determinants of health. We also need to target specific initiatives both geographically and demographically, especially recognising the needs of an increasingly ageing population.
- Social exclusion through a focus on responding to their full range of needs.
- The level of human capital and trends in economic growth may present problems for the future. This is particularly so given the district's poor performance in terms of social and environmental indicators, which may create difficulties attracting the best qualified people to the borough. Halton's performance on education and skills, and low levels of home ownership point to problems of inclusiveness, with groups of residents not sharing in the current levels of economic prosperity.

Given the above priorities, a key measure of whether service delivery has been transformed will be how far and how fast we can narrow the gap in outcomes for the most disadvantaged in Halton, as measured by comparison with both Halton and national averages.

Safeguarding Vulnerable Adults

'Safeguarding Adults' is the name given to a set of national standards, which we as a Local Authority have follow in order to protect vulnerable people from abuse. These standards were agreed by:

- The Association of Directors of Social Services, the Department of Health, the Commission for Social Care Inspection, (now Care Quality Commission) and the Association of Police Officers

A vulnerable adult is someone aged 18 or over;

- In need of community care services and unable to protect themselves or
- Someone caring for another person who may be vulnerable

It is a fact that adults do get abused and sometimes people's circumstances make them more vulnerable to abuse, e.g. frailty, illness, mental health issues or disabilities of any kind.

Halton Borough Council has set up a Safeguarding Adults Board. The board exists to make sure all agencies work together to minimise the risk of abuse to adults within the Borough and to respond effectively to allegations of abuse.

It is recognised that abuse can take place in many forms and can include;

- hitting, slapping, pushing or rough handling
- depriving someone of food, clothing or warmth
- sexual activity without consent
- misuse or theft of money, possessions or property
- shouting, swearing or using degrading language

Abuse can happen anywhere: at home, in a residential or nursing home, hospital, day centre or in a public place. Some kinds of abuse are also a criminal offence.

More information on Halton Borough Council's policies and Procedures around Safeguarding Adults can be found on;

<http://www2.halton.gov.uk/content/socialcareandhealth/health/adultprotection/?a=5441>

SECTION TWO : NEEDS ANALYSIS

INTRODUCTION

The Health of Carers is a major influencing factor upon the health and welfare of the people receiving care, upon the carers themselves, and on the cost and shape of public services provided.

The changes in demography indicates that the “cared for” are living longer and that carers within Halton will have to care for much longer periods than in previous years often experiencing health problems as they get older themselves. To alleviate these pressures, the level of support commissioned/provided to carers needs to be enhanced and improved, as well as greater recognition being given to the pressures they face.

Halton has not been good in collecting demographic data around Carers and there are plans to address some of these gaps over the next 3 years, by targeting groups including Black and Minority, Ethnic Communities (BME), Lesbian, Gay, Bi-sexual and Transgender (LGBT) Mental Health and Gender of Carers.

POPULATION AND SOCIO ECONOMIC DATA

Halton is a largely urban area of 119,500 people. Its two biggest settlements are Widnes and Runcorn that face each other across the River Mersey, 10 miles upstream from Liverpool. The population of Halton was in decline for over a decade, but has recently started to increase. Between 1991 and 2002 the estimated Borough population decreased by 6,500 people from 124,800 to 118,300.

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.

DEPRIVATION

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 (a ranking of 1 indicates that an area is the most deprived). This is 3rd highest in Merseyside, behind Knowsley and Liverpool, and 10th highest in the North West : St Helens (47th), Wirral (60th) and Sefton (83rd) are way down the table compared to Halton.

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 (Super Output Areas) 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 (Super Output Areas) within Castlefields, ranked 32nd most deprived nationally.

Within Halton, the 21 wards were ranked as follows across each domain overall, with Windmill Hill the most deprived ward, and Birchfield the least deprived.

Wards Ranked within the IMD (Index of Multiple Deprivation)2007

Rank within Halton	IMD 2007
1	Windmill Hill
2	Halton Lea
3	Castlefields
4	Riverside
5	Norton South
6	Kingsway
7	Appleton
8	Halton Brook
9	Grange
10	Mersey
11	Ditton
12	Hough Green
13	Broadheath
14	Halton View
15	Norton North
16	Hale
17	Heath
18	Farnworth
19	Beechwood
20	Daresbury
21	Birchfield

(Source: Index of Multiple Deprivation 2007)

HEALTH

Health is also key determinant of a good quality of life and the first priority of Halton's Community Strategy states that 'statistics show that health standards in Halton are amongst the worst in the country and single it out as the aspect of life in the Borough in most urgent need of improvement'.

Halton remains relatively unhealthy, ranked 383rd out of 408 districts in the country, compared to 384th three years ago.

Average life expectancy in Halton was 76.1 years in 2003-05, compared to 77.7 years regionally and 78.7 years nationally. The figure for Halton has improved by 0.1 years since 2000-02, but the gap between it and the region and it and Great Britain has widened to 1.6 years and 2.6 years respectively. Life expectancy was relatively low among all comparator areas as it's linked to deprivation and low incomes. Only in Chester and Vale Royal do residents live longer than the national average. In all the other health indicators used in the production of the 'State of the Borough' audit, Halton performs below average. For example, Halton's mortality ratio in 2005 was 125 (Great Britain - 100), and its health index was 97.01 compared to Great Britain being 100, meaning its rank is little changed since 2004.

Health Deprivation Rank in Halton

Health Deprivation Rank within Halton	IMD 2007
1	Windmill Hill
2	Castlefields
3	Halton Lea
4	Riverside
5	Norton South
6	Halton Brook
7	<i>Kingsway</i>
8	Grange
9	<i>Appleton</i>
10	Ditton
11	<i>Mersey</i>
12	Hough Green
13	Broadheath
14	Halton View
15	Norton North
16	Heath
17	Farnworth
18	<i>Hale</i>
19	Beechwood
20	Daresbury
21	Birchfield

(Source: Index of Multiple Deprivation 2007)

CARERS - HEALTH

The Health of Carers is a major influencing factor upon the health and welfare of the people receiving care, upon the carers themselves and on the cost and shape of public services provided.

Data from this census shows that 13,500 of people in Halton provide formal or informal care, over 11% of the Halton population. National data (2001 Census) suggests that 11% of informal carers consider themselves to be in poor health, whilst in Halton the proportion appears to be higher, with 14% of all carers having felt that they were in poor health.

Currently 10.85% of carers are receiving needs assessment or review and a specific carers' service, or advice and information. This clearly needs to be improved if threats to health and well-being are to be averted.

Number of Informal Carers within Halton

	All People	Good Health	Fairly Good Health	Good Health
1 to 19 hours – Provides care	7944	4858	2332	754
20 to 49 hours – Provides care	1891	937	645	309
50 or more hours – Provides care	3696	1429	1390	877
Total	13531	7224	4367	1940

Provision of Unpaid Care

(This table pertains to Carers and is not generic)

Wards	Number of Unpaid Carers	Proportion of Total Population	Halton Rank	Greater Merseyside Rank
Appleton	678	10.61	16	111
Beechwood	524	13.15	4	15
Birchfield	553	12.43	7	33
Broadheath	726	11.26	14	85
Castlefields	771	11.99	8	47
Daresbury	340	8.70	21	135
Ditton	799	12.79	6	23
Farnworth	760	12.86	5	20
Grange	796	11.60	9	67
Hale	264	13.91	2	4
Halton Brook	744	11.28	13	84
Halton Lea	739	11.52	10	71
Halton View	793	11.52	11	72
Heath	748	13.58	3	6
Hough Green	764	10.81	15	106
Kingsway	688	11.29	12	83
Mersey	645	10.49	17	117
Norton North	680	10.47	18	118
Norton South	721	9.98	19	125
Riverside	455	9.45	20	131
Windmill Hill	340	13.96	1	3
Total 13,531	13,531	11.44	21 wards	138 wards

(Source data; 2001 Census - Please note that the total number of 13,531 may not add up due to the rounding up process during the 2001 census)

Greater Merseyside Average	11.53
North West Average	10.77
England Average	10.03

The percentage of people in Halton who provide unpaid care to others, usually a close relative, is 11.4%. This means that 13,528 people are providing care for someone. This figure ranks 5th highest in Greater Merseyside and 8th highest in the North West. The Wards with the highest numbers of unpaid carers are Windmill Hill, Hale, Heath and Beechwood where the figures are above 13%.

National Top 4 illnesses reported by Carers

Mental Health of Carers	Physical Health of Carers
1 Anxiety	1 Stress
2 Depression	2 High Blood Pressure
3 Loss of Confidence	3 Heart Problems
4 Loss of Self Esteem	4 Strains

Number of People currently diagnosed with Dementia in Halton and the estimated costs to the local economy by 2025.

Borough	2008	Cost to economy	2025	Cost to economy
Halton	1061	£25,766,385.00	1613	£39,171,705.00

ECONOMY, INCOME AND EMPLOYMENT

Halton still has a relatively small economy, by national standards, but it has improved over the past 3 years as its ranking has climbed 8 places from 175th to 167th out of 408 British districts for economic scale. Other neighboring economies notably Chester, Vale Royal and Ellesmere Port have all slipped relatively in the same period. Out of 9 Merseyside and North Cheshire Authorities, seven have slipped and only Sefton (by 1 place) and Halton (8 places) improved. Not surprisingly, the economy of the sub-region is still dominated by Liverpool.

In terms of changes in employment, Halton performs well below the national average and is ranked 340th of all districts nationally, out of 408 districts. This is primarily because of Halton's dependence on the manufacturing sector and this sector has been affected most in falling numbers. Despite this, Halton's ranking is 40 places higher than it was 3 years ago. All the other Merseyside and North Cheshire comparators have seen their position decline over the same period.

Total employment in Halton decreased by 0.2 per cent during 1998 - 2005, well below the national increase of 9.1 per cent, and the North West regional increase of 7.1 per cent. Halton had the second lowest rate of change of all comparator areas with the exception of the Wirral. Knowsley, Chester and Middlesbrough showed the most growth at 31.5 per cent, 11 per cent and 27.9 per cent increases in total employment between 1998 – 2005.

Halton still performs poorly with respect to the labour market, but its ranking out of 408 districts in the country has risen slightly from 364th to 357th by 2006 and the gap between it and the national average has narrowed.

The Borough performed better in terms of change in gross weekly earnings, with a 6.9 per cent increase in wages between 2005 - 2006. This was 4th highest in the comparator towns and better than the sub regional, regional and national increases.

Halton performs poorly in terms of skills and qualifications levels, ranked 370th out of 408 districts in the country, i.e. 38th worse in Great Britain. This is down from 342nd in 2004, illustrating that other LAs are outperforming Halton and overtaking it.

In summary the Borough's economy is relatively small (particularly compared to nearby, larger settlements such as Liverpool), but productivity is above average. Trends in economic change are a cause for concern however, when increases in general employment are undermined by declines in the manufacturing totals, which leave Halton with one of the worst positions in the country. In order to improve levels of growth, further improvements will be needed in the skills and qualifications base of the workforce.

The proportion of the resident population with at least a first degree – more important in a modern knowledge economy than ever before – is well below the national average. The number of people with no qualifications is falling, but not as much or as fast as elsewhere.

KEY MESSAGES FOR HEALTH AND SOCIAL CARE

- Windmill Hill (1st highest), Castlefields (8th highest) and Halton Lea (10th highest) are the three most deprived wards in Halton in terms of Health, it is realistic to assume that these three areas also house the highest number of Carers and that within that number, those Carers probably are sick or suffer with ill health. Birchfield, Daresbury and Beechwood are the three least deprived.
- Halton currently has a younger population than seen overall nationally but there is expected to be a sharp increase in Halton's older population in the next 15 years; which will have significant cost implications for Health and Social Care if preventative measures are not taken.
- Low-level investment will need to be considered, in order to address the growing number of people within Halton, that have been diagnosed with Dementia and the projected growth of numbers by 2025, which will ultimately present a financial burden on local services.
- The role of informal carers will become increasingly important and will need to be addressed through both this strategy and the local dementia strategy.
- Overall, the IMD (Index Multiple Deprivation) 2007 shows that there has been a slight improvement in Health Deprivation in Halton since 2004, but the gap has widened between the most and least deprived.
- 33% of Halton's population live in the top 4% most health deprived areas of the country.
- There is a strong correlation between Health deprivation and the following indicators when looking at Halton on a ward-by-ward basis:
 - Proportion of the population with a limiting long-term illness
 - Proportion of households claiming incapacity benefits
 - Housing tenure
 - Proportion of the population without access to cars or vans
 - Household income.

SECTION THREE: CONSULTATION

INTRODUCTION

In order to develop services that meet the needs of those who use those services, we need to consult with carers and other stakeholders to identify whether those needs are being met. This consultation process then informs the future commissioning of services. On-going consultation takes place with carers in Halton and specific consultation exercises/processes have been conducted/take place, as detailed below;

CARER CONSULTATION EVENTS

Halton continually makes itself aware of the priorities and key messages that have emerged from the Carer Consultation events over the last 3 years. The following summary outlines just some of the changes that have taken place as a result of consultations with Carers;

Adults with Learning Disabilities; As a result of the consultation in January 2010, the ALD Local Implementation Team Sub group identified the need for increased support and social opportunities for people with learning disabilities in order to provide Carers with more opportunities for respite breaks.

The services that are funded from the Carers grant have to provide monitoring on performance 3 x times a year. In the recent monitoring period service providers were asked to give examples of outcomes for Carers that have benefited from the respite breaks.

Carers reported that;

- They have previously not had the opportunity to socialise with the “cared for person” before and that they found it valuable. (Connect)
- One Carer reported that the trip resulted in increased independence for the Cared for person, which they loved and it was noticed that they had more confidence as a result. (Connect)
- Some carers said that one of the support groups was like a lifeline to them, and reduced isolation. (HAFS)
- Carers reported that they were able to take more care of their own health and attend GP and Health Care checks, whilst the “cared for person” attended the events. (ACE)
- This was repeated by other Carers who said that they were able to do shopping or attend hairdressing appointments and not have to worry about the “cared for person” (ACE)
- One group provides exercise and reported that some Carers had benefited from weight loss and a sense of well-being. (Halton Happy Hearts)

Older People; Within the OP LIT Sub group there have been a number of developments as a result of Carer feedback and involvement. The group has seen new Carers participating in the LIT Sub groups and becoming involved in tendering processes, monitoring and performance and development of services through unmet need.

- A new dementia sitting service has been funded, in order to meet the needs more fully of Carers, it includes increased flexibility around shopping, domiciliary care and weekend and evening availability. (Caring Hands)
- A new support group for Carers that have recently had a new diagnosis of Alzheimer's/Dementia for the person that they care for – in order to raise awareness about the illness and to offer networking support to the Carers. (Alzheimer's Society)
- A new voluntary sector provider has benefited from the OP allocated grant funding; this has resulted in identifying previously hidden carers and those carers having increased access to respite breaks. (Zipper Club)
- An increased number of Carers involved in the LIT Sub group for Carers and representation on the Dignity group.

Young Carers; Last year Young Carers said that they liked the services that they received but that they wanted more choice; as a result of their feedback Young Carers have received increased funding which funded number of additional providers that included;

- Canal Boat Project
- Halton Haven
- HAFS

Mental Health ;The Mental Health Carers Forum has gone from strength to strength since it separated from the service user group. It has increased Carer membership and is pro-active in providing training to other Carers and Professionals. The group benefits from Carers Grant funding and works in partnership with Halton and St Helens Partnership and 5 Boroughs.

Physical and Sensory Disabilities ; Funding has allowed an increase in third sector providers offering specialised respite breaks. The Lets Go Club, piloted a sewing group and this has now expanded to an additional day. The PSD LIT Sub group has seen an increase in attendance of Carers and Service providers to its meetings.

Drug and Alcohol ; At the time of the last Carers Consultation event in February 2009, the Drug and Alcohol LIT Sub group had only just been developed; As at 30th April 2010 they have now identified and registered **54** Carers in Halton.

Carers feedback that some of the leaflets provided to Carers – were not informative enough; as a result a new leaflet has been developed with the Alcohol Team, Halton Borough Council and Carers.

Generic

Website; Carers advised that they wanted information provided in different ways. The Local Authority has now improved and developed its website, in order to provide more information for Carers

Radio Coverage; Carers Rights day in December 2009 was held at the local Halton Radio Station. Not only did this give providers the opportunity to publicise their services but it also enabled the Local Authority to raise awareness about Carers in a different way.

Face to Face Interventions; As a result of Carers requesting more face to face interventions from staff, a increased number of outreach events have been delivered. There has been an overall increase in the number of registered and identified carers

in Halton and the Halton Carers Centre have reported that they are just coming up to the registration of its 2000th Carer (April 2010).

Awareness Raising around Unmet Needs/Service Deficit system; The LIT Sub groups have added unmet need and service deficit to the agenda as a standing item, this ensures that gaps in service provision and unmet need is considered when commissioning and funding new services.

2010/2011 Consultation Event

The latest Annual Carers event took place on Friday 22nd January 2010 at Halton British Legion, in Halton Village, Runcorn. The event was designed to bring Carers together in order to share ideas, information and outcomes to provide an arena for Carers to feed back their views and experiences on the services that Halton Borough Council and voluntary sector providers provide to Carers.

This year Carers were given the opportunity to identify gaps in services and suggest new ways of delivering a more tailored service to their own needs. There were a number of ways in which Carers were able to participate in the event which included; presentations, surveys, table discussions and one to one support. The surveys in particular were presented in order to allow Carers the opportunity to review the services that have been offered within the last 12 months, and it provided an opportunity to gather the experiences and opinions of the Carers that had accessed the services that Halton Borough Council have funded.

This year the event saw Carers from all walks of life talk about their own personal journey of "being" a Carer; this was as a result of carers from last year saying how much they benefited from being able to network with other Carers and Providers of Carers Services. There was time and the opportunity during the Event for Carers to be able to discuss ideas and to share their feelings with other Carers.

Carers were also given an opportunity to evaluate the day through the inclusion of an Evaluation Form (See Annual Carers Consultation Event Report 22.01.10 for findings).

CARERS' STRATEGY GROUP

The purpose of the Carers Strategy Group is to be responsible for the promotion of general carer issues across all sectors in Halton. The aim is to bring together the views of carers and statutory and voluntary agencies and to provide a focus for the development of health and well being for carers and those they care for.

Membership represents those organisations involved in the purpose of the group. Each representative brings their individual and organisational interests and experiences to the group. They contribute as fully as possible to the overall purpose and work of the group.

The Carers Strategy Group improves lines of communication and collaborative working between health, professionals and Carers in order to ensure that there are effective and appropriate services to Carers. The LIT Sub Groups for Carers feeds into and from the Carers Strategy Group and have representatives from each team, including Mental Health, Adult Learning Disabilities, Physical and Sensory Disabilities, Drug and Alcohol Mis-use, Older People and Young Carers.

LOCAL IMPLEMENTATION TEAM (LIT) SUB GROUP (CARERS)

The purpose of the LIT Sub Groups (for Carers) is to oversee the performance and development of Adult Learning Disabilities Services, Physical and Sensory Disabilities Services, Mental Health Services, Drug and Alcohol Services and Older Peoples Services. The LIT Sub groups are allocated carers grant funding and the members of the LIT Sub groups then allocated it to teams/organisations for the provision of services.

Halton Borough Council continue to devolve responsibilities as close to Carers as possible when shaping and developing services for Carers and the authority is proactive in encouraging and supporting carers to engage in the LIT Sub groups for Carers and the consultation events held across the borough.

The groups are responsible for providing feedback and making recommendations to the Carers Strategy Group. The LIT Sub groups continue to improve communication and collaborative working between health, professionals and Carers in order to ensure that there are effective and appropriate services to Carers. The LIT Sub Groups for Carers feeds into and from the Carers Strategy group and improves the lines of communication. The Carer representatives from each team, sit on the Carers Strategy Group.

There are continuing developments to establish the LIT Sub group for Young Carers. The group includes representatives from service user groups, service providers and other stakeholders. Some of the young adult carers have already received training, so they are best able to participate in and contribute to, the LIT Sub groups and to enable them to share their views and opinions on current services and identify gaps in services. In order to include as many Young Carers as possible the LIT Sub group operates at a time most convenient for young carers to attend. This group takes a collective responsibility for allocating funds for young carers' breaks, with young carers' playing an active role in this process. This development ensures that Young Carers' issues feed directly in to the Carers' Strategy group as a whole rather than being marginalised.

CARERS'REFERENCE GROUP (CRG)

The role of the Carers' Reference Group (CRG) is to represent the "Voice of Carers" within Halton in discussions and in key partnerships with the local authority and other service providers, relating to Carers issues, identifying gaps in services for Carers and to shape new or existing services for Carers. The Carers Reference Group (CRG) is overseen by a core membership. The Carers' Reference Group is co-ordinated and "Chaired" by the Halton Carers' Centre.

HALTON CARERS' FORUM

The Carers' Forum acts as the single voice of Carers in Halton, to influence and shape new and existing services, be involved in planning and monitoring of services; including action plans and policy development and to act as a consultation body for Carers – ensuring that they are recognised as an equal partner by all members of local statutory and regional authorities, including the Primary Care Trust (PCT). The Carers' Forum holds regular events with guest speakers.

HALTON MENTAL HEALTH FORUM

The Mental Health forum acts as a conduit for the Voice of Carers (who look after people with mental health issues) and works in partnership with the Carers' Reference group. They are represented on a number of strategic group meetings within the Borough, including the Local Implementation Teams (LIT) and Sub LIT for Carers, regarding mental health.

CARERS' SUPPORT GROUPS

The Halton Carers' Centre organises two Carer Support Groups in Runcorn and Widnes who meet on a monthly basis. The aim of the groups is to provide a relaxing atmosphere where Carers in Halton can talk about any issues or problems in their caring role, or just have a general chat over a coffee and a biscuit. The Carer Support Workers are on hand to provide information, support and advice. The Mental Health team funds 2 Mental Health Support Groups from the Carers Grant; which covers Widnes and Runcorn.

HALTON CARERS' CENTRE

Halton Carers' Centre is the first point of contact for unpaid carers of any age, caring for people with any condition in Halton. It provides information and advice via a drop-in service at the Carers' Centre and/or telephone enquiries Monday – Friday. The Carers' Centre is responsible for providing a wide range of services for Carers including free training, bi-monthly newsletters, a wide range of leaflets, free day trips, holistic treatments, 2 Carers' Support Groups, and self-referral to counselling services. The Carers' Centre provides funding towards Personalised Carers' Breaks for Carers who are experiencing stress in their caring role. The introduction of a GP Link Worker at the Centre ensures that GPs in Halton are able to identify Carers and address their issues appropriately. The Centre also provides awareness presentations to professionals and other organisations in Halton in order to raise the profile of Carers across the Borough.

LOCAL INVOLVEMENT NETWORK (LINK)

Halton LINK is an independent health & social carer 'watchdog' set up as part of Government Initiative to enable communities to have a stronger voice in the way that Health and Social Care services are planned and run.

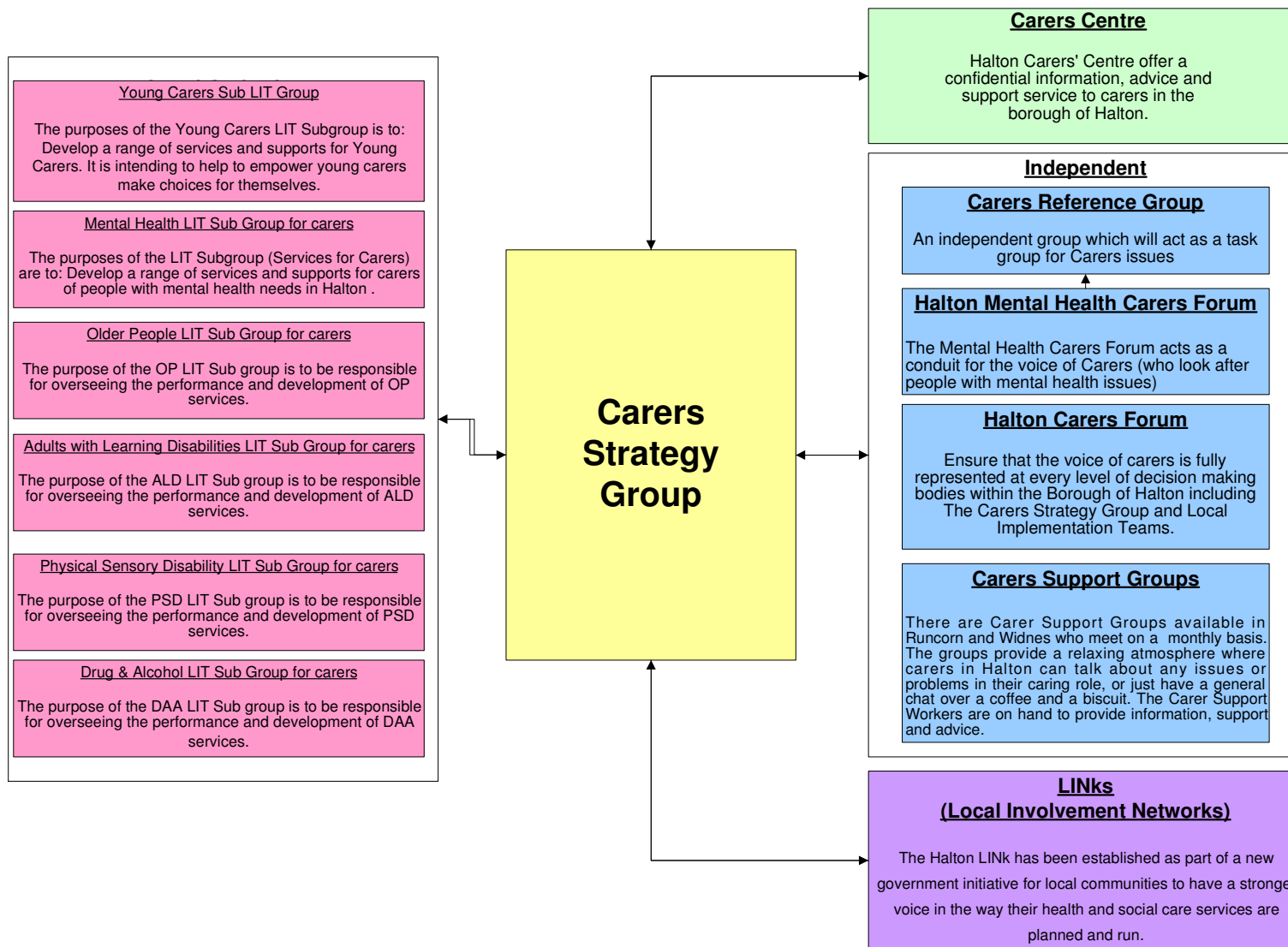
Run by local people and groups, the role of the Halton LINK is to promote involvement, to find out what people like and dislike about local services, monitor the health & social care provider services and use LINK powers to hold services to account.

Halton LINK can;

- Ask local people what they think about their health and social care services and offer opportunities for them to suggest ideas to help improve services.
- Investigate specific issues of concern to communities
- Use its powers to hold providers and commissioners to account and get results (including 'enter& view' powers)
- Ask for information and get an answer within 20 working days
- Carry out checks to see if services are working well

- Make reports and recommendations and receive a response within 20 working days
- Where appropriate, refer issues to the Overview & Scrutiny Committee
- Refer issues to the Care Quality Commission

People in Halton can participate in the LINK as much or as little as they wish, from receiving information regularly to being involved in working groups, or being a Board member.



SECTION FOUR : CURRENT PROVISION OF SERVICES AND COMMISSIONING INTENTIONS

INTRODUCTION

The following sections describes the types of services that Halton provides under the following headings as listed in the National Carers Strategy (Integrated and Personalised Services, A Life of Their Own, Income and Employment, Health and Wellbeing and Young Carers)

As Halton moves towards the personalisation approach, it recognises that the way in which it has supported people before will have to evolve.

In order for carers to have more choice; stakeholders and carers will work to develop services and policies to help individuals best manage their own support packages. It has been acknowledged that colleagues across health and social care will also have to evolve in those new roles either directly within their own services or by referrals into other services. Halton has sometimes lacked choice of service options, in particular services that are able to provide respite breaks. This year we have managed to provide more carers breaks than previous years but are pro active in searching for more choice.

The Strategy is focussed primarily on adult carers but also accepts that the profile of younger family members needs to continue to be raised and recognised and that suitable service provision is put into place.

The transition from Children's services and Adult services remains a priority within Halton; there has been agreement to extend the age range of the transition process from 14 - 19 years to 14 - 25 years to enhance planning and commissioning. Young people, parents and carers will be involved in the revision.

INTEGRATED AND PERSONALISED SERVICES

The Government predicts that there will be 1.6 million more adults across England with a care need by 2020; that is a rise of 30%. Following the consultations that the Government carried out in 2007; they found that carers wanted to be acknowledged for their knowledge and skills and they wanted to be respected as expert carers. It is estimated that by 2041 there will be an increase of carers by 50%.

The Government has said that they need to prioritise the service provision to carers, which will enable them to continue in their caring role.

There is a need for services to work together more closely to provide a more tailored package of support to the carer. Carers stated that they wanted to have easier access into services and to have choice about whether they worked in addition to their caring role.

Provision 2009/2010

Telecare; is a set of electronic sensors that is installed in the cared for persons home that helps to make living at home safer. It is part of the community alarm service and does not use cameras. It is tailored to an individuals needs and its applications can vary from detecting excess smoke in the kitchen to floods in the bathroom. It can also

tell if an area is too hot (cooker left on), or if the house is too cold (no heating on). Just as important, Telecare can help us to know if service users fall over or cannot get out of bed due to illness, and automatically contact a control centre for help.

Telecare can offer support for service users and carers as it can offer an alternative support for people to help them remain independent in their own home. This can often be an important addition for carers as it can give piece of mind for them that relatives with difficult conditions have support.

Carers Assessments; There are currently 6 specific Assessors who provide assessments for Carers. The Assessors work within the Physical and Sensory Disability team, Mental Health team, Adult Learning Disability team, Parents of Children with Disabilities and the Older Peoples team (Runcorn and Widnes). The aim of the Local Authority was to increase the numbers of Carers receiving a service as a result of undergoing an assessment. Carer Assessors identify and engage previously hidden carers, raises the profile of carers and respond more quickly to requests from Carers, for an assessment. This has led to an increase of carers receiving an assessment of their needs and accessing a service as a result of that assessment.

Direct Payments; are available from the Local Authority and offers support for carers. The Direct Payments team provides information and guidance on all aspects of receiving and managing Direct Payments including advice on how Direct Payments can increase independence, help with recruiting, selecting and employing staff (personal assistants), guidance and support on becoming an employer and employment law, access to training for personal assistants (to make sure they have the right skills), access to a payroll service to take away the worry of tax and national insurance calculations, information on insurance and health and safety issues and training on record keeping and managing your Direct Payment. Over the past couple of years the number of Carers who have accessed Direct Payments has increased from **440** carers during 2007/8 to **567** during 2008/09 to **658** during 2009/2010 and have used their payments for; domiciliary care, laundry costs, gardening help, caravan holidays, gym membership, theatre tickets, fuel costs and college courses.

Self-Directed Support; Halton is currently developing the required infrastructure to enable the personalised approach to be adopted and work effectively within the Borough. Halton's Vision Statement for Self Directed Support more commonly known as Personalisation is outlined below:

We believe all citizens of Halton, including people who require adult care services, should have the best possible quality of life. We want all people who use our service to have maximum choice, control and power over the support services they receive and we will strive to achieve this in partnership with people who use services, their families, care and local communities.

Our vision will be underpinned by a set of guiding principles set out below:

- We will enable people who use services to have the maximum choice over their lives - including the services they require - to achieve the best possible quality of life.
- People should be able to access the right services at the right time to meet their needs.
- People who use services and their carers will be treated with respect and dignity at all times, and assisted to make decisions themselves and to live their lives free from discrimination and harm.

- We will work in partnership with people who use services; their carers, families and representative groups to ensure we adhere to these principles and to enable them to shape the action we take to deliver person centred care services.
- We will work in partnership with other agencies – particularly those in health care and the voluntary sector – to deliver our vision.
- We will maximise the use of our resources in enabling people to have choice recognising that there will always be limits in the total sum of resources available.

Summary of Identified Needs

As part of the national strategy, the Government have outlined a number of priorities that they will work towards to support the development of Integrated and Personalised Services such as the personalisation agenda and this priority has also been identified by Carers within Halton, by identifying the need to have more control, flexibility and easy access to services that they need.

As such Halton has already commenced a number of projects that will support the reforming of services and processes to ensure a more flexible and personalised approach to services.

Commissioning Intentions 2010/2011

Carers Assessments; During 2009-10, there was an increase in the number of assessments undertaken that led to the Carers receiving a service. The work of the Carers Assessors will continue and it is anticipated that the levels of assessments undertaken during 2009-10 will continue from April 2010 onwards.

Direct Payments; Halton's intention is to continue to encourage Carers to utilise Direct Payments, which will enable carers to have increased choice about how they access the support and breaks they require.

Self Directed Support; Build upon the foundations of Direct Payments to ensure that carers are involved in the development of the infrastructure to support the personalisation agenda. As part of this project, work will be progressed during 2010-2011 on the development of a self-assessment process for Carers and the people they care for.

Telecare; The current service model has been established for a Telecare service that rides on the community alarm infrastructure. It will continue to successfully address concerns about safety, security and risk-taking, where physical and mental health issues compromise an individual's ability to meet their own needs. This model of provision has recently been evaluated and identified as effective, hence the new proposal is to expand the current service with the addition of a dedicated Telecare team, at an additional cost of **£144,890**. This will support a planned increase in service capacity for an additional **353** people, in line with the best practice. Telecare will continue to be available 24 hours a day 7 days a week and the community alarm service will continue to deliver the assessment, installation, response and review element of the service. The Steering group will: complete a review of the service in 2011, a cost benefit analysis, implement a training plan, review the performance management framework to reflect service changes, further develop the partnership approach of Telecare and Tele health services, review the partnership arrangements with RSLs. Carers views will be seen as an integral part of the Telecare Assessment

process and planned use of its technology seen as a means of supporting carer's breaks.

NOTE: *As part of the personalisation agenda Halton will be supporting carers who regularly provide moderate to substantial care and who meet its Fair Access to Care criteria (2010), while at the same time using its preventive strategy to avoiding carer break down. It has already been acknowledged that this preventive approach, combined with early intervention measures actively prevents the carer's situation deteriorating to the point of crisis (see appendices 3 and 4 for Adult and Children's Services FACS guidelines).*

A LIFE OF THEIR OWN

Introduction

Many carers express feelings of isolation and frustration about the circumstances in which they have found themselves. Some family members become carers due to a deteriorating health condition and as the responsibilities gradually increase, they are often unprepared for the changes and learn as they go along to administer medication or carry out personal care, or understand complex medical terminology. Some carers admit they find it difficult to see themselves as carers and feel that the roles and duties that they carry out are all part of being a mother/brother/wife/husband etc. A common theme amongst carers is the level of sacrifice and compromise within their own lives. In some circumstances this can lead to frustration and resentment, or even depression and/or hopelessness.

A way of ensuring that Carers within Halton have a life of their own is to ensure that specific services are available to give carers respite breaks, provide training, and offer employment opportunities.

Within Halton we have undertaken to define who is a carer and what access to breaks they can receive (See Appendix 2)

Provision – 2009/2011

- **Carers Centre**; First point of contact for Carers, providing information and advice via a drop in service and a telephone helpline Monday to Friday. The Carers Centre is responsible for providing the following services to Carers of any age, caring for people with any condition; A bi-monthly newsletter, breaks for carers including day trips, training and social events; offering holistic therapies and also first stage advocacy for Carers. The centre also provides awareness training to professionals within health and social care, and has a lead role in the Carers forum/Carers reference group.
- **Halton Leisure Cards**; are available free to carers that register at Halton Carers Centre and provide the carer with reduced admission charges to a wide range of services from swimming to museums and from reduced prices for theatre tickets to savings on DVD hire
- **Parkinson's Society**; provides a monthly social club with regular guest speakers offering support and information for service users and their carers, also one off day trips or events throughout the year.
- **Widnes and Runcorn Cancer Support Group**; includes carers in all its services, i.e. Advice, Information, Sign-Posting, Listening, Counselling, Complementary Therapies, Beauty Therapies, Art Workshops, Self-Help Groups, Respite Caravan Breaks, plus one off social events.
- **Lets Go Club**; offers a monthly social event and holidays for people who have suffered a stroke. They provide transport for people who without which would be unable to access the social events.
- **Halton Haven**; provides pamper days for carers who care for people with cancer or other life threatening illnesses.
- **Halton Happy Hearts**; provides tai chi classes, day trips and social events for people with heart conditions and their carers.
- **Runcorn and Frodsham District Mencap**; provides weekly social events for people with learning disabilities, enabling carers to access respite.
- **Oakmeadow**; provides a day-care service for people with dementia.

- **Emergency Respite Service;** provides emergency respite for carers, where it is deemed that there may be a potential situation that would arise if the carer was incapacitated. This is accessed through the emergency card system and is available 24/7.
- **Halton People into Jobs;** Outreach service providing information, advice and guidance relating to employment, learning or enterprise. Pre-Employment support with all aspects of job search e.g. CV's, application forms, interview preparation, sign posting to training. Waged options, work experience etc. Financial assistance from carers' grant for carers moving into employment.

Summary of Identified Needs

Carers said that they are often restricted from freedom of choice in as much as they are unable to go on holiday when and where they want and that their days are often taken up by caring duties so are unable to do things spontaneously but have to "plan" even simple things like shopping or doctors appointments.

From the analysis of information obtained from the Consultation Event held in January 2010 there was a consensus amongst carers that they experienced '*rushing or clock watching*' and that they found it hard, if not impossible to relax due to their caring responsibilities.

Some carers felt frustrated that they were unable to pursue a satisfactory career and as result would feel that their finances suffered, there seemed little alternative to address the financial situation.

Commonly carers said that their social lives often suffered due to their role and that this varied from having no-one take care of the "cared for person" to there being a lack of places to go with the "cared for person" if they wanted to share an activity, to exhaustion from their responsibilities. Carers said that they lacked confidence which then impacted on them mixing with other people and compounded their isolation.

Carers have disclosed that transport has continued to be an issue for those people who have had to visit the cared for person over a long period of time, this is particularly pertinent for carers of people with mental health issues and people with dementia.

Commissioning Intentions 2010/2011

Continue to offer carers breaks through the funding of voluntary groups including;

- Halton Happy Hearts
- Alzheimer's Society
- Parkinson's Society
- Lets Go Club
- Halton Zipper Club
- Widnes and Runcorn Cancer Support Group
- Breathe Easy Group
- Runcorn and Frodsham District Mencap
- Halton Haven Hospice
- Halton Manic Depressive Group
- Mental Health Carers
- Connect
- HALDS (Halton Adults Learning Difficulties Support)

- ACE (Active Community Enterprises)
- HAFS (Halton Autistic Family Support)
- Halton Carers Centre
- Canal Boat Project
- The Halton Leisure Cards

To fund additional voluntary groups in response to Carers feedback from the Carers Consultation held in January 2010, which includes;

Widnes Fellowship; The Centre offers weekly social groups, which includes darts, bingo and pool.

Caring Hands; Offers a sitting service for those Carers who care for people with Alzheimer's and /or Dementia that provides substantial amount of care. The service includes memory stimulation, domiciliary/personal care, shopping and outings.

Neuromuscular Centre; offers total support to the Cared For person, which enables the Carer to have a respite break. Also provides support and buddying service to the Carer - which extends to a bereavement service if the Carer if required.

Link Group (Blind and Partially Sighted); Will provide 3 x trips per year for Carers to have a respite break.

Ashley House; Will provide day trips, holistic therapies, cinema tickets and theatre trips. Some events will be funded through vouchers, which wallows the Carer even greater flexibility to take a break when and how they need it.

INCOME AND EMPLOYMENT

The Government's national strategy suggests a number of activities that may help to make combining paid work with care a real choice for as many carers as possible.

There are certain commitments to improve the support offered to carers by Jobcentre Plus as follows:

- Introducing a Care Partnership Manager in every Jobcentre Plus District.
- Introducing specialist training for Jobcentre Plus advisers who work with carers. This will better equip advisers to recognise and deal with the needs of carers and enable them to assist carers with returning to/staying in work.
- Funding of replacement care for those who are participating in approved training. This will enable carers who are not in full time work to take full advantage of training opportunities/employment related programmes operated by Jobcentre Plus.
- Ensuring that eligible carers have access to appropriate employment programmes/provision.

Provision 2009/2010

- **Halton People into Jobs;** are currently funded to provide training and support for Carers wishing to move into work or return to work
- **Community Bridge Building Service;** Workers can address and work with both carer and the cared for person. For example a carer could be referred for issues such as social isolation, which they may experience. The Bridge Builder team also provides services for the cared for person, which would then give the carer respite. When both the carer and cared for are referred to the service they would be allocated different 1-1 workers. The team can offer support into voluntary work, education and employment.
- **Employed Workers;** Within in Halton Borough Council Carers benefit from a number of policies/procedures that support flexible working.
- **Benefits Maximisation;** The Financial Services Team support each service user that in checking that they appear to be getting all the benefits that they are entitled to. If they consider that the service user may be entitled to more, then they refer the person onto the Welfare Benefits Team who are able to do a detailed benefits check and assist the service user to claim additional benefits where possible.

Summary of Identified Needs

At the carers consultation event some carers expressed a wish to pursue a career if they didn't have caring responsibilities/or to have the ability to combine the two, However Carers have fears with regards to being penalised on a financial level if they return to work.

The Carers consultation event highlighted inequality around people of pensionable age having carer's allowance/benefits stopped yet they continue to carry out the role of a carer – this may be an issue that Halton may decide to campaign on.

NOTE – The 'Make Work, Work' campaign addresses some of the issues that carers are faced with. 80% of carers are of working age and 3 million already combine work and care. 1 in 3 carers have said that they would return to work if the right support were available. If carers are forced to give up their jobs because of their caring responsibilities they can end up isolated and living in poverty.

Commissioning Intentions 2010/2011

To continue to fund and develop existing services;

- Halton People into Jobs
- Community Bridge Building Service
- To continue to develop stronger working partnerships with Job Centre Plus, in order to provide better working opportunities for carers
 - Carers will have the opportunity to link into the 12 week training programme at Riverside College, to build on skills and confidence.
 - Establish a network of Carer Champions who have successfully combined work with caring responsibilities
 - Jobcentre Plus Care Partnership Manager to engage in discussions with Carer representative groups
- Benefits Maximisation etc – Distribute publicity leaflets to raise carer profile and inform carers about available services and benefits, within Halton. To link the development and distribution of leaflets to the Carers Promotional Strategy.
- The Council has adopted a Council wide Volunteering Strategy. The first stage of implementation has involved commissioning HVA (Halton Voluntary Action) to undertake a 6 month project within the Adults & Community Directorate which focused specifically on increasing volunteering opportunities within Bridge Building and Sure Start to Later Life. The project also involved the development of a Council wide Volunteering policy and associated procedures. The 6 month project was completed in April 2010, following which recommendations have been made to the Council's Management Team with a view to explore further implementation across the Council

HEALTH AND WELLBEING

Introduction

There is clear evidence that carer's health often suffers or is neglected due to their caring responsibilities. During the consultation event carers reported that they often suffered with feelings of stress, anxiety and depression. There are also common ailments reported amongst carers such as; back injuries/strain due to lifting and moving the cared for person in their day to day lives.

During 2008 Healthy Halton Policy Performance Board carried out a scrutiny review around the Health of Carers with regards to them accessing Primary Care services. During this review carers reported a number of barriers when trying to access GP services, which potentially reduced the likelihood of them seeking health care when they most needed it, these barriers included;

- Difficulties in accessing flexible appointments at GP surgeries
- A lack of respect and/or understanding from some GP surgeries; carers felt that they could contribute to the cared for persons care and had a deeper understanding about the needs of the person that they cared for although "professionals" would sometimes dismiss or exclude them from the discussions and assessments
- In some circumstance carers said that when things went wrong they would be left to pick up the pieces.

During the Carers Consultation in January 2010, carers reported that previously GP's rarely made referrals for them to access available carers services within Halton but there was a recognition that this had improved significantly due to the GP Link Worker gained through the Department of Health Demonstrator site Project within Halton and St Helens and the Local Enhanced Services (LES).

Provision 2009/2010

Enhanced GP services (LES); Halton and St Helens NHS funds The Local Enhanced Service for GP practices; this includes practices receiving payment to "identify carers, provide information and services to carers, having a named carer lead and to develop more flexible services, enabling carers to access healthcare for themselves".

In summary the aims of the scheme is to encourage GP practices to: -

- identify carers
- identify carers' health and support needs
- take account of carers' responsibilities when they access services in the practice
- identify, with carers, if they require a Social Services assessment, and making the referral
- refer carers to other services as appropriate
- provide appropriate information to help carers make informed choices about their own health and wellbeing, as well as that of the person they care for.
- to provide practices with some resource to enable the above.

Department of Health (DOH) Carer Demonstrator Site; In February 2009, the Department of Health sought expressions of interest from Local Authorities and

Primary Care Trusts, for funding to develop demonstrator sites to test new approaches as part of the implementation of the National Carers' Strategy.

These sites would focus within 3 areas, as follows: -

- New approaches to offering breaks for carers
- Deliver annual health and/or health and well-being checks for carers
- Explore ways in which the NHS can better support carers

Halton Borough Council in partnership with NHS Halton and St Helens (Lead Organisation for project), St Helens Council, St Helens and Halton Princess Royal Trust Carers Centres, and St Helens and Knowsley Teaching Hospitals submitted a bid to develop a demonstrator site which would focus on exploring ways in which the NHS could better support Carers.

The bid was successful and the project has commenced. The project and associated funding will run through until March 2011.

The aim of the site is to identify new carers and to develop effective carer pathways which link into primary care. There will be Carer Support Officers and an Income Maximisation Officer based at Whiston Hospital and Primary Care link workers supporting GP surgeries to enhance carer support work. A Carers Performance Analyst will ensure we have robust metrics and data collection processes in place to evidence the success of the pathways developed.

A key focus is cultural change within local NHS services and the aim is to demonstrate there is a consistent and holistic approach to identifying and supporting Carers, whilst ensuring they are respected as expert care partners in regards to diagnosis, treatment, discharge and ongoing primary care.

The Hospital based work will initially cover 5 areas/departments:

- **Care of the Elderly**
- **COPD**
- **Outpatients**
- **Palliative Care.**
- **Faith Centre / PALS / Workforce Carers**

The Primary Care/GP Link Workers will be located within the 2 Carer Centres to provide support to GPs and Carers to foster linkages and design pathways between the Acute Trust and community based support for Carers.

The Halton GP Link Worker has worked with GP practices to offer outreach support, developed protocols for practices to refer carers to the Halton Carers Centre, supplied practices with resources and toolkits for Carers, provided awareness raising training to practice staff either through Protected Learning Time (PLT), on a surgery basis or by training sessions at the Local Carers Centre. As at the end of April 2010 it was confirmed that 266 new Carers were identified by GP practices within Halton Borough and referred to Halton Carers Centre.

Outcomes

The pathways will ensure that:

- Hidden carers are identified
- Carers are respected as equal partner as regards to diagnosis, treatment and discharge
- Carers are offered practical and emotional support via Carer Support Workers
- Carers become integrated as part of ward multi disciplinary teams (MDT)/ MDT reviews/discharge plans
- Carers are linked into ongoing community support
- Links are made between Carers from and/or to primary care services
- Greater awareness of Carer needs by GPs, Clinicians and Acute Hospital Staff.

Examples of the project will aim to achieve are:

- Reduced delayed transfer of care and bed days lost
- Reduction of DNA (Did not attend) in Outpatients
- Reduction of readmission rates on key wards
- Reduction of length of stay on care of the elderly wards
- Increase in carer assessments by acute based social care staff and improvement in National Indicator 135
- Carers are respected as partners in NHS services measured via carer evaluations
- Development of a model that can be used by other NHS Trusts to replicate the best practise from the work we will be undertaking.

Emergency Respite for Carers; An Emergency Respite for Carers service was set up in August 2008. This is accessed via an assessment with the local authority and it has been highlighted that there is a need to put a contingency plan into place in the event of an emergency and the carer is unable to be with the cared for person. Carers have said that they often worried or felt anxious in case they got ill or had to attend a funeral at short notice and they were unable to arrange care for the cared for person. Some carers said that they had refused to go into hospital for care, as they had no-one to look after the cared for person; again, this demonstrates the responsibility and pressure that carers often feel which impacts on their own health. A review of the service took place at the beginning of 2010 and it confirmed that over 100 Carers have now registered with the service and that it provided those Carers with the peace of mind and flexibility that they needed.

Pamper and Holistic sessions; Halton Carers Centre have commissioned Halton Carers Centre to deliver pamper and holistic sessions

Trips/breaks; As outlined earlier in this Section breaks/trips are organised via a number of organisations.

Commissioning Intentions 2010/2011

- Update the information available to carers in formats that are fully accessible to a range of carers across Halton including; Adults, young carers, people from black, minority ethnic communities (BME), gay and lesbian carers (LGBT). The information will be available in printed leaflets, newsletters, local

publication (The World, Inside Halton) and on the Halton Borough Council website.

- To fund a joint project alongside other Borough Councils throughout the North West to provide an online support service for Carers that would describe themselves as Lesbian, Gay, Bi-sexual and/or Transgender (LGBT) and also access to a support group.
- Continue to offer emotional support through the funding of voluntary groups including Halton Happy Hearts, Alzheimer's Society, Parkinson's Society, Connect, Breathe Easy, Lets Go Club, Mencap, Halton Haven Hospice, Halton Carers Centre, ACE, HAFS etc and work with them on the development of publicity materials.
- Ensure that through training and information Halton Borough Council staff are aware of and respond to issues raised by Carers.
- The Halton and St Helens NHS to continue to offer GPs the Enhanced GP Service for Carers.
- Continue to work in partnership with Halton and St Helens NHS.
- To continue to take part in the Demonstrator Site Project; in order to develop stronger referral Pathways for Carers.
- To continue to provide the Emergency Respite for Carers Service/Emergency Card.

YOUNG CARERS

Introduction

Young carers are children and young people under the age of 18 years who provide care to another family member who has a physical illness / disability; mental ill health; sensory disability or has a problematic use of drugs or alcohol. The care given may be practical, physical and/or emotional. The level of care they provide would usually be undertaken by an adult and as a result of this has a significant impact on their normal childhood. Underpinning guidance;

- The child or young person does not have to live with the person they care for.
- The term does not refer to young people under the age of 18 years who are caring for their own children.
- The term does not refer to young people under the age of 18 years who accept an age appropriate role in taking increasing responsibility for household tasks in homes with a disabled, sick or mentally ill parent.
- The impact of caring on a young person varies and it is important to assess needs on an individual basis.”

We do not know the absolute figure for the number of young carers in the borough or the UK. Young carers are only known to agencies when they or their families chose to identify themselves. Therefore, the true extent of caring by children and young people is ‘hidden’. The 2001 Census identified 175,000 young carers aged under 18 in the United Kingdom, 474 of whom are in Halton.

The aims of the Young Carers Strategy 2009 in summary are to raise awareness of and highlight the needs of young carers, to ensure all young carers have access to projects/services which can provide support for their emotional and personal needs, social and educational development and to encourage agencies to work towards supporting families to reduce the amount of inappropriate care that a child/young person provides to any family member. The strategy will also look at how services can best address the needs of young carers in families that fall under the “hidden harm” agenda, with specific reference to the development of working protocols between children’s, adults (AMH and DAA services) and young carers services.

The agencies involved with delivering the Young Carers Strategy are aiming to achieve the position whereby young carers are seen as children first, by promoting inclusion and supporting them to be able to undertake educational and leisure activities with their peers. The aim is to ensure young carers are prioritised for access to universal services within the borough.

Children in a caring role should be supported to make choices about their life and feel confident that if they are not able or do not wish to provide the care, then the cared for person is not put at risk.

Provision 2009/2010

Currently 2 full time equivalent Young Carers' Assessors are based within the local authority children and families division. They have responsibility for carrying out all statutory assessments for young carers' referred for support services due to the nature of their caring role and the potential impact it may have on their emotional wellbeing and development.

Where appropriate the assessors will take on lead responsibility for organising CAF meetings that develop support plans to meet the needs of the young carer within the family. They will also liaise with colleagues from adult services to ensure that appropriate support is available to the cared for adult, so that no community support plan is dependent on the inappropriate caring role of the child or young person.

It is important that young carers' are prioritised for IYSS (Integrated Youth support services) and TYS (Targeted Youth Support) delivered by both statutory and 3rd sector services e.g. youth service, extended schools, and leisure services, Canal Boat Project, PRT Carers' Centre.

"The 3rd sector organisations and agencies delivering services for this project whilst providing a valuable service should not be the only option for young carers, who should be encouraged to take part in activities with their peers who are not carers. Other statutory and 3rd Sector organisations also provide services which are available to young carers across the borough, offering activities and support on an individual and group basis. There needs to be clearer referral pathways and priority of access for young carers to these services."

Joined up working between Halton's Children's Services and Adults Services Departments must recognise the need to continue to work closely together to ensure families are assessed and their needs met holistically as outlined in The Children Act and National Service Framework for Children, Young People and Maternity Services. The family must be seen as a "whole" and their needs met accordingly, not addressed in isolation by the two departments and different social workers/care managers. The care needs of the parent need to be assessed and met to prevent children providing care inappropriate to their age and capabilities.

This includes ensuring that the needs of all children with long-term social care needs in the transition from childhood to adults have been assessed and appropriately taken into account by Adults Services. Key aspects include young carers who at 18 will become adult carers and the need for all adult carers' services to retain awareness of child development and welfare issues in general and of child protection matters in particular.

Summary of Identified Needs

Young Carers reported that there was still a lack of suitable services for young people. Overall they felt that once they had accessed services at HITS, they were ok; but that referrals could sometimes be slow. Young Carers said that they felt there was a lack of choice/options for them, within Halton.

Although there are services in place for carers, there were reports at the consultation that lack of general information about available services; still stopped more carers accessing them. Those carers that had accessed the services available were satisfied with them.

- More responsive access into HITS (messages from Young Carers consultation event **2009**)
- Increased choice of activities and Young Carers breaks

Commissioning Intentions 2010/2011

To increase the choice of breaks accessible to young carers and includes the following;

- **Canal Boat Project**; Includes various breaks such as 5 x day residential with watersports, horse riding, picnics etc, a 3 x day canal boat residential for up to 8 young carers and a London 2 x day trip to include theatre trips, and sight seeing.
- **Halton Haven**; Will identify and provide individualised breaks for young carers based on their personal circumstances and may include holidays, theatre and cinema tickets and football matches.
- **HAFS**; To contribute to the development of facilities of the new teenagers room by providing equipment, which includes wide screen T.V, plus P.C. lap tops and games.

SECTION FIVE : PERFORMANCE AND FINANCE

PERFORMANCE ASSESSMENT

Halton Borough Council is currently rated as an 'Excellent' Authority and has a 3 Star Social Services rating and now a more challenging performance framework has been developed which requires councils to evidence a significant range of activities in order to achieve an adequate star rating.

NOTE: Areas where Councils will need evidence of supporting Carers/addressing their needs to even get an "adequate" performance now include:

- Good published information with opportunity to discuss with advisor where necessary
- Advocacy for Carers
- Rehabilitation recognising and supporting Carers needs
- Hospital Discharge processes recognising and supporting Carers needs
- End of Life Care
- Info re maintaining Carers health and well-being
- Inter agency coordination on the ground to support Carers and their families
- Support for families to avoid young Carers undertaking inappropriate care/ missing out on educational opportunities.
- Carers and their families being able to access community transport
- Independence Choice and Control for Carers (as well as service users)
- Carers access to leisure and community facilities
- Carers being involved in the work of voluntary organisations that support Carers
- A range of support services which are sensitive to Carers cultural needs
- A partnership approach to assessment (Carers recognised as expert partners in care)
- Named person to contact re the carers support plan and/or that of the person they look after
- Help to access Carer Direct Payments and Direct payments for the person they look after
- Carers involved in reviews (both their own and the person they look after)
- Sign posting Carers to appropriate services
- Carers enabled to understand their entitlement to service (and the entitlement for the person they look after)
- Carers helped to access work and training
- Working Carers helped to remain in work
- Workers appropriately trained
- Safeguarding Carers as well as service users
- Complaints processes which track outcomes/issues for Carers
- Help with financial information including benefits advice
- Demonstrating carer involvement and influence in our Strategic Planning and Commissioning Strategies

To achieve "performing well", Councils must be able to evidence most or all of the "adequate" characteristics and that:

- Carers are treated as expert partners and their quality of life is supported equally to those they care for.
- Carers report that their health and well-being needs and wishes are carefully taken into account.
- Carers have well-developed support and a greater than average range of options to choose from.
- Social care workers treat carers and families as partners. They have skills and knowledge to do this, even where needs are complex.
- Carers find that care and health workers are skilled in helping families who support people with more complex or intensive needs.
- Organisations led by people who use services and their carers are well supported and their views make a difference.
- Carers have specific opportunity to contribute and influence services.
- Carers have a copy of their support plan with a review date and contact.
- Carers are confident that making a complaint will not prejudice the support they receive.
- Carers can get personal advice about support options, and what the criteria on entitlement means for them.
- Carers have opportunities to combine work with caring. Many local employers recognise their needs and have flexible working conditions.
- Skilled advice helps many carers to maximise income available to them to reduce financial hardship caused by their caring role.
- Support schemes are flexible and help carers to work around individual employment and family needs and preferences
- Carers are provided with training opportunities to promote their skills and knowledge.
- Knowledge of population needs and the views of carers are comprehensive, and up to date.

The World Class Commissioning programme measures the PCT's performance against 3 domains; Outcomes, Competencies and Governance. *"The aim of world class commissioning, and therefore the ultimate test of its success, will be an improvement in health outcomes and a reduction in health inequalities"* Gary Belfield, Director of Commissioning, Department of Health.

NHS Halton & St Helens has recently been assessed for the second time, the result of which is an indication of progress in all three domains and the development of a Commissioning Strategic Plan (CSP) which sets out the case for action to improve health and tackle inequalities as well as the need to deliver effective services.

A key element in the CSP relates to young and adult carers, and outlines that:

- The PCT will ensure that work on the local carers agenda is linked to the work in both local authorities regarding the identification and support of carers to ensure that there is an assessment process to identify their health and emotional well-being needs, and pathways of support to meet their needs.

Work will continue to be progressed on the development of an appropriate Performance Framework to ensure that the Council and the PCT are appropriately positioned to respond effectively to the new performance requirements and this will include the development of an evaluation form. It is planned that the evaluation forms will be much more outcome based and will inform and influence the overall

development of service provision. It is intended to develop a system within the Assessment process; where Carers will be reviewed and the impact of the respite break or service intervention will be recorded. The focus on Carers health and well-being will be a priority and ways in which to reduce stress and maintain good health a clear target.

FINANCIAL ANALYSIS

Carers Grant 2008-2011

The carers grant is paid as part of the Area Based Grant. This is a non-ring fenced general grant. As such local authorities are able to determine locally how best to spend the Grant in order to deliver local and national priorities in their areas

Whilst there are no conditions attached to the Carers' Grant money for 2008/2011, the Care Quality Commission will continue to monitor the provision of services to support carers. The approach to carers set out in the Social Care Concordat 'Putting People First' should be reflected in the development of any services and policies.

As such the grant is currently utilized in the provision of services to carers. Outlined below are the details of planned spend during 2010/11 linked to the commissioning intentions outlined in section 4 of the strategy and identifies the number of carers that will be supported and breaks provided to those carers.

It should be noted that the Carers Grant is currently only available until March 2011 and it is unclear at the moment whether the Grant will continue past this date. It is anticipated that it would be unlikely that carers services could be funded within other resources currently available to the Local Authority. Therefore work will commence during 2010/11 on the development of a funding exit strategy outlining how the Commissioning Strategy could potentially be funded from April 2011; this could potentially look at alternative sources of funding from partner organisations or the redistribution of other funding available to the Local Authority.

2010/2011 Carers Grant Allocation

Allocation for HBC	£687,000
Children Services Allocation (20%)	-£137,400
Total grant available for adult services	£ 549,600

NOTE: It should be noted that when figures are compared between service areas in terms of the numbers of breaks provided and the amount of grant allocated it does appear that in some areas there is some disparity across areas. This is due to the fact that some services/packages provided are more complex than others and therefore additional funds are required. This is kept under review by the Carer LIT Sub Groups, who are required to report on activity in terms of breaks provided/expenditure and outcomes for Carers to the Carers Strategy Group on a regular basis

FINANCIAL TABLES**Agreed Allocations 2010/2011****Specific Services - Proposed Allocation Split**

Older People's Allocation	£205,533
Mental Health	£38,320
ALD	£45,287
PSD	£41,803
Young Carers	£17,418
Drug & Alcohol	£5,000

Generic Services - Proposed Allocation Split

H&C's contribution to the Carers Centre	£118,239**
Emergency Home Based Respite Service	£24,000
Carers Publicity	£8,000
Complimentary Therapies	£17,000
Carers Forum	£9,000
HPIJ (Halton People into Jobs)	£20,000

Mental Health Allocation in 2010/11 = £38,320

Organisation/Team/Service	Description	Amount Allocated 2009/10	No. of Carers	No. of Breaks
MH Team Direct Payments	Individual Direct Payments: Following assessment of need, a direct payment may be offered to meet the need for the carer to take some respite from caring to enable them to continue caring. This offers choice, control, independence and flexibility.	£31,401	120	1050
Support Groups	3 x groups that meet monthly to offer professional support, peer support, service updates/developments, training and social time. One group is available in an evening for carers that are unable to attend day groups due to work or caring commitments.	£2480	40	570 (support groups 40 x 12 = 480)
Art groups	To provide art training, awareness and appreciation for three groups of up to 12 people	£1534	12	216
Training	A programme of training for mental health carers of specialist subjects for example Schizophrenia, Bi Polar, and other severe mental health related topics. 6 x half-day sessions throughout the year.	£2,705	40	240
Halton Manic Depressive Fellowship Group	2 social events provided for carers of people with mental health condition.	£200	10	20
Total		£38,320	242	1956

Adults Learning Disabilities Allocation in 2010/11 = £45,287

Organisation/Team/Service	Description	Amount Allocated	No of Carers	No of Carers Breaks
ALD Direct Payments	Following assessment of need, a direct payment may be offered to meet the need for the carer to take some respite from caring to enable them to continue caring. This offers choice, control, independence and flexibility.	£15,124	170	170
Runcorn and Frodsham District Mencap	Provides a weekly group with numerous activities and events.	£5,400	115	4904
Connect	Provides social activities and a football group	£7,000	60	5000
Halton Adults Learning Difficulties Support	Support group for Carers of people with learning	£2,500	20	240

(HALDS)	difficulties, to include speakers and information giving.			
Active Community Enterprise (ACE)	Offers discos/events on a weekly basis throughout the year.	£5,000	50	2000
Halton Autistic Family Support Group (HAFS)	Monthly meetings; which include social activities Annual group weekend plus various trips and events	£10,263	30	1020
Total		£45,287	275	13,164

Physical and Sensory Disabilities Allocation in 2010/11 = £41,803

Organisation/Team/Service	Description	Amount Allocated	No of Carers	Number of Breaks
PSD Direct Payments	The carers break funding will be used to fund short-term interventions that will reduce the stress of carers and enable them to continue in their caring role. The carers break funding will be provided using a direct payment to provide flexible use of the budget	£26,783	102	784
Halton Parkinson's Disease Group	Regular monthly support groups and one off trips and events throughout the year	£3,000	30	300
Neuromuscular Centre	Offers total support to the Cared For person – which enables the carer to have a respite break. Also provides support and buddying service to the carer; which extends into a bereavement service to the carer if required.	£3,520	12	768
Widnes and Runcorn Cancer Support Group	Provision of carers services and breaks such as counselling, art workshops etc. New groups for 09/10 include a men's Group, Walking group and Tai Chi Classes	£5,000	80	1650
Breathe Easy Group	Carers outings to include cost of travel, refreshments etc.	£1,000	12	36

	Also running costs of BEH monthly support group			
Halton Happy Hearts	Provision of breaks via Light Exercise and Tai Chi classes. Also day trips provided	£2,000	95	2720
Link Group (blind and partially sighted)	Will provide 3 x day trips and events throughout the year.	£500	16	48
Total		£41,803	347	6306

Young Carers Allocation in 2010/11 = £17,418

Organisation/Team/Service	Description	Amount Allocated	No of Carers	No of Breaks
Canal Boat Project	To provide boat trips, cinema visits, healthy eating events and day trips throughout the year.	£10,000	10	1900
Halton Haven Hospice	Cinema & Bowling breaks, a holiday for one family of young carers in the school holidays if possible plus listening sessions with books to help them through the tough times. Funding for a school trip	£1,500	35	100
HAFS – Young Carers	To provide short breaks and activities for young Carers, throughout the year	£5,918	11	253
Total		£17,418	56	2,253

Drug & Alcohol Allocation in 2010/11 = £5,000

Organisation/Team/Service	Description	Amount Allocated	No of Carers	No of Breaks
Ashley House	Ashley House will provide day trips, holistic therapies, cinema tickets and theatre trips. Some of the events will be funded through vouchers; to enable the carer to have more flexibility when they take their breaks within the year.	£5,000	50	240
Total		£5,000	50	240

Older Peoples Allocation in 2010/2011 = £205,533

Organisation/Team/Service	Description	Amount Allocated	No of Carers	No of Breaks
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OPR	Individual Direct Payments: Following assessment of need, a direct payment may be offered to meet the need for the carer to take some respite from caring to enable them to continue caring. This offers choice, control, independence and flexibility.	£50,000	200	1800
OPW	Individual Direct Payments: Following assessment of need, a direct payment may be offered to meet the need for the carer to take some respite from caring to enable them to continue caring. This offers choice, control, independence and flexibility.	£50,000	200`	1800
Lets Go Club	Monthly social events, including transport for those carers who would not be able to attend in other circumstances	£10,500	100	3380
Oakmeadow	Provision of Day care for 13 people (1 day per week). The service aims to provide carers with a break from the caring role, focusing on those carers who care for people with dementia and those carers who provide a substantial amount of care	£13,500	13	676
Halton Zipper Club	Club provides support and social opportunities for people with cardio vascular issues and their carers	£1,200	30	1000
Halton Haven Hospice	Provision of pamper day and social outing for Carers of older people with cancer or a life threatening illness.	£1,500	80	180
Alzheimers Society	Costs involved in providing monthly educational club, luncheon club, activities group social events etc	£30,000	150	824
Caring Hands	Provision of sitting service for those carers who care for people with substantial amount of care. Service incorporates a more flexible service; which may include memory stimulation, domiciliary/personal care, shopping and outings. (See contingency fund application)	£30,000	40	1900
Widnes Fellowship Centre	The centre offers weekly social groups; which includes bingo, darts and	£2,000	15	720

	pool.			
Contingency Fund	Funding to be used during the year if new developments occur or opportunities arise for individuals; with priority being given to additional funds being available to increase Caring Hands service.	£16,833	N/A	N/A
Total		205,533	828	12,280

Generic Services Allocations in 2010/11 = £196,239

Organisation/Team/Service	Description	Amount Allocated 2009/10	No. of Carers	No. of Breaks
HCC	H&C's contribution to the Carers Centre – 2010/11	£118,239**	As per SLA	As per SLA
Emergency Home Based Respite Service	Costs involved in the provision of an in-house home based emergency respite service provided by the Intermediate Care Division	£24,000	N/A	N/A
Carers Publicity	Costs involved in supporting implementation of the Carers Publicity Strategy	£8,000	N/A	N/A
HCC - Complementary Therapy Service	HCC to commission holistic therapies across Halton, utilising College, plus independent therapists to offer a range of treatments to Carers	£17,000	300	1350
HCC - Carers Forum	Running costs 2009/10 – to deliver 4 x forums, mail outs and training sessions for the Carers Reference Group	£9,000	100	300
HPIJ	Employment Service	£20,000	50 – to be supported	N/A
Total		£196,239	450	1650

** Halton & St Helens PCT to contribute an additional £20k and CYP Directorate to contribute £30k to the running of the Centre.

PCT Carers Breaks Funding for 2009/10 and 10/11

Within the government's 10 year National Carers' Strategy published in 2008, one of the key commitments was the announcement that PCTs would receive £50m in 2009/10 and a further £100m in 2010/11 to provide breaks for Carers. This money was given to the PCT as part of the total allocation and we will work in partnership with the council and third sector organisations to support breaks for carers.

As part of the National Carers Strategy the Department of Health (DoH) allocated £150m to PCTs to support carers breaks in 2009/10 and 2010/11. Halton and St Helens PCT have ensured that these funds are utilised to support Carers and have ring fenced funds during 2009/10 and 2010/11. Halton and St Helens PCT transferred relevant funds to the Carers Centre so they could manage the process of behalf of the PCT and as such during 2009/10: -

262 Carers were awarded funding = **£104,700.00**

175 Medium awards funded @ **£300.00** each and **87** High awards funded @ **£600.00** each.

2009/10	£134K for Carers Breaks
2010/11	£268K for Carers Breaks

SECTION SIX : IMPLEMENTING THE STRATEGY

INTRODUCTION

The strategic priorities and commissioning intentions outlined within this Joint Strategy will be closely monitored throughout the life of the Strategy via the Groups outlined in Section Three of this Strategy.

However, work will also take place to ensure that there is an appropriate infrastructure in place to implement the new strategy along with the development of an appropriate performance framework based on the action plan.

We will ensure that all carers services provided by the voluntary and statutory services are supported to set and deliver will set their individual targets on an annual basis and monitoring and performance feedback from those services will be provided on a quarterly basis through the Carers Strategy Group.

The feedback will include;

- Number of carers provided with a break
- Number of breaks provided
- The disability of the cared for person/connected team
- Age of carer
- Ethnicity of carer
- Number of assessments offered
- Outcomes for Carers

There is a particular emphasis on measurable outcomes for carers and this Strategy will demonstrate that Halton is in line with the best performing local authorities based on the national performance indicators.

There will be an annual review of carer services; which will include a Carer Consultation event and will contribute to the commissioning of future services and developments.


Carers will be encouraged to contribute their thoughts, opinions and experiences of carer services within Halton by joining Halton Carers Forum, Local Implementation Team (Sub groups for carers), Carers Reference groups and LINKs, as well as steering groups and Service Development groups. It is essential that carers are involved in the development of services and monitor the performance and progress of those services.


JOINT COMMISSIONING STRATEGY ACTION PLAN



The Action Plan demonstrates how we will work towards the outcomes mentioned throughout the strategy. The National Carers Strategy has influenced the performance measures and local identified need. We have listed review dates and lead officers who will be responsible for/contribute to driving the aims forward and reporting on the outcomes.


Past records have demonstrated that we have exceeded targets/aims in certain areas; in particular we exceeded the number of assessments that were carried out in 2008/09. With this in mind, we will be pro-active in looking for opportunities to build upon our progress and update the action plan accordingly on an ongoing basis.



ACTION PLAN FOR 2009 – 2012
(For Period Covering 2010 – 2011 - To be reviewed annually)




*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
1. Improved Health & Emotional Wellbeing							
1.1 	Carer Assessments	To provide assessments for carers; a) Halton Carers Centre (low threshold self assessments) b) Halton Borough Council c) Consideration to be given to FACS criteria in light of the Self Directed Support project	Increase numbers of carers that access an assessment and lead to provision of service/information or advice to ensure that their needs are being met.	<ul style="list-style-type: none"> A life of their own Income and Employment Health and Wellbeing 	Halton Carers Centre Manager Divisional Manager (Personalisation) Carers Assessors Carers Assessment Group	Ongoing – Review in July 2010	There has been a noticeable increase in the number of referrals for Carers Assessments to the Older Peoples Services in Halton. These Referrals have in the main been for new carers who have previously had no support.
1.2	Department of Health	Partnership Bid to be to establish clear	Increase numbers of carers accessing	<ul style="list-style-type: none"> Health and Wellbeing 	PCT Commissioning	Ongoing – Review from	There has been a

*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
	Demonstrator Site Pilot Project	referral pathways and protocols for carers. To raise profile of carers issues and establish a more seamless service across Halton and St Helens	community based services and therefore reducing the deterioration of carer's health/conditions by providing information and services at an earlier stage.		Manager (People and Communities) Lead Officer – People and Communities Halton Carers Centre Manager	July 2010 – Nov 2010	significant increase in the numbers of referrals of carers to Halton Carers Centre as a result of the Demonstrator site project




*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
1.3 	Complementary Therapy Service	Commission Halton Carers Centre to provide holistic therapies and pamper sessions, and trips	250 carers having access for up to 1000 breaks in period 2009/10, leading to an improvement in health and wellbeing. 300 carers will have access for up to 1350 breaks in period 2010/2011	<ul style="list-style-type: none"> Health and Wellbeing A life of their Own 	Halton Carers Centre Manager	Ongoing – Review quarterly	Halton Carers Centre have exceeded targets for 2009/2010 and have been successful in gaining extra funding in order to increase numbers of breaks for additional carers
1.4 	Promote Carer Issues	<p>Distribute information through; newsletters, leaflets websites and face-to-face meetings.</p> <p>Exploring alternative sources of promotions other than print; this was as a result of carers feedback during the annual consultation event in 2009 and from members of Halton Carers Reference Group and Forum.</p>	Increase the numbers of previously hidden carers into services, resulting in more Carers within Halton, having increased knowledge about available services and their rights.	<ul style="list-style-type: none"> A life of their own Income and Employment Health and Wellbeing 	Carer Development Officer (in conjunction with all agencies and providers funded by the carer's grant and organisations including; Primary Care Trust and Halton Borough Council)	Ongoing – Review in August 2010	<p>Voluntary Sector, Halton Carers Centre and Halton and St Helens NHS have worked together to promote Carers Week and Carers Rights Day.</p> <p>All current and future Carers events will involve these organisations plus other relevant voluntary and statutory services to be invited as appropriate.</p>



*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
							<p>Halton Carers Centre have distributed – 15,000 for period 2009/2011 newsletters to Carers.</p> <p>Halton Borough Council have printed and distributed 5,000 copies of the Carers Quick Guide. For period covering 2009/2010.</p> <p>Increased use of internet, via the Councils website.</p>
1.5 	Ensure that Halton & St Helens fully consider the needs of carers with the Development of Local Dementia Strategy	To provide clear direction of travel in relation to specialist services for people with dementia and their carers	Support the implementation of objective 7 from the National Dementia Strategy (see National Context – page 7)	<ul style="list-style-type: none"> Health and Wellbeing 	Joint Older People's Commissioning Manager	Ongoing – Review August 2010	The focus will be on maintaining the provision of peer support groups for the Carers of people with dementia. There are also plans to commission Dementia Care


*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
							Advisors who will support the needs of people with dementia and their Carers from the moment of diagnosis
2. Improved Quality of Life							
2.1 	Carer Participation	Increase involvement on groups: - a) LIT Sub Groups b) Carers Reference Group c) Carers Forum d) Personalisation Development Group	Commissioned services which meet the needs of the carer; and in which they monitor and evaluate throughout the year therefore increasing the Carers voice and influence within service development	<ul style="list-style-type: none"> Integrated and personalised services 	Chairs of LIT Sub groups Halton Carers Centre Manager Divisional Manager (Personalisation)	Ongoing – Review November 2010	Carers have continued to influence the development of new or existing services and to oversee the performance of currently commissioned services.
2.2 	Direct Payments	Assessors to offer and promote direct payments to those carers that wish to have more choice and flexibility in accessing services.	Increased choice and control for carers, ensuring that Carers have access to services, which offers more flexibility when Carers need it.	<ul style="list-style-type: none"> Integrated and Personalised services A Life of their own Health and Wellbeing 	Carers Assessors Direct Payments Team	Ongoing – Review in November 2010	655 direct payments have been issued from 1 st April 2009 to 31 st March 2010.
2.3	Increased services for Young Carers	Halton Borough Council monitor the newly commissioned services suitable for	Young carers needs being met through increased flexibility and responsive	<ul style="list-style-type: none"> A Life of Their Own Integrated and Personalised 	Young Carers Development Manager	Ongoing – Review September 2010	Young Carers have been involved in Building Common



*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
		young carers during the next carer's consultation	services and which Carers have already influenced the commissioning of.	Services			Ground workshops and the annual carers consultation, in order to continue to feedback and influence the types of services that the Local Authority commissions for young carers.
2.4 	Housing Support	Halton Borough Council to continue to include consideration for carers within their Housing Policy	Consideration being given to carers wishing to apply for housing	<ul style="list-style-type: none"> Integrated and Personalised services 	Housing Strategy Manager	Ongoing – Review in July 2010	During Period 2009 – 2010 no Carers where re-housed as a result of their caring status
2.5 	Emergency Respite for Carers Service and Review	Opportunity to register for the Emergency Respite for Carers to those individuals where it is assessed as appropriate - Accessible through a Social Services Assessment for Carers.	Contingency plans for carers in case of an emergency reduce stress and anxiety	<ul style="list-style-type: none"> A Life of Their Own Health and Wellbeing 	Divisional Manager (Intermediate Care) Carers Development Officer	Review – November 2010	As at February 2010 there were over 100 Carers registered with the Emergency Respite for Carers Service
2.6	Lifeline	Available for carers and the cared for – where it has been	Reduce stress and anxiety	<ul style="list-style-type: none"> A Life of Their Own Health and 	Divisional Manager (Intermediate	Review - October 2010	As at the end of March 2010 there was an average of


*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
		assessed as appropriate		Wellbeing	Care)		1700 people accessing Lifeline; this includes the use of Telecare. The number of registered service users fluctuates but the average overall total remains steady.
2.7 	GP Enhanced Service for Carers	<p>a) Available to carers within Halton - offers identification and a more flexible approach to carers needing to access primary care services.</p> <p>b) An annual audit to take place, which includes individuals from HBC, PCT and carers; to ensure that system is meeting the needs of carers and can shape future developments.</p>	Increase carer's health and well-being and encourage carers to maintain their own health and to reduce long-term negative effects on carers.	<ul style="list-style-type: none"> A Life of Their Own Health and Wellbeing 	PCT Commissioning Manager (Community)	Review – August 2010	266 carers have been identified and registered with Halton Carers Centre since Oct 2009 a large number of which have come from the Primary Care referrals.
2.8	Carers Breaks	To provide a range of breaks for Carers within Halton	To improve the quality of their lives by providing "time out" for Carers to	<ul style="list-style-type: none"> A Life of Their Own Health and Wellbeing 	All agencies in receipt of Carers Grant funds	Review – quarterly – Next due date August	Numbers of carers breaks have exceeded targets set in


*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
			focus on themselves and their own needs.			2010	period 2009/2010 The number of new voluntary sector providers now receiving funding from the Carers Grant has been increased from 2009/2010 following on from carers feedback
2.9 	Leisure Cards	Halton Carers Centre to continue to issue Leisure Cards to carers who have registered with the Centre	To improve the quality of life to Carers within Halton and to offer the Carers chance to access flexible breaks when they most need them.	<ul style="list-style-type: none"> A Life of Their Own Health and Wellbeing 	Halton Carers Centre Manager	Review - quarterly	138 Leisure Cards issued to carers during 2009/2010.
2.10 	Develop a strategic approach to the distribution of Carer Information	Produce up to date Publicity Strategy 2009/12	To ensure that carers receive information and publicity to inform them about roles, responsibilities and expectations within their carer status, to indicate national and local developments and to outline services available within the borough for carers,	<ul style="list-style-type: none"> Leadership 	Carers Development Officer	Review – September 2010	Publicity Strategy now reflects needs of carers within Halton and the way in which it is delivered has been influenced through Carer feedback gained from LIT Sub groups (carers) and the Annual Carers

*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
			better informing them about how they can influence and develop services within Halton.				Consultation event.
3. Making a Positive Contribution							
3.1 	Defining a Carer	Review the definition and evaluate impact on fairer distribution of carers breaks	Carers having increased access to carer services. Carer services supporting the transition of change for carers	<ul style="list-style-type: none"> A Life of Their Own 	Carer Development Officer	November 2010	An increased number of carers are now having access to carer breaks
3.2 	Carers' Day	To co-ordinate events and promote carers within Halton	Increase numbers of carers registering and accessing services within Halton	<ul style="list-style-type: none"> A Life of Their Own Income and Employment 	Carers Development Officer	December 2010	Attending various events operated by Carer Services and other organisations. These have included participating in local radio interviews. Previous 2009 events included promoting Carers Rights Day at Halton Community Radio and participating

*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
							at Disability Awareness Day at Walton Hall Gardens.
3.3 	Carers' Week	To co-ordinate events for carers and promote carer issues.	Increase numbers of carers registering and accessing services within Halton	<ul style="list-style-type: none"> • A Life of Their Own • Health and Wellbeing 	Carers Development Officer, Halton Carers Centre Manager	June 2010	<p>In conjunction with Halton Carers Centre provided daily events within Halton. Carer Services have used Widnes Library to launch event and Runcorn Market.</p> <p>2009 Carers Centre provided services from Widnes Market, Halton Lea Shopping Centre and meals to carers in Runcorn and Widnes Extensive promotion provided by HBC publicity team via</p>



*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
							Runcorn and Widnes World and Weekly News. 2009 Carers Development Officer interviewed by Wire FM. Provided carer information outreach with carers centre at local school during parents evening
3.4 	Annual Carers Consultation Event	To set up an annual carers consultation.	a) To shape and develop services for carers and to review current services for carers. b) To increase numbers of carers that attended previous events	<ul style="list-style-type: none"> • Integrated and Personalised Services • Health and Wellbeing • A life of Their Own • Income and Employment • Young Carers 	Policy Officer – People and Communities	January 2010	An increased number of carers and providers attended the January 2010 Annual Carers event in comparison to the February 2009 event.
3.5 	Promotional events and services	All partnership agencies to provide awareness raising presentations to raise the profile of carer's	Improved services for carers by ensuring that staff understand the role of a Carer and the challenges	<ul style="list-style-type: none"> • Integrated and Personalised Services • Health and Wellbeing 	Carers Development Officer (in conjunction with all agencies)	Plan 2011 event by October 2010	17 statutory and voluntary sector organisations have participated in carer related



*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
		issues gathered through carer consultation events and feedback forms.	that Carers face therefore being able to be more responsive and receptive to Carers needs, when they access services.	<ul style="list-style-type: none"> • A life of Their Own • Income and Employment • Young Carers 			<p>events during 2009/2010</p> <p>There has been an increased number of providers that have participated in carer events; Carers have particularly said that they prefer face to face information</p>
<p>3.6</p> 	Halton Carer Reference Group and Carers Forum	<p>a) Carer involvement in the shaping and monitoring of carer services</p> <p>b) Participation in national survey</p>	Services that will meet the needs of carers and enable services to be developed with a more transparent approach, therefore meeting the requests from Carers and ensuring a more equitable partnership within the development of those services.	<ul style="list-style-type: none"> • Integrated and Personalised Services • Health and Wellbeing • A life of Their Own • Income and Employment • Young Carers 	Halton Carers Centre Manager	Review – November 2010	<p>Forum = 132 carers attended this includes: Parents =16</p> <p>All carers registered with Halton Carers Centre receive a newsletter which enables them to be updated with the latest information and stay in touch with carer developments.</p>


*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
							<p>Carers Reference Group = 13 carers are members of this group and regularly attend. this includes: 1 x Parent carer</p> <p>Survey sent out to 1,300 carers in registered with the Centre November 2009 251 surveys were returned (19.4%)</p>
3.7 	Continue to target "Hidden Carers"	<p>a) Briefing sessions for staff teams across Halton.</p> <p>b) Continue to raise profile of Young Carers through Development of LIT Sub Group for YC and Continue presence in Other LIT Sub groups.</p> <p>c) Develop presentation</p>	Increase numbers of Carers accessing services and therefore offer more Carers within Halton to receive the support and information that they need in order to maintain a life of their own and their health and wellbeing, as much as possible.	<ul style="list-style-type: none"> • Personalised Services • Health and Wellbeing • A life of Their Own • Income and Employment • Young Carers 	Chair of Assessment Group and Sub LITS (Carers) for Local Authority, Carers Lead for Halton and St Helens NHS, Manager of Halton Carers Centre and Carers Service Providers.	Review - December 2010	Carer information to continue to be updated on the Councils public access website. HITS Young Carers' Service has been de-commissioned. Young Carer's assessors (x2 f/t post equivalents) now based within the Local Authority; children and families directorate.



*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
		<p>to be delivered in schools and colleges in conjunction with other partnership agencies.</p> <p>d) Provide presentations to GP's, during their protected learning time.</p> <p>e) Re-establish Equal Opportunities Sub Group for Carers</p> <p>f) PCT to continue to commission Building Common Ground workshops</p>					<p>Assessors based in Children Centres and will take responsibility for lead on CAF+ young carers' assessments and initiating team around the child (TAC) meeting that will develop support plan to meet identified needs. Support plan to be reviewed and outcomes monitored over short, medium and longer term. Including following individual case studies to monitor services effectiveness. New service to be promoted via; HBC information channels, partnership meetings, website,</p>



*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
							<p>newsletters, emails etc. Presentations to healthy schools partnership in June 2010, assist schools in identifying Young Carer's as a priority for enhanced HS status. 15 GP surgeries have had carer awareness training, which has resulted in an increase in carer awareness and referrals to Halton Carers Centre. Halton Carers Centre is currently working with schools and will link in with Children and Young Peoples workers once new service established</p>



*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
4. Freedom from Discrimination & Harassment							
4.1 	Religion, Culture and Ethnicity data collation can inform development of carer services (Ashley House, Halton Carers Centre – already collect this information)	All agencies and organisations to collect carer data	Carers from religious cultural, ethnic and/or minority community groups can receive services more suited to meet their needs – resulting in increased inclusion. Increase the numbers of people from BME communities accessing services	<ul style="list-style-type: none"> • Integrated and Personalised Services • A Life of Their Own • Health and Wellbeing 	All Agencies LIT Sub Groups (for Carers)	Review quarterly – via LIT Sub groups (for Carers)	Numbers of BME carers are collected on the Carers Grant monitoring forms
4.2 	Lesbian, Gay, Bisexual or Transsexual (LGBT) Carers	To carry out a consultation event (attend LGBT group) Primarily within Halton but otherwise consult group out of area if unable to contact Halton association	Increase numbers of LGBT carers registering for a service, and therefore being able to offer them the support and information that they need in order to continue in their caring role and to maintain their own health and wellbeing.	<ul style="list-style-type: none"> • Integrated and Personalised Services • A Life of Their Own • Health and Wellbeing 	Carer Development Officer	Review quarterly – via LIT Sub groups (for Carers)	Scoping exercise completed October 2009 around LGBT carers, as a result of exercise ; HBC has part funded a specific online helpline for LGBT carers to access support if required (NW Carers Leads Network are co-funders)



*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
5. Economic Well Being							
5.1 	Opportunities to enter Training or Employment	Job Centre plus will be delivering a new government initiative, encouraging and supporting those carers that wish to return to work/training; to be given the opportunity to do so. Job Centre Plus will be working in partnership with Riverside College to deliver a 12 x week course for People with Substance misuse problems and carers that wish to return to work or gain training.	Carers having increased choice to improve their economic status and/or skills and knowledge base, contributing to increased choice about their own lives.	<ul style="list-style-type: none"> Income and Employment A Life of Their Own 	Job Centre Plus	Review - September 2010	The DAT is currently seeking agreement with JCP for an Advisor to be based at Ashley House once a week. Carers would have access to this on site service
5.2 	Halton People into Jobs (HPIJ)	Halton People into Jobs, to provide training and support to carers wanting to return to work or to access training which will enable them to increase their potential to acquire	Carers having increased choice to improve their economic status and/or skills and knowledge base in order to secure employment if they so wish	<ul style="list-style-type: none"> Income and Employment A Life of Their Own 	HPIJ	Review - quarterly	Have continued to provide employment information advice and support to carers = 40 carers received support in 2009/2010. Targets has been

*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
		work					stretched to 50 Carers for period 2010/2011
5.3 	Training to Staff and Other Professionals	Training to delivered by Carer Development Officer, Halton Borough Council and Halton Carers Centre staff in partnership to other professionals	Improve partnership working and communication between teams in order to provide a more seamless service for Carers, and to ensure that Carers receive a more supportive and efficient response from service providers.	<ul style="list-style-type: none"> Integrated and personalised services 	Carer Development Officer Halton Carer Centre Manager	December - 2010	<p>Carers Centre via GP Link worker has given presentations to 15 surgeries across Halton to GP,s, practice managers, general staff. Carer Centre staff link in with other organisations to share good practice.</p> <p>During 2009/2010 the Carer Development Officer teamed up with Halton Carers Centre staff and completed carer awareness raising presentations to all Direct Link staff.</p> <p>Call centre staff</p>

*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
							will be targeted during 2010/2011
5.4 	Bridge Building Service; delivers services which help people to integrate into the community	To help carers and the cared for person access practical help and support which includes; <ul style="list-style-type: none"> Supporting people in transition from children to adult services Working with Cavendish School and Kingsway College Working in Partnership with Riverside College to increase more opportunities for supported education 	Increase confidence of Carers and improve potential to increase economic well being. Enabling and supporting people to access education, where they would not usually do so. Encouraging Carers to engage in volunteering – where appropriate.	<ul style="list-style-type: none"> A Life of their Own Integrated and Personalised Services Health and Wellbeing 	Principal Manager (Bridge Building Service)	Review – September 2010	Between April 2009 – March 2010 11 Carers accessed Bridge Builders; as a result 5 have secured placements in voluntary placements. It has been reported that there is an increased drive to encourage service users and Carers into voluntary work, where it is appropriate.
5.5 	Halton Carers Centre	Provides a signposting and information service for carers who wish to find out more about their rights about benefits and support.	Increase numbers of carers accessing benefits and increasing economic wellbeing.	<ul style="list-style-type: none"> A Life of Their Own Integrated and Personalised Services. Health and Wellbeing Income and 	Halton Carers Centre Manager	Review - quarterly	Halton Carers Centre have organised a number of carers forum events to inform carers about benefits and financial

*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
				Employment			support.
5.6 	Caring with Confidence	Provides training about the knowledge and essential skills required as a carer	To increase carers confidence about their caring skills and knowledge, in a safe and supportive learning environment.	<ul style="list-style-type: none"> Health and Wellbeing Income and Employment A Life of their Own 	Halton Carers Centre Manager	July 2010	Caring with Confidence outcomes include; 4 x courses of 7 weeks = 28 sessions 215 x attendances
5.7 	Halton Welfare Benefits Team	Can provide advice and information about carer's financial positions	Increase numbers of carers who are informed about financial implications and more informed about making changes.	<ul style="list-style-type: none"> Income and Employment 	Welfare Benefits Manager	December 2010	The welfare benefits team confirm that they do not specifically record the numbers of Carers seen. However they do record financial gains. In 2009 , the Welfare Rights Service gained £2,418,141 (£2.4m) in disability benefits for clients, and £66,544 specifically in carers benefits. It is acknowledged that sometimes carers are better off not claiming Carers Allowance

*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
							and are assisted by the welfare benefits team to claim other entitlements; such that the figure does not represent the overall assistance given to Carers
5.8 	Flexible Working for Halton Borough Council Employees	Halton Borough Council continue to offer flexible working conditions, policies and practices for employees who have caring responsibilities.	Reduced stress in working conditions for HBC staff that have caring responsibilities, therefore helping them to maintain better health and wellbeing and to support their caring status where possible.	<ul style="list-style-type: none"> • A life of Their Own • Integrated and Personalised Services • Income and Employment • Health and Wellbeing 	HBC's Flexible Working Group, Carer Development Officer	Review – September 2010	During 2009/2010 Halton Borough Council developed and promoted "flexible working" publicity documents and information on staff Intranet. Staff within the Halton Borough Council are currently being offered health checks by local health team
5.9 	Increase support resources for Parents with Disabled Children	Establish Support Group for Parents with Disabled Children	To increase information support and networking for parents with disabled children.	<ul style="list-style-type: none"> • A life of their own 	Halton Carers Centre Manager	Review; July 2010, November 2010 and March 2011	Between April 2009 to March 2010, 123 , parents with disabled children registered with

*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale	Progress
							Halton Carers Centre
6. Commissioning and Use of Resources							
6.1 	Develop Exit Strategy	Set up a task group, to develop an exit strategy for alternative resources	To ensure that Carer services continue to be funded through alternative funds – if the Carers grant ceases in 2010	<ul style="list-style-type: none"> Commissioning and the use of resources 	Halton Carers Centre Manager, Lead Policy Officer (HBC) , Chair of Carers Strategy Group	By December 2010	Carers Centre Manager is currently applying for alternative funding streams and has a series of meetings planned over 2010 with Local Authority and the PCT.
6.2 	To Develop Performance Framework	Set up task group to develop a new performance framework, to reflect the new personal budget changes	To put into place a more robust performance framework in order to monitor and shape and inform the new changes	<ul style="list-style-type: none"> Commissioning and the use of resources 	Chair of Carers Strategy Group	By December 2010	

- Where possible, linkages have been made with the current Adult Social Care Outcomes
- Please note that the Action Plan will be reviewed and refreshed annually and that the deadlines, targets and priorities may change according to National or Local directives and through identified need as a result of the annual Carers' Consultation events.

REFERENCES

1. A Community Strategy for a Sustainable Halton: 2006 – 2011
2. Halton Borough Council's 'It's all Happening in Halton' The Corporate Plan: 2006 – 2011
3. Parenting Support Strategy 2007-2010
3. The State of the Borough in Halton Report – 2008
4. Local Area Agreement 2008
5. Joint Strategic Needs Assessment (Health & Wellbeing) 2008
6. Young Carers - Is the harm still hidden? Best, Witton, Homayoun, Manning and Day – 2007
7. Children and Young Peoples Plan April 2009 – March 2011
8. NHS Halton and St Helens Primary Care Trust Plan
9. The Adults and Community Directorate Business Plan 2010 - 2013

GLOSSARY OF TERMS

NHS National Health Service

PCT Primary Care Trust

GP General Practitioner

CSCI Commission for Social Care Inspection

IMD Index of multiple Deprivation

SOA's Super Output Areas

LIT Local Implementation Teams

FACS Fair Access to Care

HAFS Halton Autistic Family Support

LGBT Lesbian, Gay, Bisexual and Transgender

HITS Hope Inclusion, Time, Success

DAA Drug and Alcohol service

AMH Adult Mental Health team

DP Direct Payments

APPENDIX 1

The Carers (Recognition and Services) Act 1995

The Carers (Recognition and Services) Act 1995 was implemented in April 1995. Under this legislation:

- All carers of any age are given the right to request their own carers assessment
- The carers assessment looks at the ways in which the carer can be supported in their caring role
- The information from the carers assessment can be used to increase the services to the cared for person

The Carers and Disabled Children's Act 2000

The Carers and Disabled Children's Act 2000 was introduced in April 2001. Under this legislation:

- Unpaid carers over the age of 16 years who are caring for an adult have the right to request a separate assessment of their own needs. A carer may request his or her own carers assessment, even when the person they care for refuses their own assessment or support services
- People with parental responsibility for disabled children may also request a carers assessment
- Children's views are taken into account with the provision of service
- Local authorities have the power to provide services directly to carers to help maintain their health and safety and support them in their caring role
- Services to carers may be provided in a variety of ways, such as Direct Payments to carers

The Children's Act (1989)

This law states that the child's safety and wellbeing are the most important things and stresses the importance of helping families who are in need. Children in need are those that may not have the opportunities to achieve or develop fully without help from carers or support services.

The Carers Equal Opportunities Act 2004

This Act became law from 1st April 2005. The law has numerous positive effects for carers in Halton. It means that carers will:

- Be told about their rights to their own carers assessment
- Have their wishes to remain in, or return to work and education, taken into account when decisions are made about support given to the person they care for
- Have better information about opportunities for work, education, training and leisure
- Benefit from more emphasis on joint working between statutory services such as Halton Social Services, the NHS Halton and St Helens and 5 Boroughs Partnership NHS Trust
- Carers will have equal access to services, advice and information and support regardless of gender, age, race, disability, religious beliefs and sexual orientation.

Benefits of the legislation include:

- More carers being able to continue in work or study whilst caring

- Increase the employability of carers who wish to return to work or study
- More opportunities for carers to have access to education, training and leisure services and lead to a more fulfilled life

Living well with Dementia: A National Dementia Strategy (Feb. 2009)

The aim of the Strategy is to ensure that significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care. The strategy identifies 17 key objectives which, when implemented, largely at a local level, should result in significant improvements in the quality of services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia.

Objective 7: of the Dementia Strategy identifies that family carers are the most important resource available for people with dementia. Active work is needed to ensure that the provisions of the Carers' strategy are available for carers of people with dementia. This will include good quality, personalised breaks. Action should also be taken to strengthen support for children who are in caring roles, ensuring that their particular needs as children are protected.

The Mental Capacity Act (2005)

The Mental Capacity Act applies to all individuals in England and Wales who are aged 16 and above and who lack capacity to make decisions. Hence everyone directly involved in the care of such individuals or employed in health and social care will be subject to the Act.

An individual demonstrably lacking capacity will need someone (often their carer) to make decisions on their behalf. The more important the decision the greater the likelihood that more people will be involved. An assessment must be made for each decision.

If an individual is shown to lack capacity then those acting on their behalf must do so in the 'best interests' of the person. It is important to ensure that 'best interests' actually represents the person's true wishes. Carers are often best placed to provide such information.

The NHS and Community Care Act (1990)

Means councils must involve families and carers when making plans for helping vulnerable people in the community

Quality Standards

The King's Fund, after extensive consultation with voluntary organisations, statutory bodies, social service departments and health authorities, published **Quality Standards for Local Carer Support Services** in 2002. There are five quality standards, which include:

- Information
- Providing a break
- Emotional support
- Support that helps carers to care and maintain their own health
- Having a voice

White Paper: Our Health, Our Care, Our Say

The White Paper, published in January 2006, sets out the reforms intended to develop modern and convenient health and social care services. The White Paper acknowledges the vital role carers play. They provide a valued preventative service and it is imperative they and their families receive good quality, flexible and tailored support services in order to work and live their lives.

Appendix 2

Defining a Carer in Halton

A former carer within Halton can access carer's breaks and training from the Halton Carers' Centre for up to 12 months after they cease to be a carer through either bereavement or change of circumstances where the 'Cared For' person moves:

- into either a nursing home
- 24 hour residential setting
- their own tenancy
- a supported tenancy

Where the 'Cared For' person has gone into a residential setting or a nursing home, the Carer would have to demonstrate that they are continuing to provide care to the person which is in addition to the usual family relationship that they may have, i.e. they would need to be included in a Care Plan in order to continue to be recognised as a Carer and access carer breaks and training from the Halton Carers' Centre.

ELIGIBILITY CRITERIA FOR ASSESSMENT OF CARERS OF ADULTS

When a referral is received, the following indicators should be used to determine whether or not a person should be assessed for community care services:

(a) The person should be:

- Aged 18 or over and Ordinarily Resident in Halton (subject to the relevant guidance – LAC 97/3)

and

- Have a learning disability, or
- Have a physical (including sensory) disability, illness, or injury, or
- Have a mental health problem, or
- Misuse drugs / alcohol or
- Are an older person and experiencing physical or mental frailty

and

- Appear, due to the problems and issues they face, to be eligible for the provision of Community Care Services (i.e. they appear to come within needs category 1 to 3).

(b) Or

- The person is a carer who provides regular and substantial care for a person who may be eligible for a Community Care Assessment

(c) Or

- The person may have a right to an assessment under the Disabled Persons (Services, Consultation and Representation) Act 1986.

Assessments should be prioritised in line with the priorities set out below. For people in the community, an initial assessment should be completed within three weeks of allocation. The exception to this is for people in a short stay acute hospital, where all assessments should be started within two working days of receipt of the referral and the initial assessment completed within 3 days of the hospital identifying the service user being fit for discharge. The time scales for allocation are for guidance only, and are the maximum time that should elapse. Judgement must be exercised as to the priority for allocation, particularly in Priority Group 2, where timely allocation could prevent a situation from deteriorating.

Priority 1 - Critical/ substantial: (assessment begun as soon as possible, but within 24 hours of receipt of the referral) e.g. the person appears:

- To be at, or pose, a risk of serious harm.
- There has been an allegation, disclosure or concern about adult abuse.

- To be neglecting their own care, so putting themselves at significant risk of harm.
- To require urgent intervention to prevent the imminent breakdown of their care arrangements that would put them at serious risk
- To have deteriorated from a previously stable state that puts them at significant risk of harm.
- Assessment under the Mental Health Act 1983
- Provision of an appropriate adult under the Police and Criminal Evidence Act.

Priority 2 - Moderate: (Begin initial assessment within 48 hours of receipt of the referral (refer to allocations policy)): e.g. the person appears:

- To have care needs which have significantly increased
- To be self-funding in a care home/ care home (nursing) who has fallen below the financial threshold. People must not be excluded from an assessment just because they are self-funding. They are still entitled to an assessment and signposting to available services.
- To have significant unmet care and support needs in relation to maintaining their independence
- To need assistance in the near future due to deteriorating circumstances or possible carer breakdown

Priority 3 - Low (Begin initial assessment within 48 hours of receipt of the referral (refer to allocations policy)): e.g. the person appears:

- To need to plan their long term care needs due to the frailty of their current carer
- To need intermittent support for themselves or their carer
- To be socially isolated

Not eligible for assessment: e.g. the person appears:

- To be able to access preventative services to overcome the issues and problems they face
- To be in a stable situation
- People who fall into this category should be offered appropriate information and support to enable the person to obtain preventative services
- It is important to stress that screening people out does not happen

ELIGIBILITY CRITERIA FOR ASSESSMENT OF CHILDREN WITH DISABILITIES**1.0 Eligibility for Assessment**

1.1 Children with disabilities are defined as those children and young people aged 0 – 18 years whose daily lives are substantially affected by one or more of the following:

- A hearing impairment
- A visual impairment
- A learning disability
- A physical disability
- A chronic/life threatening physical illness
- A communication disorder (including autism)
- A consciousness disorder (e.g. epilepsy)

1.2 Substantial impairment is defined as lasting more than 6 months.

PRACTICE GUIDANCE

The needs of children and families will vary along many dimensions:

- For some children, their impairments will be apparent from birth or before; for others the impairments will develop or become apparent only gradually
- An increasing proportion of children will have complex and multiple disabilities requiring coordinated interventions with the child and family from several professionals
- Some children can have high expectations of future development if appropriate support is available. For other children the prognosis may be one of increasing difficulty and reduced life expectancy
- For some families, their need for support will focus on the provision of practical services and ideas to assist their child. For other families, their greatest need may be for emotional support.

1.3 Children with disabilities who are substantially affected as described in 1.1 are entitled to an assessment of their needs.

1.4 Children and young people may be additionally disabled because of other factors such as their environment, other people's attitudes, financial limitations and social exclusion but these factors alone do not confer any entitlement to assessment.

2.0 Eligibility for Services

2.1 Services for children with disabilities may be accessed from universal services or from community based organisations either directly through a common assessment completed using the **Common Assessment Framework** or following an initial assessment, should they or their carers request one.

2.2 Halton's Short Breaks service has been established to enable disabled children and young people to access positive social and leisure experiences within the community and with their peers. This also enables their carers to have a short break from their caring responsibilities.

- 2.3 Halton is working towards an entitlement model that enables all disabled children and young people to be able to access community based social and leisure activities. Universal services should be able to meet the needs of those children and young people who require little or no additional support and are expected to make reasonable adjustments to enable them to access services as required under DDA.
- 2.4 Those disabled children and young people who are assessed as requiring additional support in order to access activities can request this from the Short Breaks programme and will receive support to complete the Short Breaks Support Allocation Document to identify the level of support that the child requires in order to access a short break activity.
- 2.5 The support offered will range from signposting and information for those identified as having low level support needs to brokerage, staff training and support within inclusive services, through to access to specialist services and individual support for those children and young people with complex needs. (See Pathway)
- 2.6 Each child will have an individual support plan that will be completed after discussion between the child, their family and other relevant parties to consider what services would most likely meet the needs of the child and family as identified within the individual assessment.
- 2.7 Within **Halton's Multi Agency Child in Need Strategy** the Children with Disabilities Team provides services for children with more complex needs and substantial impairment at Level 3b of **Halton's Planning Model**.
- 2.8 The Children with Disabilities Team therefore provides services for:
- Children/young people with severe learning difficulties
 - Children/young people with multiple or severe disability
 - Children/young people with a life limiting illness
 - Children/young people with complex physical disability
- 2.9 Rigid eligibility criteria for assessment and provision of services through the Children with Disabilities Team are not set because the unique combination of the child's disability, the circumstances of their home life and the wider context of their social environment means that each referral must be assessed on its merits.
- 2.10 However there are some factors that are recognised as placing additional stresses on families and it is expected that, for provision to be appropriate some or all of the following factors would be present in the family requesting a service.
- **Family breakdown**, either imminent or likely in the future, which is due to the additional stresses caused by bringing up a child with a disability, which would be eased by the provision of a service.
 - **Challenging behaviour** from a child with a disability beyond that which it would be reasonable to expect from a young person of that age.
 - **Complex medical needs** requiring a significant level of care beyond that which it would be reasonable to expect when looking after a young person of that age.
 - **Single carer**, particularly if there are other children in the household.
 - **Poverty**, poor or inadequate housing and/or neighbourhood difficulties.
 - **No** or a limited **extended family network**.
 - **Social exclusion** because young person's ability to have a new experience and/or to have acquaintances outside the professional arena is limited.
 - Opportunities for a young person to gain skills and experience to **support independence** appropriate to their ability are not available.

- **Discrimination** due to disability.
- 2.11 Access to services is determined by an assessment which considers the above factors by looking at the needs of the child, the strengths and needs of the parents/carers and how looking after the child impacts on their lives, the environment within which the child is living and how safe and suitable that is, and the support networks for the child and the family. Ref: **Referral, Assessment and Planning**
- 2.12 The decision on the provision of services and the allocation of resources is made on the basis of this assessment.
- 2.13 It is recognised that the needs of the child will change and it will be necessary to re-assess the situation and update the plan accordingly.

REPORT TO: Health Halton Policy & Performance Board

DATE: 9th November 2010

REPORTING OFFICER: Strategic Director, Adults & Community Directorate

SUBJECT: Halton & St Helens Social Services Emergency Duty Team Review

WARDS: All

1.0 PURPOSE OF THE REPORT

1.1 To update the Board on the performance and delivery of the Emergency Duty Team (EDT) service across St Helens and Halton Councils, for the period September 2009 to September 2010.

2.0 RECOMMENDATION: That the Board:-

1) **Note and comment on the report**

3.0 SUPPORTING INFORMATION

3.1 Following approval by both St Helens and Halton Executive Boards, a joint Emergency Duty Team became operational in October 2007 under a three year Partnership Arrangement. The EDT provides an emergency social care service for adults and children who are deemed vulnerable and are at immediate risk or require immediate statutory support. The EDT is based in Halton Borough Council's Contact Centre at Catalyst House, Widnes. The team will be moving to Halton Borough Council's Municipal Buildings, Widnes in March/April 2011. The EDT operates outside of normal working hours. Under the terms of the Partnership Agreement, all staff are directly employed by St Helens Council, whilst all infrastructure for the service is supplied by Halton Borough Council.

3.2 The budget for 2010/11 for the service is £424,072 which comprises of the following contributions:-

- Halton Borough Council £210,786
- St Helens Borough Council £210,786
- St Helens Homeless Service £ 10,500
- Halton Homeless Service £ 10,500

3.4 Governance and Partnership Agreement

- 3.4.1 Before the EDT service was established, a Steering Group was set up consisting of senior officers from both Councils, to drive forward all developments, and a full Partnership Agreement was developed. At the point that the new service began, the Steering Group became the Partnership Board.
- 3.4.2 The Partnership Board continues to meet regularly in line with the Partnership Agreement, with responsibility for chairing the board being shared between Senior Officers from both Councils on an annual rota. The Board reviews management information, the budget, the service delivered, areas for development and any issues that impact on the service. A Performance Management Framework has also been developed and the Board considers statistical information at each meeting. This framework builds on statistical information to give a fuller picture of the effectiveness of the service and identifies gaps and trends in service provision. The Partnership Board are pleased with how well the arrangement is working.
- 3.4.3 An Operational Group which reports to the Partnership Board is now well established and is working efficiently. The Group ensures that all systems and procedures for the delivery of the EDT are fit for purpose and develops clear and effective governance, quality standards and reporting arrangements on the delivery of the service. Again, the role of chairing this Group has been shared across Service/Divisional Managers from both Councils, mirroring the arrangement for the Partnership Board.

3.5 Service Delivery

- 3.5.1 It is important to note that the data presented to the Partnership Board can only provide a flavour of the activity that is undertaken. Statistical data regarding numbers of referrals in any area does not fully reflect the workload for the team. For example, one mental health assessment or one child protection investigation can take many hours, but will be recorded as one referral. Similarly several phone calls for advice can be completed in a short time, but each will be recorded as a single referral.
- 3.5.2 Detailed data collection has improved tremendously during the past 12 months. This has enabled the Team to identify fluctuations in workload and activity to be able to target resources more effectively. The information now collected is more robust and informative of EDT activity. Tables showing examples of statistical data for referrals, together with full explanation of figures, from the commencement of the service in October 2007 until September 2010, are attached at **Appendix 1**.
The data shows that this critical emergency service is well used and that the need has increased, in particular children's, adult and appropriate adult services. Overall referrals for July 2008 to June 2009 were 4049, this figure increase to 4716 for the same period in 2009/2010. In addition, new data has been recorded for the past 12 months; there were 118 referrals for homeless and 219 for missing from care. This makes the overall referrals for 2009/2010 in total 5053.

3.6 Key Operational Issues

- 3.6.1 **Staffing:** the staffing establishment is outlined in paragraph 3.2 and fulfils the basic requirements of the service. Over the last 12 months the team have been operating on a 5 person rota, and consideration is currently being given to reverting back to the original establishment of 6 Full Time Social Work staff, all of whom will be appropriate Mental Health Practitioners.

All of this can be accommodated within the allocated budget. However, the Partnership Board are aware that if there are any long term sickness issues it will put pressure on the existing budget.

- 3.6.2 **IT systems and procedures:** there has been continual co-operation between the IT services of both Councils and this is to be applauded, but the need for an ICT strategy for the service remains. The ideal solution would be for a single system covering both Authorities, but this would be both complex and financially prohibitive.

Halton Borough Council will be starting to use CareFirst 6 and therefore the EDT services will need continued IT support to ensure the transition is successful.

- 3.6.3 **Location:** the team is based at the Contact Centre in Widnes and this has worked well. It has had a number of benefits and has been instrumental in being able to present the team as a professional and identifiable team within both Boroughs. As part of the move to the Municipal Building, it has been agreed that the EDT remain situated together with Halton Contact Centre staff to maintain the successful relationship.

- 3.6.4 **Publicity and information:** The Team have developed an information leaflet that is circulated, both internally and externally, in both Councils and information regarding the service is on both the Intranet and Internet.

3.7 Learning Points

- 3.7.1 **General:** there have been many benefits from the implementation of this partnership arrangement, and also many learning points that can and should be shared both for this service specifically, and for partnerships of this nature in general. These are summarised in the following paragraphs:-

- **IT issues:** The complexities of the IT issues are still an ongoing challenge and it is clear that the complexities were underestimated. Each authority has chosen to move in different directions in the delivery of the integrated IT solutions; currently the EDT is expected to operate 8 different systems.

However, although this continues to be one of the main areas of development there have been improvements made which wouldn't have been possible without the dedicated support of the business analysts and IT sections of both Halton and St Helens Borough Councils.

- **Staffing:** the specification for six staff was very tight, especially for this service. EDT staff must be very experienced, flexible, and trained in both children and adult areas of social work. There are few experienced staff that are qualified to deal with both service areas. As the service continues to become more specialised, the ability to recruit to this staff group may become more difficult. The Partnership Board will need to consider future staffing arrangements/requirements and how this might impact on the development of the partnership.

The EDT now has 5 Approved Mental Health Practitioners, which ensures positive service delivery. Administration Support is now full time and is essential to the efficient running of the service.

- **Budget:** the initial budget only provided for staffing costs, without any additional allocation for such things as training, printing and contingencies. It became quickly clear that this would require very careful monitoring, but it was a positive feature that the nature of the partnership arrangement meant that the concerns could be shared effectively across the two Councils. It is however essential to ensure that the budget in any partnership arrangement is fit for purpose.

Out of a potentially difficult situation some creative arrangements have been put in place, and the service has been able to agree some new income for the service. There has been additional finance from children's services in both Councils for Section 17 Children in Need support. Additional finance has also been secured for the Homeless service provided to both councils. However, this funding will need to be reviewed for 2011/12. On the basis of this, consideration is being given to further income generation for other out of hours services provided.

- **Cultural differences:** one of the issues the team and the Board have had to manage has been the cultural differences between and within the two Councils. Decision making arrangements have been similar in many respects, but on occasions differences have needed to be managed and respected.

Operationally, there were some initial concerns that staff used to working in one Borough would be operating in unknown geographical territory, and practical support and time to get to know the Boroughs were provided in the early days. This has not proved to be as problematic as first envisaged and other staff that might have to work outside can learn from this. Thresholds for work have sometimes been different but this has also been helpful, as services have learned from each other. This has undoubtedly been helpful to staff and beneficial to service users.

- **Sharing of good practice:** this has been successful in terms of the Partnership. There has been mutual respect and support at all times between the two Councils. The sharing of practice, procedures, advice and support has extended to daytime services and this has certainly been made easier as a result of the Partnership arrangements.

- **Service Delivery:** overall, the view from staff in both Councils who refer into the team on behalf of service users is that the crucial EDT service provides a professional service that is valued by them and by service users.
- **Data collection:** before the service was established, a significant amount of data was collected from existing services, in order to be able to predict future demand. The design and structure of the EDT service was built upon this. Some of this data has proved flawed – for example, the expected rate of calls into the Contact Centre – and this imposed some initial strains on the service. However this has been managed through both the Partnership Board and the Operational Group, and the service has continued to operate successfully. The importance of accurate and detailed information for a project such as this cannot be underestimated.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 OTHER IMPLICATIONS

5.1 Financial

The current service is relatively inexpensive in that it provides cover out of hours, 365 days a year including bank holidays. The alternative arrangements would be to revert to previous arrangements for EDT, which were expensive; the current arrangements meant there has been a saving for each Council. Each council has different arrangements for funding EDT, but together there is a 50:50 split in respect of the overall budget of £424,072.

5.2 Human Resources

The staff are employed by St Helens Council.

5.3 Land and Property

The office accommodation is provided by Halton Council.

5.4 Legal Implications

The service enables both Councils to meet their legal requirements.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

6.1.1 The Council has a duty to investigate an allegation of abuse involving child/ren and to assess service provision for a Child in Need in crisis situations only where the welfare of a child/ren is compromised. This includes

unaccompanied asylum seeking children. EDT provides this essential service out of hours.

6.2 Employment, Learning and Skills in Halton

None.

6.3 A Healthy Halton

6.3.1 EDT staff will respond to critical emergency situations where the individual may need an assessment under the Mental Health Act 1983. Assess, using the NHS and Community Care Act and the commissioning of services, to support vulnerable adults in crisis situations.

6.4 A Safer Halton

6.4.1 EDT staff will assist asylum seekers who have families or single people under the age of 18. Assist with Policy and Criminal Evidence Act in the absence of another Appropriate Adult for Halton and St Helens resident juveniles aged under 18 due to be interviewed by the Police.

6.4.2 EDT also arrange for the safety of an individual's property/pets.

6.5 Halton's Urban Renewal

None.

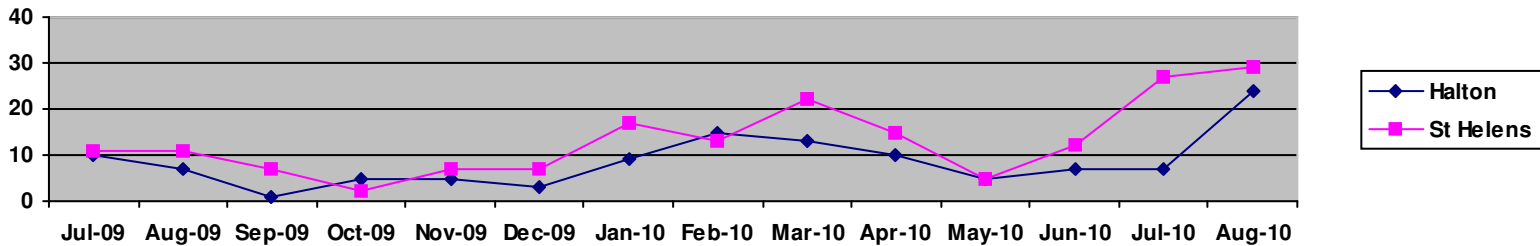
7.0 RISK ANALYSIS

7.1 Risk to Service Users – The service provides an emergency service to the most vulnerable people in both Boroughs. The service can only provide emergency cover but without the service some people would be at high risk. It is therefore not an option for either Council not to have in place an arrangement for out of hours social work provision.

8.0 EQUALITY AND DIVERSITY ISSUES

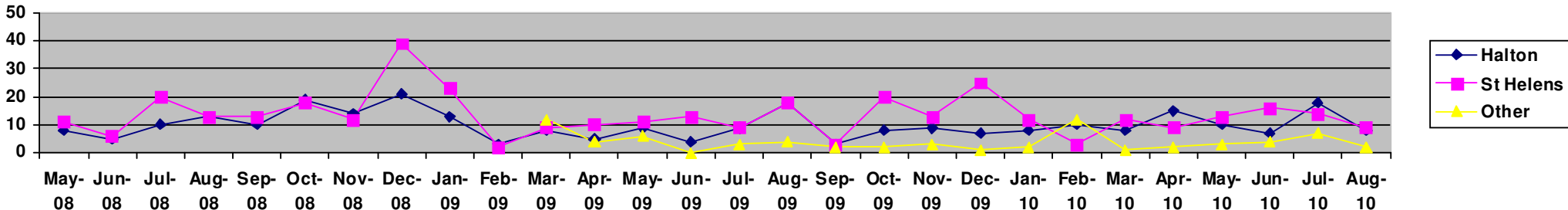
8.1 This team provides emergency services to all residents of Halton and St Helens.

Missing from care



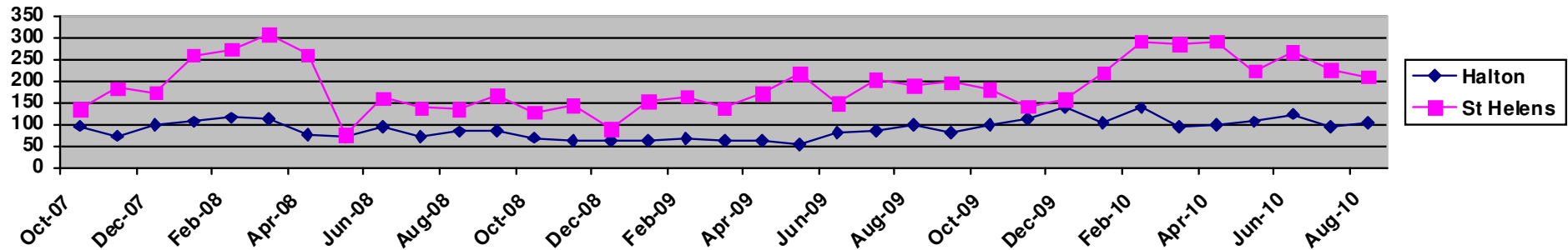
- Above Chart shows additional calls for missing from care. Sometimes several calls are received for one subject but recorded once in a summary on a form sent to daytime services.

NFA



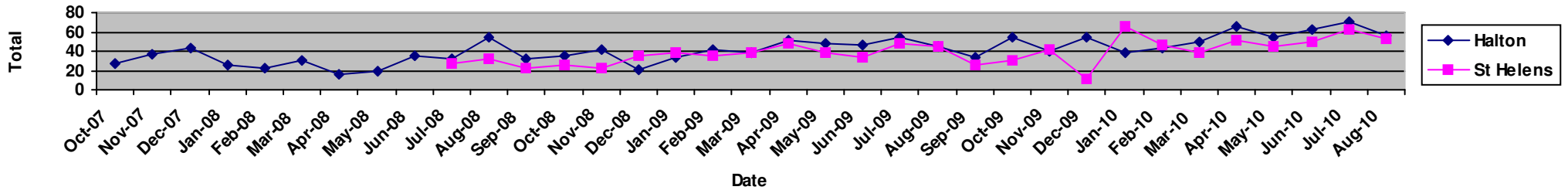
- The No Further Action (NFA) figures show the decision made by the E.D.T. worker not to forward the information to daytime services. There are strict criteria used on which to base this decision making. The figures are reasonably low as most information is forwarded to daytime services.

Children's figures



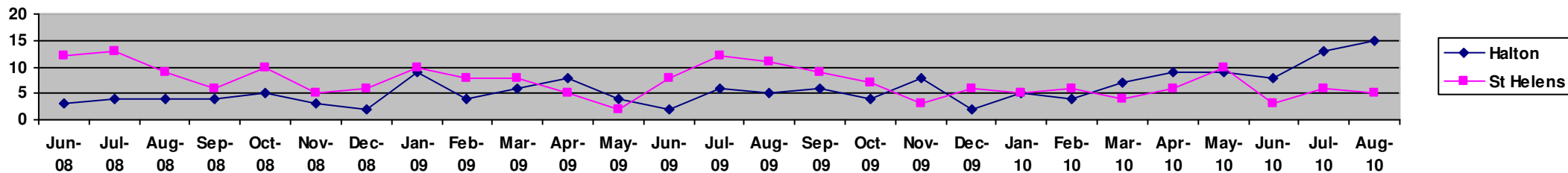
- There were 223 contacts recorded in May relating to 139 children and young people. Majority (over 70%) were on open cases with many coming from residential establishments, which suggests that the vast majority of children's statistics are missing from care issues. There is currently some development work being undertaken to possibly manage this work differently. This could extend the contact centre advisors role to screen the lower threshold work away from the EDT. Therefore reducing the amount of pressure in respect of the amount of assessments needing to be undertaken by the EDT. Further training with Contact Centre advisors will be taking place as part of the current development work. This should ensure that the work dealt with by the EDT meets the specific threshold criteria for this team. There has been a consistent trend demonstrating that St Helens has continued to generate a larger amount of contacts for children and their families than has Halton.

Adult figures



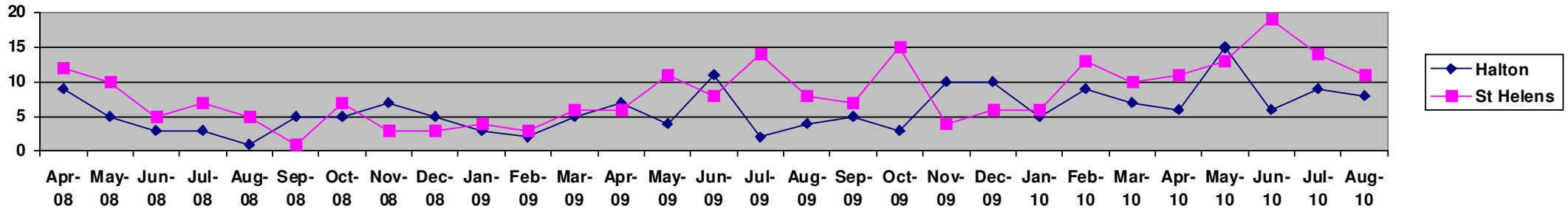
- Since the last report in September 2009 it has been possible to effectively capture more data in order to compare the work from both authorities.
- The Adult figures for St Helens have increased as originally ESAP could not be reported on and the figures didn't show the work EDT completed for ESAP – All adult calls together are reported in the same way for both authorities and a breakdown of MH/Safeguarding and MHA is also shown separately
- This shows the discrepancy of numbers as St Helens is a much larger authority and yet still has consistently less contacts than Halton. There are some thoughts currently that the figures are impacted upon by the differences in the operation of the 2 Crisis Teams across both boroughs. Risk management seems to vary greatly across both services, this then impact on requests for MH Act assessments. More research is being undertaken to further clarify this issue.

MHA figures



- The above table shows the figures for Mental Health Act (MCA) only which are incorporated in the adult figures shown previously. As previously stated this shows the discrepancy of numbers as St Helens is a much larger authority and yet has consistently less contacts. There are some thoughts currently that the figures are impacted upon by the differences in the operation of the 2 Crisis Teams across both boroughs. Risk management seems to vary greatly across both services, this then impact on requests for MH Act assessments. More research is being undertaken to further clarify this issue. Issues around particular practices in case managed in daytime services have on the whole been addressed which has had a positive impact on the amount of contacts received by the EDT.

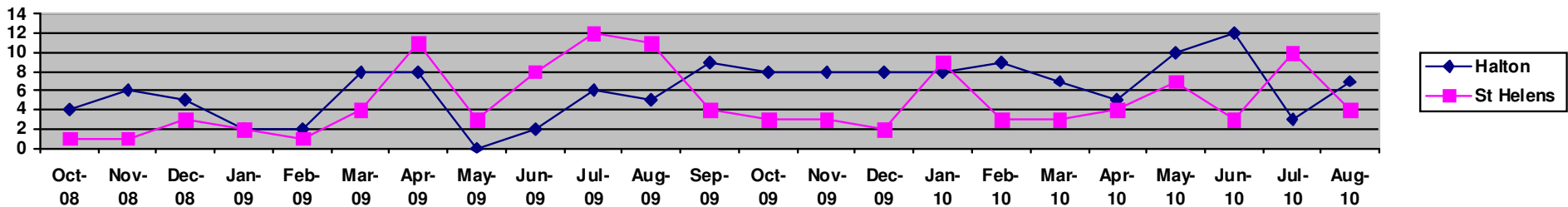
AA - PACE figures



Police and Criminal Evidence Act Referrals (P.A.C.E)

- Under P.A.C.E there is a duty to provide an appropriate adult in particular circumstances for a child/young person or vulnerable adult who is in police custody. The figures are broken down to show requests for an Appropriate Adult (AA) for both adults and children across both authorities. Overall St Helens does appear to generate more requests in this area particularly for young people. This could be explained by the population size, the figures do continue to remain relatively low. However each request takes a number of hours to complete. This has been monitored and reported on and shows that this work still impacts on other aspects of service delivery but has become more manageable over the last twelve months.

Homeless figures



- Over the time period reported on above, the numbers of homeless people referred are consistently greater in Halton than St Helens. The numbers continue to remain relatively small. It is felt that the discrepancy in numbers is impacted upon by people presenting to Halton Direct Link One Stop Shops which remain open until 1pm on Saturdays.

REPORT TO: Health Policy and Performance Board
DATE: 9th November 2010.
REPORTING OFFICER: Strategic Director, Adults and Community
SUBJECT: Integrated Hospital Discharge Teams.

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to inform the PPB of the outcomes of the project to develop and implement Integrated Hospital Discharge Teams across both Warrington and Whiston Acute Trusts.

2.0 RECOMMENDATION

RECOMMENDED: That

- i. The Board note and comment on the report.**

3.0 SUPPORTING INFORMATION

3.1 Most people spend a very short period of their lives in hospital; their discharge follows a fairly predictable pattern and they usually return home. For those people already in the care system, or for those who will need ongoing support when they leave hospital, discharge process should ensure continuity of the right care in the right place first time.

Achieving safe and timely discharge from hospital is a complex activity. The pressure to discharge or transfer patients and release beds, together with a trend towards shorter lengths of stay, means there is less time for assessment and discharge or transfer planning.

Effective discharge and transfer planning is essential as:

1. Premature discharge can leave the patient:

- ✚ With some unmet needs
- ✚ Poorly prepared for home
- ✚ At risk of readmission
- ✚ Using inappropriate or more costly social care services (such as intensive home care or residential care)

2. A protracted length of stay increases the risk of:

- ✚ Infection
- ✚ Depression/low mood
- ✚ Boredom

- ✚ Frustration
- ✚ Loss of independence/confidence
- ✚ NHS resources being used inappropriately

3.2 It has been recognised Nationally that the current process and system in relation to hospital discharges is an area that should be explored and improved across the whole system.

3.3 A couple of areas of concern have been highlighted in relation to the safe and timely discharge of patients from both of our acute hospitals, therefore a project group was established, in 2009, across the wider partnership, including Halton Council, Warrington & Halton Hospitals NHS Foundation Trust (“WHHFT”), Whiston Hospital, NHS Halton & St Helens, NHS Warrington, St Helens Council and Warrington Council, Knowsley Council and Knowsley PCT.

3.4 This group, were asked to review the current systems and processes in relation to Hospital discharges with the overall aim of identifying ways to ensure safe, timely and high quality discharges of patients with complex needs, whilst reducing average length of stay, excess bed days, re-admissions within 28 days and discharges direct to long term care.

4.0 **KEY ISSUES**

4.1 Work carried out by the project team suggests that the current process is:

Complex

The existing system for supported discharge is highly complicated. Numerous teams and individuals can be involved in the process. Ward staff have to deal with very different systems across the different Boroughs. As length of stay reduces and throughput increases, it becomes increasingly challenging for ward staff to navigate the discharge process in a timely manner.

Reactive

The current discharge system is inherently reactive since it relies on the “push” of bed pressures. Discharge planning within the hospital may not become prioritised until the hospital comes under capacity pressure.

Sequential Social Care becomes involved usually after the patient becomes medically fit, which again builds in delays in the system.

Duplication and Hand offs

There is significant duplication in the system. A number of teams are involved in the identification and tracking of supported discharge patients. There are a significant number of handoffs between teams

to achieve even straightforward discharges.

Performance

- 4.2 Social care performance, Halton have not had any delays from hospital attributable solely to Social Care for a number of years.

WHHFT performs fairly well on average length of stay, being within the best 25% of NHS trusts in the North West, however an analysis of relative performance on readmissions shows that WHHFT are in the top worst 10% performers in England.

Whiston Hospital length of stay performance is slightly better than the NHS North West average; in addition analysis of relative performance on readmissions within 28 days is consistently high.

Readmissions can be used as an indicator of the quality of discharges from Hospital.

5.0 **RECOMENDATIONS**

- 5.1 The proposal from the project group is that an Integrated Discharge Team is developed in each Hospital. The team will consist of employees from each of the partners organisations; Warrington and Whiston Hospitals, NHS Halton and St Helens, St Helens Council, Knowsley Council, Knowsley PCT, Warrington Council, Warrington PCT and Halton Council.

This team will operate as a single point of referral for all patients within the Hospital, irrespective of which Borough they are resident in, the persons discharge will then be planned irrespective of whether this is a health or social care discharge.

The integrated team will comprise of discharge workers, discharge team specialists and support staff, all working under a senior team manager. Staff would be drawn in from both Health and Social Care (within existing resources) to create a multidisciplinary team. The Staff within the existing teams will be integrated to form this single team, however they will not be requested to change employers, instead an management agreement will be drawn up and signed off by all the partners.

The key benefits of this approach would be:

- ✚ Only one team will be coordinating and “tracking” patients within the hospital, whereas currently there is duplication between teams. Allocation of resources to this team will be based on assessment of workload for each Borough.
- ✚ There will be earlier engagement with patients and families to better manage need and expectations, therefore reducing

delays.

- ✚ More effective use of resources, with reductions in length of stay realising efficiencies, reduction in admissions to long term care, more effective use of staff resources with a potential for cashable efficiencies (to be determined).

The new structure and streamlined processes will bring significant benefits in increasing efficiency, reducing delays, improving the patient experience, introducing a consistent approach and changing the culture to one of joint ownership and strong partnership working.

4.0 **POLICY IMPLICATIONS**

- 4.1 The proposed development of Integrated Hospital Discharge Teams are consistent with the health economy objectives to improve quality, productivity and prevention using whole system solutions and promoting person centred approaches.

In line with the new white paper efficient use of resources is promoted by the integration of services across Health and Social Care.

5.0 **FINANCIAL/RESOURCE IMPLICATIONS**

- 5.1 Any costs associated with the implementation of the integrated Discharge Teams will be met within existing resources.

There will be potential for efficiency savings across the system, these will be identified within the implementation process.

6.0 **RISKS IDENTIFIED**

- 6.1 Governance, contractual and funding arrangements will be identified as part of the overall implementation of the team, and overseen by the project board.

7.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

7.1 **Children and Young People in Halton**

None identified.

7.2 **Employment Learning and Skills**

None identified

7.3 **A Healthy Halton**

The development of Integrated Hospital Discharge teams will impact positively on the Health of the population, by ensuring effective and

appropriate discharge support following a hospital admission.

7.4 **A Safer Halton**

The Integrated Teams will ensure Safe timely and supported discharge from hospital.

7.5 **Halton's Urban Renewal**

None identified.

REPORT TO: Health Policy & Performance Board

DATE: 9th November 2010

REPORTING OFFICER: Strategic Director Adults & Community

SUBJECT: Customer Care end of year report for
Adult Social Care.
Comments, Compliments and Complaints
1 April 2009 – 31 March 2010

WARDS: All

1.0 PURPOSE OF THE REPORT

1.1 To report and provide an analysis on complaints processed under the statutory Social Services Complaints Procedure for Adults during 2009/10.

2.0 RECOMMENDATION:

(1) That the report be accepted

3.0 SUPPORTING INFORMATION

Context

3.1 The aims of the Social Care complaints procedures is that people have their complaints resolved swiftly, and wherever possible by the people who provide the service.

3.2 New Complaint Process for 2009/10

From 1 April 2009 a new Department of Health complaints process was introduced for dealing with complaints within both Health and Social Care services.

3.2.1 Emphasis is placed on getting the response to a complaint right first time by; understanding the complaint, selecting the most appropriate method of investigation and response, setting out a plan of how to respond to the complaint and keeping the complainant informed throughout.

3.2.2 The new complaint process is working well and under the new system there has been a reduction in the number of complaints moving to formal independent investigations from 5 down to 3.

3.2.3 The greater emphasis on “management” as opposed to administration of the complaints process has also led to positive findings and complimentary comments from the Ombudsman’s office about cases subsequently referred to them.

3.2.4 The new procedures replaced the old process that had 3 separate stages:

- Stage 1 early resolution with initial informal investigation
- Stage 2 formal investigation
- Stage 3 Review Panel – examination and re-evaluation of the Stage 2 investigation where the complainant remains dissatisfied.

3.3 New Complaint Procedures for 2009/10

3.3.1 The new complaints process effectively removed the old Stage 3 Review Panel stage, although procedures are flexible enough to use whatever is most appropriate for individual cases.

3.3.2 The initial aim is always to resolve the problem as quickly as possible (within a timescale agreed with the complainant). Other ways of resolving the complaint, for example through mediation where appropriate, is considered.

3.3.3 Mediation has been employed as a successful alternative to the more formal investigation (as in Stage 2 of the old procedures), although these are still used where appropriate.

3.3.4 If people remain unhappy with the response to their complaint they retain the right for it to be referred to the Ombudsman.

3.4.0 Complaints Closed in the year

3.4.1 The table below shows the number of complaints closed over previous years. 46 statutory complaints were closed during 2009/10. This is 9 fewer complaints than last year.

ITEM	2006/07	2007/08	2008/09	2009/10
No of Stage 1 complaints closed	63	68	55	46
% of complaints completed within 20 days	65%	76%	73%	80%
Complaints proceeding to formal investigation (Stage 2 Independent Investigation)	2	0	5	3
Complaints proceeding to Stage 3 (Review Board)	1	1	1	No longer applicable
Ombudsman Enquiries	0	1	2	2

3.50 Complaints, Comments and Compliments – Using data to improving the process

3.5.1 Analysis of the complaints and comments we receive enables us to reflect on the lessons that can be learned, and to inform the development of services we provide and commission.

3.5.2 Comments, compliments and complaints provide essential information to help shape and develop services. They complement the wide range of consultation exercises that the Directorate undertakes (including postal and telephone surveys, open forums, consultation days, participation in service developments and representation of users and carers on strategic boards).

3.5.3 During the last year, the following improvements have been made to help improve complaint handling:

- the complaints database has been expanded and improved to make it easier to monitor, analyse and produce reports on complaints for adult social care.
- Quarterly reports are issued to each Divisional Manager to allow them to have an overview of the number and kind of complaints their services are receiving.
- Partnership working with colleagues in local health trusts in the development of joint complaint handling protocols.

3.60 What have we learned from complaints and changed as a result?

3.61 Whilst complaints have resulted in changes for individuals, collectively we can use this information to help us improve the services we provide or commission. Examples of improvements made as a result of complaints in the last year include:

- Agreement to pay forms have been introduced to help people to understand that there will be a charge for the services they receive and how those charges will be assessed.
- Changes in various policies and procedures to prompt appropriate action and information sharing with service users and their families such as:
 - Operational staff have been made aware of the importance of clearly explaining the charging policy for adult social care services to service users and their families, to prevent confusion about charging policy. This will also be covered at induction for all new staff.
 - Appointments monitored and system in place for notifying clients of unavoidable visit cancellations.

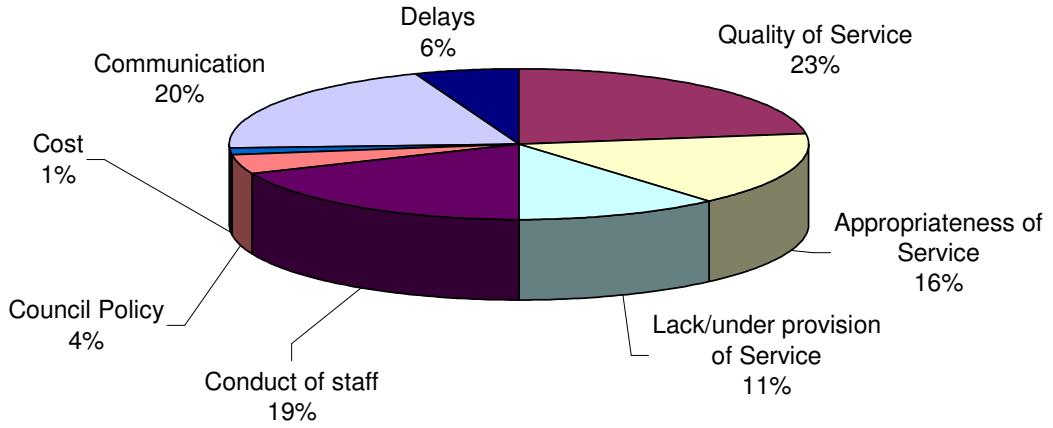
- New procedures have been agreed with colleagues in Health to improve the process around discharge from hospital and prevent unnecessary delays.
- A comments book has been introduced at the restaurant at Dorset Gardens to enable people to offer their thoughts and suggestions about the food served.
- Close cooperation between the Contracts Team and Operational Teams to resolve complaints concerning independent providers that have been commissioned to provide care services.
- Complaints have helped to the creation of an integrated Halton Home Improvement & Independent Living Services. The team's partnership working with local Registered Social Landlords has been strengthened, to fund disability adaptations to properties. A register of suitably adapted properties has been created to help matched vacant properties to the needs of people who require them. Additionally, an Adaptation Liaison Officer has been appointed to improve communications with Registered Social Landlords to minimise delays and keep people informed of progress against planned timescales.

3.70 Types of Complaint

3.7.1 The graph at 3.7.2 shows the reason for complaint broken down into category for the period 1 April 09 – 31 March 10.

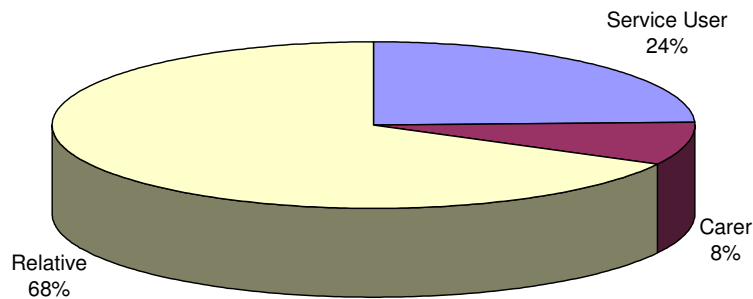
3.7.2 Reason for complaint by type

**Categories of Complaints
2009/10**



3.80 Category of people making complaints

**Category of Complainant
2009/10**

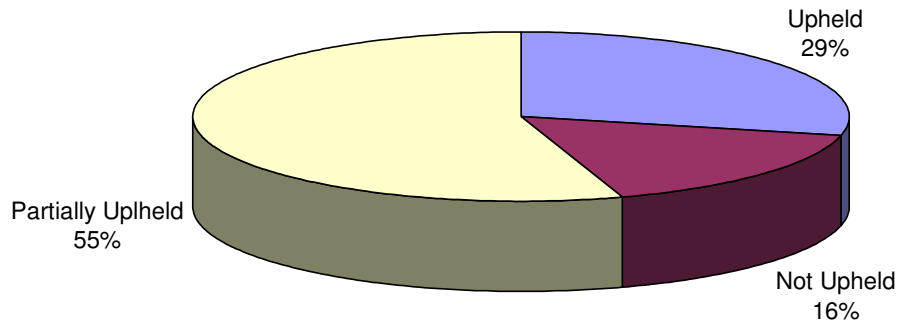


3.8.1 The high proportion of complaints being initiated by a relative or representative can be attributed to the vulnerability of individuals who access adult social care services.

3.90 Outcome of Complaints

3.9.1 The following graph gives an indication of the outcome of the investigation of complaints for the period 1 April 09 – 31 March 10.

**Outcome of Complaints
2009/10**

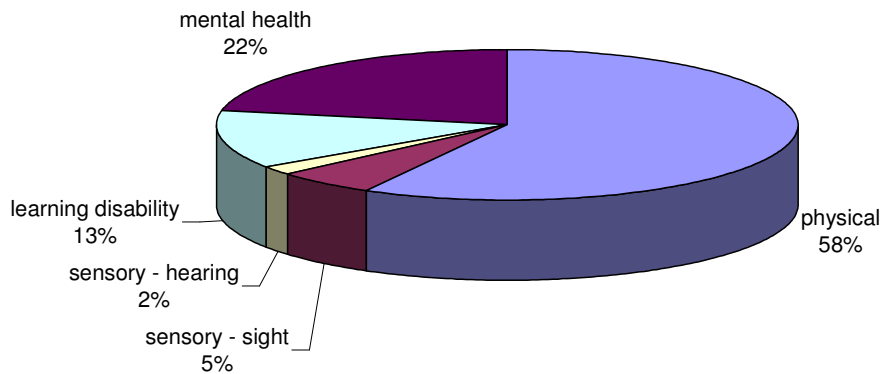


3.10 Monitoring Diversity

3.10.1 The graphs below give an indication of the data that is now being recorded and monitored by disability, age and gender for trend analysis:

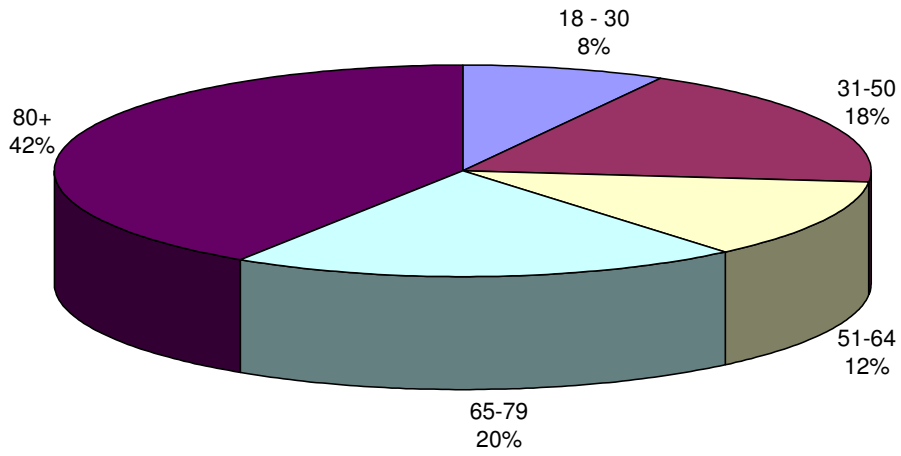
3.10.2 People with Disabilities accessing the complaints process

**People with disabilities accessing the complaints process
2009/10**



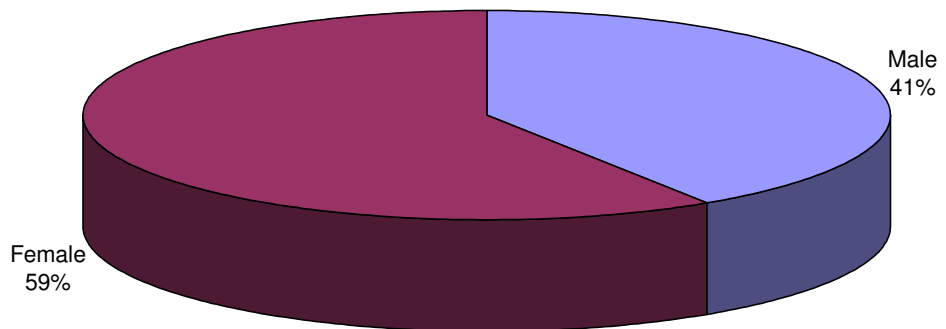
3.10.3 Age profile of Complainants

Age profile of complainants
2009/10



3.10.4 Gender of Complainants

Gender of Complainants
2009/10



3.10.5 Ethnicity

All complainants were white British.

3.11 COMPLIMENTS

A total of **98** compliments were recorded between 1 April 2008 and 31 March 2009 for Health and Community Directorate. This is 10 more than last year. It is encouraging to note that the number of compliments received exceeded the number of complaints (46).

4.0 POLICY IMPLICATIONS

Complaints, comments and compliments provide essential information and inform the development of Halton Borough Council services and policies.

5.0 OTHER IMPLICATIONS

5.1 Improvement and quality assessment agendas increasingly consider the robustness of Complaints procedures and how they are demonstrably used to inform and drive change.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton** – Adult Social Care has a close relationship with Children and Young Peoples social care services, particularly to support young people during transition from Children and Young Peoples services to Adult Social Services and we will continue to work closely with each other on relevant complaint issues.

6.2 **Employment, Learning and Skills in Halton** – social care aims are often closely associated with these, to improve people's life chances and to be as independent as possible.

6.3 **A Healthy Halton** – another core aim in social care is to prevent or delay reliance on institutional care, enabling people to be as independent as possible.

6.4 **A Safer Halton** – adult social care has a close relationship with protection procedures for the vulnerable adults, the frail etc.

6.5 **Halton's Urban Renewal** – many social care initiatives surround housing issues, enabling people to live as independently as possible in their community.

7.0 RISK ANALYSIS

7.1 A weak complaints process will fail individuals who want to use it and the organisation from learning from complaints.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Ethnicity of complainants is monitored. To date all complainants have been from the group where they described themselves as White British.

REPORT TO: Health Policy and Performance Board

DATE: 9 November 2010

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: Services for deaf and deafblind (D/deaf)

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To appraise the Health Policy and Performance Board of the decision to tender the provision of statutory assessments of need for Halton residents who are deaf, deafblind or hearing impaired.

2.0 RECOMMENDATION

That the Health Policy and Performance Board:

i) **note the contents of the report, as agreed by Executive Board Sub Committee on 22 July 2010.**

3.0 SUPPORTING INFORMATION

3.1 Members of the Board will recall that they have previously received a report regarding services for deaf and deafblind services and a range of issues have been raised and this has resulted in an options paper for the Executive Sub Committee.

3.2 The attached report was presented to the Executive Board Sub Committee on 22 July 2010 and subsequently the Board approved the following recommendations:

- i) to note the contents of the report and the findings from consultation summarised in Appendices 1 and 2;
- ii) support implementation of Option 3 as detailed in 3.8.3; and
- iii) waive Standing Orders 4.1 and 4.3 in the light of the exceptional circumstances, namely that service provision needed to be maintained whilst a tendering process was undertaken, and authorise the Operational Director Planning and Commissioning, in consultation with the relevant portfolio holder, to award a contract to Deafness Support Network as detailed in 3.8.4.

4.0 OTHER IMPLICATIONS

4.1 All implications are contained in the attached report.

REPORT TO: Executive Board Sub Committee
DATE: 22 July 2010
REPORTING OFFICER: Strategic Director, Adults & Community
SUBJECT: Services for deaf and deafblind (D/deaf)
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present to Executive Board Sub Committee options for the provision of statutory assessments of need for Halton residents who are D/deaf.

2.0 RECOMMENDATION: That Executive Board Sub Committee:

- i) **note the contents of the report and the findings from consultation summarised in Appendices 1 and 2.**
- ii) **support implementation of Option 3 as detailed in 3.7.3**
- iii) **waive Standing Orders 4.1 and 4.3. in the light of the exceptional circumstances, namely that service provision needs to be maintained whilst a tendering process is undertaken, and authorise the Operational Director Planning and Commissioning to award a contract to Deafness Support Network as detailed in 3.8.4**

3.0 SUPPORTING INFORMATION

3.1 Throughout this report the term D/deaf, now widely recognised by care professionals, is used to refer to everyone with a hearing loss: Deaf (individuals whose first language is British Sign Language), deaf, deafened, hard-of-hearing and Deafblind people.

3.2 The Council currently contracts with Deafness Support Network and they provide services to the D/deaf community across three other Local Authorities, Warrington, Cheshire East and Cheshire West.

3.3 Scrutiny Review

3.3.1 In September 2008 Healthy Halton PPB considered the final report

from the scrutiny review of Sensory Impairment services, which encompassed services provided by Deafness Support Network (DSN). Three recommendations were made:

- i) Confirmation is sought from Warrington and Cheshire that they wish to continue with the tripartite agreement with Deafness Support Network for the Deafblind service and will work jointly to agree a standardised monitoring system for the contract.
- ii) Further benchmarking work is undertaken to consider alternatives including opportunities for partnership working e.g. with St Helens, to deliver the deaf/blind service.
- iii) Revised service specification be drawn up with Deafness Support Network that will lead to improved performance in areas highlighted in this report and that will capture evidence of outcomes for individuals.

3.3.2 All three recommendations have been progressed though there have been some periodic issues relating to performance and some reluctance on the part of DSN staff to attend performance monitoring meetings due to time constraints and capacity issues in working across three authorities. These ongoing concerns together with more recent criticism from Halton Older People Empowerment Network (OPEN) around lack of support for the hearing impaired in the Borough have prompted further exploration of these services and to inform commissioning and future development of support for the D/deaf community in Halton a consultation process as outlined in 3.6.1 has been undertaken.

3.4 Statutory Duty of the Council

3.4.1 The Council has a duty to undertake statutory Community Care assessments in accordance with the National Health Service and Community Care Act 1990 S47(1) for D/deaf people.

3.4.2 Once a need for a service has been established that meets Halton's Fair Access to Care eligibility criteria, a statutory duty falls on the Council to meet this. Social Services for disabled adults including those who are D/deaf are generally provided under Section 29 of the National Assistance Act 1948 in conjunction with Section 2 of the Chronically Sick and Disabled Persons Act 1970. Social Services for D/deaf Children are generally provided under The Children Act 1989, Primarily Section 17 and Schedule 2.

3.4.3 Councils with Social Services responsibilities also have a duty under Section 1(1) of the Chronically Sick and Disabled Persons Act 1970 to inform themselves of the number of persons in their area to whom Section 29 of the National Assistance Act applies.

3.5 The Current Contracted Service

3.5.1 Historically, the contract with DSN has been renewed on an annual basis each year since 1998 and to comply with procurement standing orders agreement has been sought on a number of occasions, most recently in March 2009, from Executive Board Sub Committee to waive SO 3.1 to 3.8, and to award a contract to Deafness Support Network. The annual cost of these services is £74,876 and the current contract expires on 30th September 2010.

3.5.2 DSN are based in Northwich and Warrington and provide services to Children, Adults and Older people who are D/deaf and their carers. The service comprises three elements:

- i) Core deafness support service
- ii) Specialist deafblind service – collaborative agreement between Halton, Warrington and the two Cheshire authorities
- iii) Data inputting to Carefirst to support i) and ii)

3.5.3 Core deafness support service

DSN employ 6 social workers to undertake statutory Community Care assessments who all work across Halton, Warrington and Cheshire and an appropriately qualified technical worker to support equipment assessments and installations for Halton residents. Each authority holds its own contract but the value is based on an historic apportionment of costs of the service Halton 16%, Warrington 19% and Cheshire 65%. As DSN do not have accommodation in Halton posts are based at the Northwich office but also work from offices in Warrington.

The cost of this element of the service for 2010/11 is £59,232.

3.5.4 Deafblind service

DSN provide this service under a tri-partite contract with Halton, Warrington and Cheshire. Halton's contribution is again 16% of the annual cost of the service equating to £8,047. This gives access to assessments by a Specialist Rehabilitation worker employed by DSN. Where people are agreeable, the names of deaf/blind people in Halton are registered on a database maintained by DSN on behalf of the Council – not all request an assessment as they merely wish to be registered.

3.5.5 Data inputting

DSN take responsibility for loading data from assessments and reviews to the Carefirst system and are paid £7,598 for this. There have been periodic backlogs around loading equipment data which may be linked to problems with remote access to the Council's IT

systems. Performance Management staff frequently visit to ensure correct processes are being followed and to maintain the integrity of Carefirst data.

3.5.6 Additional costs outside the contract

Assessments for home adaptations and equipment are carried out by Technical staff and on their advice equipment is ordered and provided by Halton Integrated Community Equipment Service. Requests for adaptations are referred to Halton Independent Living Services. The estimated annual cost of this equipment is £16,380.

On occasion, interpreter services are required and these are spot purchased from DSN.

Further hidden costs relate to remote access to the Council IT system, support by Performance Management Team around data loading and officers time in prompting performance improvements.

3.6 Performance

3.6.1 The scrutiny review highlighted concerns around the number of carers assessments completed. In 2009/10 there was an increase in joint client/carers assessments but the lack of individual assessments remains a weakness despite assistance from Council staff to DSN social workers.

Performance around the timeliness of social care assessments is within the 28 day target. However the CQC target is that 70% should be completed within 14 days. In 2009/10 only 25% were within this target.

3.7 Consultation on Hearing Impairment Services in Halton

3.7.1 Since mid April to 30th June consultation with stakeholders has been ongoing around three options for the future of hearing impairment services:

1. Continue with DSN
2. Halton Borough Council bring in-house
3. Tender out (DSN would be able to tender)

3.7.2 To inform people of the consultation and how they could engage over 200 flyers were sent directly to hearing impaired and deafblind people known to social care whilst communication with the wider community was done through networks and forums such as the Community Development service contact list, Halton Voluntary Action, Halton OPEN and Deafblind UK. Engagement activities included:

- a. Agenda item at Halton Older People Empowerment Network and

OPEN representatives attended consultation events.

- b. Agenda item at the Physical and Sensory Disability Local Implementation Team
- c. Options were formally presented at two events held at Runcorn Town Hall and Stobart Stadium supported by BSL interpreters.
- d. Survey available as paper copy for those who attended events and flyer included link to the survey online.
- e. Ballot paper for those who attended the events to indicate their preferred option. (see note below)
- f. Face to face interviews with those people who have more complex needs and their families.
- g. Outline of options sent to the Chief Executive of Deafness Support Network for comment.
- h. Meeting with local representatives of Deafblind UK.
- i. Mystery shopper exercises undertaken around access to information
- j. Options sent to professional staff in both Children's and Adult Social Care for comment.

Note: Eight people completed the ballot paper across the two events. However, some people felt they did not have sufficient knowledge of the support available and declined to express a preference. In view of this the results of the ballot have not been used to inform the recommendations in this report.

A summary of the points raised at the two events and the survey results are attached – Appendices 1 and 2.

3.7.3 The emerging themes are:

- Local presence - Support needs to be visible
- Better co-ordination of local support already available.
- Signposting and information
- Centre to demonstrate/purchase equipment. Drop in for hearing aid service - possibility of HCRC being used?
- Services need to reflect demand from a diverse range of people i.e. children right through to older people.
- Appropriately trained staff at all levels in the Council to raise awareness of deafness and to use BSL.

3.8 Options

The options presented for consultation are now explored in more detail. All of the options must enable the Council to meet its statutory duties outlined in 3.3. and support the Personalisation agenda as required by Putting People First.

3.8.1 Option 1: Continue to contract with DSN

DSN have provided figures that suggest the true running costs of

services in 2009/10 were £86,232. This is 16% higher than the annual contract figure. DSN are exploring how efficiency savings can be made. To achieve efficiency savings, offer lower level support and establish the desired community presence highlighted through consultation would require renegotiation of the contract and a significant reconfiguration of the current service.

Positives:

- i) Experienced social workers who have worked for DSN for many years and have detailed knowledge of the people known to their service.
- ii) Good Technical staff and excellent performance in delivery of equipment.
- iii) Performance overall improved in 2009/10 but there are still areas to be addressed.
- iv) Database maintained of people who wish to be registered as deafblind.

Negatives:

- i) No community presence which has hampered development of local support initiatives.
- ii) Improvements in performance have required significant effort and persistence by the Performance Management team
- iii) Headquarters are in Northwich with a further base in Warrington
- iv) Reluctance to attend performance management/carers groups/LIT meetings linked to capacity in working across four authorities.
- v) Lack of engagement with the wider deaf community and their families, many of whom are unaware of the service.
- vi) In complex cases requires joint working with other fieldwork teams – duplication
- vii) Deafblind assessments are rarely requested
- viii) Halton is smallest party to the tri-partite agreement and has little influence over how the service should develop.
- ix) Only provide services to people who are deaf not those with a significant hearing loss

3.8.2 Option 2: End contract and establish 'in house' provision

This option would bring statutory community care assessments in-house and has the potential to deliver these services more cost effectively, reflect the local community and secure better outcomes for people with hearing impairments. Officers have visited services available in St Helens and can see potential benefits of developing local community networks such as a hard of hearing club, preschool clubs with move on to Family Signing classes and Youth Clubs for deaf young people or those with deaf parents which includes

hearing peers.

The proposed model consists of the following:

- TUPE requirements apply to 21hpw Technical Officer post, who would continue to undertake equipment assessments within the Borough.
- D/deaf and deafblind assessments would be undertaken by a newly created Community Care Worker (CCW) post after appropriate training.
- Provision of equipment will remain with Halton's Integrated Community Equipment Service as now.
- Interpreter costs will be spot purchased as required from DSN or Deafness Resource Centre, St Helens.
- Data inputting will be absorbed within existing team support arrangements.
- Register of deafblind people will be held on Carefirst and updated by CCW
- CCW will work with 3rd sector to establish community networks/groups.
- Achievable efficiency saving of £16,870

Estimated Halton costs associated with this model are:

1 fte CCW including on costs and car allowance	£30,500
0.56 fte Community Care Worker (TUPE requirements apply)	£17,000
Awareness raising development and promotion of local support across all age ranges	£10,500
Efficiency Savings	£16,870
TOTAL	£74,870

Positives

- Direct control over performance management of the service
- Opportunity to raise awareness of D/deaf in the wider community
- Opportunity to develop lower level support as requested through consultation and raised by local forums such as Halton OPEN.
- More cost effective
- Deafblind register will be held in-house to inform service development

Negatives

- No market testing
- Increases the Directorate's staffing establishment

This proposal can be delivered within the available funding and offer

an opportunity to develop lower level community based support.

3.8.3 Option 3: Tender out service.

This is the recommended option as it offers the opportunity to test the market through a process which is fully compliant with Procurement Standing Orders. Benchmarking with neighbouring authorities suggests that there are third sector organisations that could deliver such services.

It is proposed within the tender process to specify the available budget and state that any tender exceeding this will be rejected. The Council will also reserve its right not to accept the lowest or any tender. Any contract awarded will be for 3 years with an option to extend to five years and will include a no-breach termination clause so that the Council is not contractually locked in for the full term.

Should the market testing not offer the desired quality or range of services within the budget limit set then the proposal outlined in Option 2 will be actioned and the service will be brought in-house.

Positives

- Fully compliant with standing orders.
- Opportunity to test the market
- Potential to have a provider based in the Borough
- Potential to develop lower level innovative support across all age ranges
- Development of lower level preventative support will allow earlier identification of need
- Services will be more actively promoted and contribute to greater awareness raising of the needs of D/deaf people in the wider community.
- Third sector can access funding streams for non-statutory services that are not available to the Council
- Financial envelope and tendering approach will ensure that efficiency savings are achieved.

Negatives

- Cost and resources required to undertake tendering exercise
- May not be possible to achieve a Halton based service within the financial envelope.
- Initially will require significant investment in officers' time to train provider staff on Carefirst and the performance monitoring framework.
- ICT costs associated with remote access to Carefirst.
- Same issues around managing performance are likely to be experienced.

A robust tender process will be undertaken to award a contract by the end of 2010. However, the provider will require time to recruit appropriately qualified staff and to facilitate this it is proposed that the contract start date be 1st April 2011.

- 3.8.4 To ensure there is no gap in statutory services and meeting assessed need it is proposed to extend the existing contract with DSN for a further six months to 31st March 2011 at a cost of £37,438. This will require the agreement of Executive Board Sub Committee to waive procurement standing orders 4.1 and 4.3 which requires three quotes in respect of contracts with a value less than £50,000.

4.0 BUSINESS CASE FOR THE CONTRACT EXTENSION

Value for money and Competition

A six month contract extension will allow sufficient time to undertake a robust procurement process and maintain service provision. Without the extension specialist Community Care assessments would need to be spot purchased. Whilst the Council do have staff that can undertake assessments for equipment they are not skilled in communicating with the deaf or in assessing need related to deafness. Over a six month period 150 + plus people will need such an assessment.

Transparency

In order to ensure transparency DSN will be required to continue submitting regular performance information to named lead commissioning officers.

Propriety and Security

The extension of this contract complies with Halton Borough Council's standing orders and procurement. Compliance with anti corruption practices will be adhered to and the contract will be terminated if any instances of corruption by the organization or its staff members occur. The cost of entering into this contract will be contained within existing available budgetary provision.

Accountability

All services will be performance managed through the Directorate's performance monitoring framework and will be scrutinised by Operational Managers

Position of the contract under the Public Contracts Regulations 2006

As this is for care services, these contracts are largely exempt from the 2006 Regulations so there is no need to advertise for expressions of interest in the official Journal.

5.0 POLICY IMPLICATIONS

Statutory guidance

LAC(DH)(2009)6 issued under Section 7 of the Local Authority Social Services Act 1970 sets out guidance on actions that local authorities are expected to take in relation to deafblind adults and children. It reminds authorities that this must be given effect in the context of the ongoing transformation of adult social care set out in Putting People First.

In taking forward Option 3 a robust service specification and ongoing monitoring will ensure the Council is complying with its statutory duties and guidance.

6.0 OTHER IMPLICATIONS

6.1 TUPE

It is anticipated that there will be TUPE implications for one post with the current provider and the relevant detail will be made available to prospective tenderers.

6.2 Financial Implications

These services are funded from base budget. Options 2 and 3 can be delivered within the financial envelope of £58,000 per year, delivering recurring efficiency savings of £16,870. Option 1 would require renegotiation of service specifications and contract fees to achieve this level of efficiency saving and deliver the desired local service.

The proposed six-month extension to the current contract with DSN will cost £37,438 and is covered within the 2010/11 base budget.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 Children & Young People in Halton

The support offered to D/deaf young people through communication skills and equipment enables them to participate in ordinary life and reach their potential.

The proposal to bring statutory community care assessments in-house will improve communication and co-ordination of services between Social Care and Education.

7.2 Employment, Learning & Skills in Halton

The support offered to D/deaf people through communication skills and equipment enables them to compete for employment and learning opportunities or maintain their existing employment.

7.3 A Healthy Halton

The services in the recommended Option 3 will offer a range of support to D/deaf people to promote independence and enable

participation in community life, whilst reducing risk of physical harm and have a positive impact on a person's sense of self worth and mental health.

7.4 **A Safer Halton**
None

7.5 **Halton's Urban Renewal**
None

8.0 RISK ANALYSIS

8.1 Establishing a new service requires careful planning and an implementation plan will form part of the tender process. A period of 3 months from award of contract to start up of services has been factored into the recommendations in this report to ensure continuity of service provision.

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 Statutory assessments of need undertaken by suitably experienced staff will consider on an individual basis the barriers that need to be overcome. The recommended Option 3 will promote D/deaf awareness across the wider community as well as developing lower level support to maintain independence and promote social inclusion. A full equality impact assessment has been completed.

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

Document	Place of Inspection	Contact Officer
LAC(DH)(2009)6	Runcorn Town Hall	Audrey Williamson

11.0 JUSTIFICATION FOR TAKING THE ITEM IN PART II

11.1 Which Paragraphs apply?

This report contains information relating to the current contract. The justification for taking this report as a part two item therefore relates to a range of commercially sensitive information contained in Section 3 of the report (the current contracted service and the Council's projected costs).

11.2 Public Interest Test

In the short term the public interest in not disclosing the commercially sensitive nature of the details in the report, outweighs the public interest in disclosure.

11.3 **Conclusion**

The public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Notes from Hearing Impairment Consultation Event Held in Civic Suite, Runcorn Town Hall, 10th May 2010

*Hearing loop system was installed but **after** event participants advised it was not working. 2 BSL Interpreters available and translated for one person whose first language was BSL.*

Three options presented:

1. Continue with DSN
2. Halton Borough Council bring in-house
3. Tender out (DSN would be able to tender)

Questions/points raised by attendees:

Equipment:

Leaflet provided by hospital on phones available via BT but many not available and model purchased has not proved to be ideal.

Smoke alarm vibrator pads – confusion over who is eligible for one. Does a person need to be living on their own?

Assessment:

Will HBC staff undertaking assessments be able to sign as all DSN do now?

Concerns around using specialists – can mean 3rd person interpreter present people only want to talk one person.

Can DSN's infrastructure cater for the increasing numbers by 2025?

Halton College no longer offering BSL course – where will HBC go to train staff?

Deaf Awareness Raising:

More deaf awareness training needed in the wider community.

Deaf young people want to go to youth clubs with their hearing peers.

Children don't just need equipment but also need to be given strategies to help them cope in school and later in life.

Children and young people can be labelled as having behavioural issues – tapping. Liaison Teacher between Health, Social Care and Schools can help to connect and smooth out problems.

People can be stigmatised by apparent offers of help which single them out – example given of headphones offered at Brindley

People can feel isolated – counselling services should be available for deaf people.

More public facing Council staff need to be offered training in BSL.

Councillors who will be considering reports on these services need awareness training.

Swimming – given up because have to remove hearing aid and cannot understand lifeguard – can another way of communicating with people be found – placards?

Employability:

Halton People into Jobs can lead on this when the deaf community have decided on course of action.

Future provider:

Must be based in Halton

Should have a shop or office on High street to demonstrate available equipment.

Must also visit people in their own homes.

HBC should not just look for the cheap option.

Strategic Group:

Will we be setting up a group? People attending were willing to take part. Deaf Community should be involved in hearing presentations and in selecting from tenders.

Feedback:

Needs to be available in Plain English and BSL.

Agreement reached that the following are needed:

- Voting difficult without more information about what's on offer
- Local presence
- Support needs to be visible
- Centre to demonstrate/purchase equipment
- Appropriate trained staff at all levels in Council
- Services need to reflect demand from a diverse range of people i.e. children right through to older people.
- Signposting and information
- Better services from Health – rationed hearing aid batteries. If not replaced breach of human rights.

Notes from Hearing Impairment Consultation Event Held in Bridge Suite, Stobart Stadium 14th May 2010

Hearing loop system working. 2 BSL Interpreters available but not required
Three options presented:

1. Continue with DSN
2. Halton Borough Council bring in-house
3. Tender out (DSN would be able to tender)

Questions/points raised by attendees:

Equipment:

Want opportunities to test/trail equipment before purchasing.

Money wasted on equipment/phones – Age Concern provided the solution (FOC)

Person has used DSN for equipment and commented that both they and Age Concern are up to date with what's available.

Other support available

Vibrating Smoke alarms from Fire Brigade – praised for the excellent service they offered.

Help the aged provide information and some equipment (door bell)
Age concern also provide information.

Assessment:

Deaf Awareness Raising:

Make use of local residents/tenants groups and HHT. Representative of Ditton Group took batch of questionnaires to be completed by residents in the area she was aware of who were hearing impaired.

Most people were not aware of DSN services and had approached Help the Aged and Age Concern for advice.

Use local media more – Council publication and local press.

Employability:

Not raised by this group.

Future provider:

Needs to be a local service

Is it better value to continue existing service or tender out? Reply stressed that this was not a cost saving exercise

Health Services

Better signposting needed – GP's refer to Whiston then fitted with hearing aid and that's it. Need info on what more is available and where to go.

Better co-ordination between GP and audiology service at Halton Hospital.

In-reach service needed for some people – e.g agrophobic.

Clinic at HCRC discontinued 2/3 years ago and now have to go to Whiston.

Hearing aid batteries available from HCRC and Castlefields.

Children's hearing aids re via Warrington hospital – if break have to be sent there for repair – often break as children are boisterous!

Children don't have a group that can offer information and support like Age Concern for older people. Available support is hard to find.

Strategic Group:

All agreed to be contacted re setting up a group – wanted to be able to see that something would happen as a result of their input.

Feedback:

Agreement reached that the following are needed:

- Address issues raised around hospitals – St Helens ENT was particularly valued (Mr.Dowd)
- Signposting
- Better co-ordination of local support already available.
- Equipment trialling – possibility of HCRC being used?

Hearing Impairment Services Engagement & Involvement Survey

Why we need your help

Halton Borough Council are reviewing the way we provide Hearing Impairment Services. Your views are important and will help us to define the services that are provided to you.

About you:

Below there are a few questions about yourself or the person you care for.

1. Are you

Please tick one box

	Please ✓
Male	10
Female	13

2. Do you, or the person you care for, have either....

Please tick one box

	Please ✓
Hearing Impaired	22
Dual Sensory Loss	

3. Are you/is the person you care for

Please tick one box

	Please ✓
Service User	16
Carer of a person with hearing impairment	
Family Member of a service user	4

--	--

4. What is your preferred method of communication?

Please tick one box

	Please <input type="checkbox"/>
British Sign Language	2
Lip Reading	5
Braille	
Other e.g. Makaton	3

5. How old are you/is the person you care for?

Please tick one box

	Please <input type="checkbox"/>
18 or under	
19-24	1
25-34	2
35-44	1
45-54	5
55-64	5
65-79	4
Over 80	4

6. Have you or the person you care for, been assessed by Social Services?

Please tick one box

	Please <input type="checkbox"/>

Yes	5
No	12
Don't Know	1

Support:

Below there are a few questions about the Hearing Impairment support and services that you or the person you care for receives

7. Can you tell us if you have received any of the following equipment to support your hearing impairment

Please tick all that apply to you

	Please ✓
Alarm Clocks	
Shake Awake (Sarabec)	
Phones & Text Phones	
Uniphone	2
Pro 400	
Minicom 6000	
Minicom 6000+	
Mains Adapter	1
TV Aids	
Crescendo 50 (Sarabec)	
Seniheisser Set 50	
Echo FM Headset & Neck Loop (HPI)	
Minitech Headsdet & Neck Loop (HPI)	2
Infralight – Headset (Sarabec)	
Other	
Clarity Phone Amp (Sarabec)	1
Phoneflash (Sarabec)	
Baby Alarm Pad (Connevans)	1
Evo 200 (Sarabec)	
Byron SX 201 Rech D/Chime (RNID)	
Byron Vib D/B SX205	

(RNID)	
Loop Systems	
LA110 Loop (Sarabec)	2
Mega Loop	
Mega Loop (HPI)	
Smoke Alarms	
Smoke A/Pad & Light	2
Smoke Alarm & Pad	1

8. How satisfied are you with the level of Hearing Impairment Services you receive?

Please tick one of the following

	Please ✓
Very Satisfied	4
Satisfied	3
Neither	8
Dissatisfied	3
Very Dissatisfied	1

9. Can you explain why you feel this way

- I am not a service user or a carers so it is difficult to say either way
- Deafness Support Network gave me plenty of choice of what I need
- Lack of information on what is available. I lip read and have a distrust of hearing aids
- Everybody is kind and helpful all things explained clearly
- Only have help from Doctor and E.N.T St Helens Hospital
- My daughter helps, Deafness Support Network are very good – lady called Wendy
- Provided by Age Concern and the Fire Brigade
- Lack of communication re: what is available as help; how things work; co-ordination of services
- I have hearing impairment that requires me to use hearing aids in both ears. This does not however restrict me unduly in my day to day life and I have not had need to call on the

Council for other assistance.

- I have never referred myself or received a service but will need to do so
- No means of waking up Cant hear people at door Have trouble on telephone
- because i can now hear people on the phone
- Have not found anywhere to have test and converse about my hearing problem
- I was not aware of a hearing impairment service
- Firstly I need to be assessed to see what is available to assist me....I will do this today. Secondly I would like to see raised awareness of hearing loss affecting people that don't/can't wear hearing aids or sign, just because it isn't visible doesn't mean it isn't there. Thirdly when a hearing problem is known within your working environment/colleagues etc then reasonable consideration should be the given to that persons needs.
- I have no support or information from any service. I have had no hearing at all in my left ear from the age of 5 due to mumps and on my last hearing test I have only 85% hearing in my right ear. Information on any help with door bells/telephones would be good

10. Thinking about your impairment, how could Hearing Impairment Services you currently receive make your life better?

- Everyone use BSL
- Information. Treating the person as an individual because everyone is different. Being able to try different equipment before buying
- Already very helpful and I can ring for advice anytime
- More information direct to me
- Very happy at moment
- Information, choice over equipment. Something needed locally
- Lack of communication re: what is available as help; how things work; co-ordination of services
- Some information on the assistance that could be available would allow me to assess what help I may need

- I will have to refer myself and see what is available
- is there a drop in for hearing aid services (tube replacement tec in halton?) give more advice on available equipment.
- If every phone was hearing aid compatible
- Not sure what is available.
- This survey is the first time that I knew that additional support was available
- As I haven't received a service from H.B.C. (except for a volume control telephone that really isn't much help) I can't answer this other than to say that the working environment/office setting I am in is very isolating for me. No I do not feel supported although others are aware that I struggle to hear. It should be recongnised that there are so many differing degrees of hearing loss and the problems associated with it. Not everyone can use hearing aids etc.
- This is the first I have heard of this facility
- I was not aware of a hearing impairment service.

11. Where do you go to get information or advice about your impairment?

Please tick all those that apply

	Pleas e ✓
Halton Borough Council	3
Deafness Support Network	5
Internet	3

Other – please specify

- Attended RNID awareness day 18months ago
- St Helens Hospital (x2)
- Daughter
- Age Concern
- A friend
- NHS advice during regular hearing checks
- I will contact deafness support network for assistance/information
- I attend st helens hosp (as this was where i was referred to originally) for the maintenance but don't really get advice on other aids/equipment. i look on rnid website found what equip i was looking for and i was able to ask questions via their website
- Warrington Hospital

12. How easy or difficult do you find it to access services to help you with your hearing impairment?

Please tick one box

Very Easy	2	Quite Easy		Neither	11	Quite Difficult	2	Very Difficult	4
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13. Do you have enough information about Drop-In Centres or social activities for people with hearing impairments in your area?

Please tick one box

	Please √
Yes	4
No	15
Don't Know	3

14. Would you say there are enough Hearing Impairment Services available near to where you live?

Please tick one box

	Please √
Yes	1
No	8
Don't Know	11

15. Do you feel that you have the opportunity to try out difference pieces of equipment to help out with your hearing?

Please tick one box

	Please √
Yes	3
No	15
Not Applicable	1
Don't Know	1

Personalisation of Care:

Below are a few questions about Personalisation of Care

16a. Do you feel that you have been involved in making decisions about how you, or the person you care for, are supported?

Please tick one box

	Please √
Yes	4
No	12
Don't Know	2

16b. If you answered no, can you tell us why you feel this way

- Last hearing test the doctor offered me a standard hearing aid. This was a barrier for me. Consultant didn't look at me as a whole individual. It was hearing aid or nothing at all.
- Did not know there was choices
- There is no mechanism for lay people to be involved
- I have found it impossible to get help with my mum's hearing problems via her GP. I am hoping HBC can assist me in getting help for her.

17a. Do you or the person you care for, receive Direct Payments?

Please tick one box

	Please √
Yes	1
No	16
Don't Know	1

17b. If you answered yes, what do you use your Direct Payment for?

Please tick all that apply to you

	Please √
Equipment	1
Personal Assistant	
Respite	
Interpreter	
Other (Please Specify)	

18a. Would you say that the level of support you receive as a result of your Direct Payments is adequate for your needs?

Please tick one box

Please	√
Yes	1
No	4
Don't Know	2

18b. If you answered yes, can you tell us what support you or the person you care for, would like to receive

Notice from St Helens when to attend

I do not know what payments are available or what purpose they can be used for.

Thank you for taking the time to complete this survey